

CAP Mozambique

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Acronyms & Abbreviations

ADC	Association for Community Development
ADPP	Ajuda de Desenvolvimento de Povo para Povo
AIDS	Acquired Immune Deficiency Syndrome
AJN	Associação Juvenil de Nampula
AJULSID	Associação da Juventude de Luta Contra o SIDA e Drogas
AMME	Associação Moçambicana de Mulher e Educação
AMODEFA	Mozambican Association for the Defense of the Family
AMOG	Associação Moçambicana de Obstetras e Ginecologistas
ANDA	Associação Nacional para o Desenvolvimento Auto-Sustentado
ANEMO	National Association of Nurses of Mozambique
APS	Annual Program Statement
ART	Anti-Retroviral Therapies
BCC	Behavior Change Communication
CA Barué	Centro Aberto de Barué
CAP	Capable Partners Program
CBO	Community-Based Organization
CCM	Christian Council of Mozambique
CEDES	Comité Ecuménico para o Desenvolvimento Social
CESC	Center for Civil Society Learning and Capacity Building (<i>Centro de Aprendizagem e Capacitacao da Sociedade Civil</i>)
CHASS-SMT	Clinical HIV/AIDS Services Strengthening in Sofala, Manica and Tete
CMA	Comunidade Moçambicana de Ajuda
CNCS	National AIDS Council
CSI	Child Status Index
CSO	Civil Society Organizations
CTA	Confederation of Trade Associations
DPMAS	Provincial Directorate of Women and Social Action
ECoSIDA	Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária
FBO	Faith-Based Organization
FC	Fiscal Council
FDC	Federation for Community Development
GAAC	Grupo de Adhesion e Apoio Comunitario (Community Adherence and Support Group)
GBV	Gender-based Violence
GMW	Grants Management Workshop
GLM	Governance, Leadership and Management
HACI	Health for Africa's Children Initiative
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HPP	Health Policy Project
HTC	HIV Testing and Counseling
IBFAN	International Breast Feeding Action Network
ICS	Internal Control Systems
ILO	International Labor Organization
Kukumbi	Organização de Desenvolvimento Rural
LDC	Direitos das Crianças Liga
MARP	Most-At-Risk Population
MASC	Mecanismo de Apoio a Sociedade Civil

MISAU	Ministério de Saúde (Mozambique Ministry of Health)
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MMAS	<i>Ministério de Mulher e Acção Social</i> (Ministry of Women and Social Action)
NAFEZA	Núcleo das Associações Femininas de Zambézia
NGO	Non-Governmental Organization
NPCS	Provincial AIDS Council
NUMCOV	<i>Nucleo Multi-Sectoral para Crianças e Ofãos Vulneraveis</i> (Multi-Sectoral Support Group for Orphans and Vulnerable Children)
OD	Organizational Development
OPHAVELA	Associação para o Desenvolvimento Socio-Económico
OVC	Orphans and Vulnerable Children
PCC	<i>Programa Cuidade Comunitario</i>
PEN	<i>Plano Estratégico Nacional</i> (National Strategic Plan)
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
POAP	Participatory Organizational Assessment Process
PPs	Policies and Procedures
PPF	<i>Programa Para o Futuro</i>
PMP	Performance Management Plan
QPM	Quarterly Partners Meeting
ROADS	ROADS to a Healthy Future
Rede CAME	Network Against Abuse of Minors
RFA	Request for Applications
RNCD	<i>Rede Nacional Contra Drogas</i> (National Network Against Drugs)
SAR	Semi-Annual Report
SBCC	Social and Behavior Change Communication
SCIP	Strengthening Communities through Integrated Programming project
SDEJT	<i>Serviço Distrital Educaçao, Joventude e Techniologia</i> District level representation of educational ministry
SDSMAS	District level representation of women and social welfare ministry
SRH	Sexual and Reproductive Health
TA	Technical Assistance
USAID	United States Agency for International Development
VS&L	Village Savings and Loan
VSO	Volunteer Service Organization International

I. Project Overview

A. PROJECT DURATION

Seven years

B. STARTING DATE

July 27, 2009

C. LIFE OF PROJECT FUNDING

USD 55 million

D. GEOGRAPHIC FOCUS

CAP Mozambique supports programmatic activities in the Sofala, Maputo, Manica, Nampula and Zambézia provinces of Mozambique.

E. PROGRAM/PROJECT OBJECTIVES

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

1. Increased capacity of Mozambican 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 groups (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 to people living with HIV/AIDS (PLWHA) and their families; and
6. Increased number of organizations that graduate from the Up-and-Coming level to the Advanced level of grants under CAP, and to direct USAID funding.

II. Executive Summary

Since its inception, CAP Mozambique has pursued the twin goals of capacity building (CB) and service delivery in an integrated manner. Achieving greater capacity enhances service delivery, and the realities encountered when providing services challenges each organization to improve its ability to respond. CAP continues to develop competent and credible local organizations. Service delivery indicators demonstrate the multiple contributions these organizations are making to the health care system. The investment made over the past five years is bearing fruit in both enhanced technical competence and organizational systems. Strong systems allow organizations to adapt to a changing environment, increase the possibility of continuing their work even in an uncertain funding climate, expand the quality and/or quantity of services provided and develop credibility which helps them to engage more effectively with decision-makers.

CAP Partners increased service delivery. In this reporting period, they

- Reached an additional 1,738 orphans and vulnerable children (OVC), bringing the total number of OVC serviced in FY14 to 7,650. This is more than the last two fiscal years combined. The OVC reached received an average of 3.9 services, illustrating the comprehensiveness of CAP Mozambique Partners' OVC interventions.
- Reached 11,958 individuals with an intervention or service that explicitly addresses gender-based violence and coercion (GBV Indicator 1). 30,445 individuals have been reached with GBV messages through CAP Partners in the year overall.
- Reached 12,417 priority populations with HIV/AIDS prevention messages, raising the total for the fiscal year to 29,788 individuals, including 2,929 truck drivers.
- Provided HTC services to a total of 1,902 individuals. In FY14, CAP Partners provided HTC to 3,989 individuals, and mobilized an additional 17,034 to be tested by partner institutions.
- Provided 18,393 health referrals to individuals requiring health services. Referrals skyrocketed in FY14 overall, growing from just 2,740 health referrals in FY 2013, when partners were just starting, to 29,200 this fiscal year.

When one considers the ability to adapt to change as an indicator of strong capacity, CCM-Sofala, NAFEZA, ANDA, Niiwanane, and Kukumbi stand out. For example, CCM-Sofala changed its model to transport already trained *activistas* to serve new target populations, rather than train new *activistas* in each target area, resulting in higher numbers reached with reduced costs. The organization also successfully started treatment defaulter tracing activities and in just two months, CCM-Sofala sought 89 HIV positive people who had started treatment, but not returned to the clinic for medications; facilitators found 88, referred 83 back to treatment, of whom 81 actually returned to treatment. NAFEZA increased the number of individuals reached through its interventions, increased referrals for health services, and introduced GBV screening. When changing program priorities meant that SCIP Zambezia could no longer provide HCT for Kukumbi communities, Kukumbi worked with DPS to hire and train its own counselors to respond to community demand. ANDA and Niiwanane also introduced GBV screening, discussion groups on HIV and GBV prevention, and household economic strengthening. On top of that, ANDA initiated a vocational training program. These expansions were not without their

challenges, particularly learning to capture data and negotiating collaborative agreements, but with CAP Mozambique support, they have succeeded.

Their success with results and incorporating new activities is an external manifestation of the internal capacity changes that are taking place with CAP Mozambique support. Niiwanane reactivated ART committees in Napipine in collaboration with SCIP to support the Psychiatric Hospital in Nampula. Several partners are more successfully engaging with the government and negotiating partnerships. NAFEZA understands the importance of data to demonstrate organizational achievements and make programmatic decisions, and recruits new staff using clear job descriptions and a transparent recruitment process. In a more summative manner:

- All five Community Based Support to Care and Treatment (CBSCT)/Prevention Partners demonstrated an increased capacity to implement social and behavioral change communication interventions.
- All four OVC Partners demonstrated an increased capacity to provide quality OVC care for OVC and their families, with overall increased scores ranging between 24% and 254%.
- All 11 Partners measured during this reporting period demonstrated growth in two or more areas of organizational and/or technical capacity.
- Seven of 11 organizations demonstrated improvement in Financial Health Check scores, with planning and budgeting and internal controls showing the greatest areas of growth.
- All Partners except one have demonstrated organizational change in six or more areas, and four partners have experienced improvements in 15 or more.

And the ultimate test—graduation: ANDA, Ophavela, and NAFEZA were recommended as candidates for transition awards with USAID—the highest number of organizations that we have graduated during a single fiscal year. This brings the total number during the life of CAP Mozambique to eight.

Despite encouraging gains noted above, this reporting period has not been without its challenges. We have been supporting Kubatsirana and LDC to overcome the leadership issues which impeded their ability to serve communities. In LDC's case, the executive director's (ED) disregard for operational conventions (policies and procedures) led to the termination of the organization's award. We've begun to see progress with Kubatsirana, though assembling the right board members in the room for sufficient time to make key decisions has been difficult. AMODEFA/IBFAN and HACI have high ambitions, and do evolve, yet more slowly than their provincial counterparts. We persevere, repeat, and remain patient and available.

During this period, we tested the next stage of an alternative model of structuring CB interventions that separates CB from the grants. Through collaboration with PCC, we worked with six PCC subpartners, selected based on criteria that included responsiveness to CB interventions in the first phase. We also included three additional organizations at the request of USAID. The rapid and overwhelmingly positive response from the six PCC organizations exceeded our expectations. We will measure change in capacity next year, and note they are already making changes and eagerly engaging in every opportunity to learn. As the Shingirirai

success story in this report shows, their efforts are already helping them access funds from other donors. The enthusiastic response from the OD Clients selected based on demonstrated commitment to institutional strengthening reinforces the literature on ownership of capacity-building processes – organizations can evolve quickly when they themselves identify the need and embrace CB. This may also be an indicator of articulating appropriate criteria in selecting organizations to participate in any capacity-building initiative, particularly one that is not accompanied with grants for implementation. These organizations and Partners tell us that we make complicated concepts and processes accessible. This is reinforced by the increasing number of requests for discrete CB that we receive from unaffiliated organizations. It seems that Mozambican organizations are starting to realize the value of investing in internal capacity.

III. Grant Activity

A. KEY ACHIEVEMENTS: GRANTS COMPONENT

In the current reporting period, CAP Mozambique:

- Extended four awards to enable grantees to expand services in their communities (AMODEFA/IBFAN, HACI, Ophavela, and LDC¹);
- Trained 54 individuals from seven organizations in contractual compliance at refresher Grant Management Workshops (GMWs); and
- Provided TA to umbrella Partner HACI to finalize its Grant Manual and support realigning its budget.

B. SPECIFIC ACTIVITIES: GRANTS COMPONENT

The majority of grant activity during this period focused on two areas: 1) extending the period of performance of selected Partners and 2) completing close-out for the last of the grantees whose grants ended because of changing PEPFAR funding priorities. (See Annex 1 for the status of each grant and Annex 2 for profiles of each Partner.)

There is one situation that does not fit neatly into the categories of this report, but, due to its complexity, merits a more complete discussion. During the prior reporting period, CAP Mozambique had questioned some costs in one of LDC's financial reports. After some silence, LDC finally sent documentation, but it was clear that either the original or the follow-up documents were falsified. We debated at length whether to terminate the award, because in the area of governance, the organization was showing very strong growth – a newly elected, dynamic, motivated board, a strategic plan, some improvements in the financial systems. Also, the technical team was finally making progress after a problematic staff person was replaced. Finally, we were (and remain) reluctant to interrupt services to children if it can be avoided. Nonetheless, we felt the responsible course of action was to terminate the award. (See Annex 3 for the LDC termination cover letter).

Subsequently, we searched for a solution to ensure continued care for the families being served by LDC. After careful consideration, we decided to provide a small, one-year award to Kukumbi (pending USAID concurrence). Given Kukumbi's strong presence in Zambezia, extensive experience in community services, positive performance as a CAP grantee, interest in the project, and ability to respond quickly, we felt this would be an effective solution to mitigate the effects of terminating the LDC award and made it possible for Kukumbi to take this on, as described in the next section.

1. New Grants

At the close of the fiscal year, we completed the package to award Kukumbi a new grant to provide OVC services in the Lugela district in Zambezia province. This award—less than \$150,000 and for only one year—will allow Kukumbi to fill a gap in services created when LDC's grant was terminated in August. Based in Zambezia, Kukumbi is familiar with CAP Mozambique processes and has proven to be very capable, thus we anticipate a rapid start-up of activities. The package was submitted to USAID for approval at the end of September.

2. Grant Extensions

Four awards were extended to include new activities and/or reach additional target audiences. AMODEFA/IBFAN's award was extended through April 30, 2016 to enable it to reach additional women (and their husbands) through project activities. HACI's award was extended through April 30, 2016 to enable its subpartners to reach additional OVC and families in Maputo and Manica provinces, as well as initiated household economic strengthening activities. LDC's award had been extended through April 30, 2016 to also reach additional families in Zambezia province. Ophavela's award was extended through April 20, 2015 to provide additional HIV&AIDS community services in Nampula province and include activities to seek treatment defaulters. We have nearly completed the process to extend Kubatsirana's grant through April 30, 2016 and will request USAID concurrence in the next quarter.

3. Grant Closeout

LDC's award was initially extended through April 30, 2016 to enable it to reach additional families in Zambezia province. Once financial malfeasance was discovered, we terminated LDC's grant and initiated close out. Although many of LDC's staff members left, creating challenges for the close-out process, they are making progress finalizing the necessary financial and narrative reports.

4. Graduation

Between April and September, we facilitated our fourth graduation process. ANDA, Ophavela, and NAFEZA were recommended as candidates for transition awards with USAID—the highest number of organizations that we have graduated during a single fiscal year. This brings the total number to eight. The eight organizations recommended to USAID for transition awards are: N'weti, AMME, ECoSIDA, CCM- Sofala, Kukumbi, ANDA, Ophavela and NAFEZA. (See Annex 4 for the graduation report. Refer to SAR 7 for a detailed description of the graduation process and criteria.)

5. Training and Technical Assistance in Subgrant Management

a. *Contractual Compliance*

During the CAP midline evaluation (executed in 2013), CAP partners indicated they would like us to offer refresher Grants Management Workshop (GMW) I trainings to reinforce their understanding of award compliance and reporting requirements. It was further recommended that new staff and members of Boards of Directors participate in trainings so that the organizations' governing bodies would better understand the relationship between their organizations and CAP Mozambique as a funder. Although Board members were invited to the initial GMW I training conducted at the beginning of each award, when refresher GMWs were offered, we took special care to ensure that as many newly elected Board members as possible participated.

We facilitated refresher GMW I trainings with seven organizations—Niiwanane, Ophavela, Kukumbi, NAFEZA, AMODEFA/IBFAN, HACI, and CCM-Sofala (national level). Fifty-four individuals participated in the trainings, including 14 Board members. **Of the 54 staff and board who participated, 30 were participating for the first time.**

For the refresher GMW I trainings, we developed scenarios based on real contractual issues that Partners have dealt with and used them during plenary and small group discussions. These concrete examples helped Partners see how a lack of compliance can easily yield undesirable consequences. This approach also allowed us to present CAP's limitations as a funder. For example, CAP cannot intervene in specific HR matters.

In general, participants were pleased with the workshops, acknowledging they had increased their understanding of contractual compliance. The average pre-test score was 57%; the average post-test score increased to 93%. The greatest increase was related to procurement of prohibited and restricted goods. Board members, in particular, expressed interest in exploring how their organizations can apply practices gained under their CAP awards to managing awards from other funders. CAP and the organizations agreed to pursue this together.

b. *Sub-Grant Management*

Since 2010, CAP Mozambique has provided training and TA to HACI in sub-grant management. We have assessed the impact of these efforts at two-year intervals, conducting a baseline assessment in 2010, a second assessment in 2012, and a third in July 2014. Overall, HACI improved its capacity to manage sub-awards. (*See Annex 5 for the HACI Sub-grant Management Assessment.*)

In this reporting period, our TA focused on helping HACI finalize its Grant Manual. The Grant Manual has evolved, growing in size and depth as the organization passed through each milestone in the grant management cycle—first, solicitation and selection, next pre-award, and so on. HACI submitted the Grant Manual to us for a final round of review. We will share our comments with HACI in the coming reporting period, emphasizing that now it is up to HACI to keep the manual “alive” and current as the organization learns, grows and improves its systems and processes.

IV. Organizational Development (OD)

A. KEY ACHIEVEMENTS: OD COMPONENT

In the current reporting period:

- 11 organizations demonstrated increased capacity in two or more areas;
- 13 Participatory Organizational Assessment Processes (POAPs) were conducted;
- Seven of 17 organizations, supported to strengthen internal control systems, instituted four or more of six possible new elements for internal control;
- Five pairs participated in the Leadership and Mentoring Initiative (LMI);
- The *Resource Mobilization—Make a Plan* workshop was developed and launched;
- Eight Partners were invited to submit proposals for Programa de Acções para uma Governação Inclusiva e Responsável (AGIR) Round 2. Two of them were invited to participate in the next round.

B. SPECIFIC ACTIVITIES: OD COMPONENT

As Partners' relationships with CAP Mozambique mature, we adjust our TA accordingly. Details of our OD, program and management support are included on a partner-by-partner basis in the Integrated Capacity Building Plans (ICRBs) included in Annexes 6 and 7. These plans cover a 12-18 month period.

CAP Mozambique also provided OD support to nine OD Clients. These organizations included subgrantees of other FHI 360 projects (PPF, CHASS-SMT, and PCC) selected through a competitive process, former CAP partners who are interested in continuing capacity development even after their grant has concluded, as well as HOPEM and AMOG. They are referred to as OD Clients to emphasize the type of support we provide. OD Clients do not receive grants from us or TA in managing a USAID-funded project. We describe below our OD work with these clients.

1. Participatory Organizational Assessment Process (POAP)

During this reporting period, we conducted POAPs with 10 partners or former partners and three OD clients. For partners, these were follow-up POAPs. (See Section XII of the report – Performance Indicators for summary charts of the results and Annex 8 for a detailed analysis of each organization's scores.)

We facilitated a repeat assessment for OD Client ASF and baseline POAPs for new OD Clients, AMOG and CONFHIC. Because these were initial baseline assessments, they included a strong training component. Then, we worked with each organization to develop tailored capacity building plans to address their respective institutional improvement priorities. (See Annex 7 for OD Clients' ICBPs.)

Organizations increasingly appreciate the value of referring to their official documents and seeking objective proof to substantiate scores during the POAP process. The process may reveal that meetings and decisions are not being documented, that practices that seem quite healthy are

The Participatory Organizational Assessment Process (POAP)

The POAP process compresses multiple steps—data collection, analysis and decision-making—into one activity.

The POAP provides tools to facilitate a self-assessment of an organization’s systems, assets and activities. During the assessment, participants assign numerical ratings to the organization’s current status or performance in key organizational development (OD) domains examined using the matrix.

The POAP yields both an organizational profile and a calculation sheet that presents a baseline from which to track the future evolution of the organization along a development continuum.

actually inconsistent with their own statutes, or that HR policies and procedures are outdated. We find, as organizations mature, that they are relying less on assumptions and more on data and documents and, in some cases, score themselves more rigorously. For example, during a recent Kubatsirana POAP, Board members would not allow the ED to inflate the scores and showed the two versions of the statutes, and HR files to make their case. This evolution is not uncommon. The trade-off between objective results and learning/ownership is an accepted consequence of the self-assessment process. To enhance the objectivity of the tool, at the beginning of each POAP we discuss the findings of the external assessments CAP has conducted with each organization and insist upon evidence from organizations as they conduct their self-evaluations. However, the power of the POAP rests as much in the process as in the actual scores. The increased understanding about organizational development, exercise in providing evidence to justify organizational stages, and participation of a wide selection of actors in the process all contribute toward an organization’s ownership over their organizational growth. (See Annex 9 for a discussion of the key ingredients to the POAP’s success.)

The POAP has proven to be a powerful tool for effecting organizational transformation. In fact, some changes occur as a result of the assessment process itself. Discussions about, for example, internal governance and the importance of documentation tend to be eye-opening. OD Clients particularly recognized the value of having evidence they can share with donors. They eagerly embraced the follow-up TA on statutes, policies and procedures, since improvements in these critical areas helped them access other funding. Ten organizations decided to revise their statutes after conducting the POAP, and eight have completed revision processes to date. (See Shingirirai success story in Section XII of this report.)

CCM-Sofala has adapted the POAP for use with its member churches. A pastor from one of the member churches said, “In our churches, we have problems managing our resources and the POAP helped us to review our structure and functioning, because at this moment everything is in the hands of one person.” Equally notable, is the fact that CCM-National, previously reticent on questions of internal governance, sent two representatives to the CCM-Sofala POAP. They realized that their statutes followed an English model, which was not entirely consistent with guidance in Mozambique. CCM-National created a commission to revise its statutes and manuals and to organize a national conference to review and adopt the new statutes.

NAFEZA is interested in facilitating organizational assessments for the members of its network. ECoSIDA requested that CAP facilitate a POAP with them even after their award had ended. Partners that have been through a few POAPs now conduct the initial orientation for new people instead of CAP Mozambique staff. Next year, Partners will start facilitating the POAPs on their own.

AMOG participated in the POAP process over three periods, as it was very difficult to schedule enough time with all of the key players. We worked with organizational leadership to develop an ICBP, but when the time came to approve it, it became apparent that there was no consensus within the organization on its future direction. One group within AMOG wanted to become an implementing organization; another wanted to continue as a professional association. We had understood that the organization had discussed and decided prior to working with CAP, but apparently the decision to become an implementing agency was not solid. We have offered several times to help the organization understand and analyze the implications of each path, but they have not yet responded. We understand that they are sorting through internal issues. We will be available to resume support when AMOG is ready.

2. Training and Technical Assistance in Organizational Development

a. *Support Core Elements of Organizational Function: Governance, Leadership and Management (GLM)*

We provided the basic GLM package to OD Client Assideco and Partner Kubatsirana and TA on organizing meaningful General Assemblies to ASF and Kugarissica. All partners and OD Clients conducted self-assessments of their Boards and Fiscal Councils (*See Annex 10 for self-assessment tools*). Based on these assessments, each Board and Council developed its own workplan. In addition, we responded to CCM- National's request for TA to help clarify the roles and responsibilities of governing bodies and revise its statutes.

As a result of our TA,

- CCM-National is revising its statutes to be consistent with the Mozambican system, as opposed to the English system on which it was modeled;
- Ophavela decided that its Board should supervise construction of new offices rather than the ED;
- Ophavela conducted a performance review of its ED;
- ANDA, Kukumbi and Ophavela learned and instituted some simple, vital strategies to control written versions of critical organizational documents;
- IBFAN began to explore new options for space in preparation for the separation from fiscal agent, AMODEFA;
- **Centro Aberto de Barúe (CA Barue)** assigned clear responsibilities to its elected officials in line with their legal documents, as opposed to following the church structure as before; and
- LDC elected a new Board and began documenting its meetings with minutes.

Two organizations merit further discussion. LDC elected a new and dedicated Board and was making good progress improving its systems when we discovered a misdirection of funds involving the ED. Therefore, we terminated its grant.

Kubatsirana has been struggling for a year with leadership issues. The governing bodies elected a new dynamic president, who took decisive steps to put the organization in order. However, many of the founding members were not ready for these changes, thus the new president and the

organization parted ways. We have been helping Kubatsirana analyze its documents, recognize changes that need to be made (e.g., clarify the role of founding members, align paper structure with real structure) and make adjustments. Founding members are very powerful and exert significant influence over the organization, sometimes putting the executive team in the difficult position of choosing between respecting established laws and procedures and complying with the expectations of founding members. An interim commission was elected at a special General Assembly session in June. This commission has developed an action plan to revise Kubatsirana's statutes, contracted a company to conduct a complete financial audit and will convene a new General Assembly to approve the statutes and organize new Board members to replace the interim commission. It will take some time for the changes to take place, but we remain optimistic.

c. Leadership and Mentoring Initiative (LMI)

We organized a leadership workshop with HPP, monitored and supported five mentor and client pairs, and evaluated the LMI pilot. These activities followed the work done in the prior reporting period to design the initiative, recruit and select mentors and clients, and orient the mentors.

The two-day workshop, designed to improve leadership skills and practices, as well as self-awareness, of the participating EDs, also emphasized motivating, supporting and evaluating staff members. (See Annex 11 for the LMI Workshop Agenda, Annex 12 for participant handouts, and Annex 13 for the LMI Mentor Guide.) The following sessions were included:

1. Leadership practices inventory—a self-assessment authored by Kouzes and Posner;
2. Workplace supervision and feedback—understanding and motivating staff, providing feedback to improve performance;
3. Delegation as a management tool—an effective process, as well as the benefits and risks of delegation; and
4. Individual goal setting—clarifying objectives to orient the mentoring relationship.

In the evaluation of the LMI pilot, conducted five months after the workshop, participants indicated growth in each of the four areas. The greatest growth as a result of participating in the workshop was in *increased understanding of motivational factors in the workplace as well as ability to assess staff members according to their technical capacity and constructive attitudes*. Participants reported the least growth in their understanding of *the differences between management and leadership*. All participants reported having applied new skills or knowledge in at least one area. At least one client shared the information with staff of his organization during weekly staff meetings. As examples of how they apply enhanced leadership skills, respondents cited: inspiring a shared vision for the organizations; leading self-evaluations across staff; and decentralizing responsibilities across a team, among others.

LMI Pilot Participant Comments

"I started delegating more responsibility to the people on the team ("the diamonds") who have the skills and higher motivation." – LMI client

"I am delegating more functions and making the team better coordinate the work among themselves. With the monitoring done by me, I'm noticing better results in some colleagues with regard to the increase in the responsibilities assigned to them. This has contributed to their increased motivation and personal skills and is having a catalyzing effect on the other members of the team " – LMI client

The first mentoring session took place immediately after the leadership workshop. During the subsequent six months, CAP Mozambique was in frequent contact with mentors and clients to clarify roles or aspects of the program, encourage the scheduling of sessions, and review monthly reports submitted by the mentors. Scheduling the sessions was one of the principal challenges mentioned in the evaluation, with some confusion expressed about whether it was the mentor's or client's responsibility to initiate. Many mentor-client pairs were in different locations and found that Skype or phone calls were helpful as interim solutions, but expressed a desire for more face-to-face meetings. One mentor indicated that, "the first sessions are decisive in creating confidence between the client and mentor". Yet another indicated how the relationship eased with time: "the client is more relaxed now, more open, more prepared to share problems now than at the beginning." Mentors made the following comments regarding the benefits of the relationship or growth they had seen in their clients.

- a. In response to a question about what change the mentor noticed in the client:

"I think the client's articulation of what he sees and how he thinks. The first few sessions I found it difficult to understand the complexities of his working environment, but the following sessions, I realized that he could articulate clearly what he meant."

- Five out of five mentors witnessed growth and development in their clients. Although the areas of growth varied, this comment is representative:

"(My) client has been able to manage his time better; he has been able to delegate to others and hold them accountable; he has also seen growth among his staff members as he practiced some of the skills he has acquired in the process."

- Other changes mentioned repeatedly include improvements in time management, the ability to prioritize between the day-to-day and the strategic, and increased self-confidence.

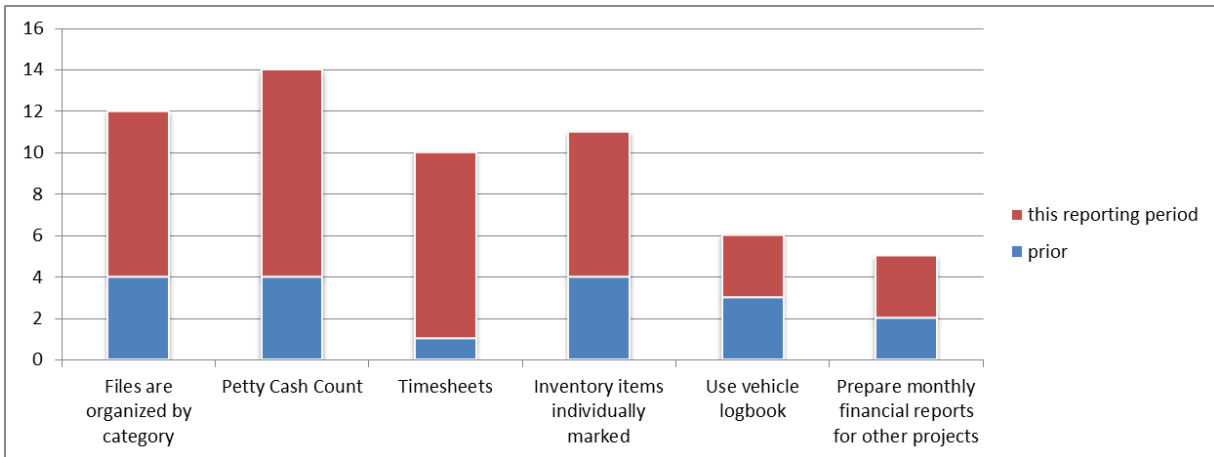
d. Network Support

The April workshop was discussed in SAR 10. NAFEZA members have indicated that they want the organization to become a network and provide capacity-building support to its members. This is included in its strategic plan, however this is, as yet, an unfunded objective.

e. Internal Control Systems (ICS)

CAP Mozambique provided follow-up TA to 13 Partners and OD Clients based on the action plans that sprung from trainings and the results of financial health checks and audits. Partners and OD Clients are learning to use tools to operationalize policies and procedures that reduce their risks and allow them to prevent potential problems or identify them early. The chart below illustrates the number of Partners that now have key systems in place and have applied them. Those in blue were in place at the end of the prior reporting period, March 2014. Those in red were put into place during this period.

Figure 1. Internal Controls Implemented by Partners and OD Clients



Each of these systems either did not exist before or was very weak. In many cases, Partners may have used proper systems for CAP Mozambique-funded projects, but not for other donors. Partners and OD Clients are starting to apply these systems to other projects as well. For example, 12 organizations now prepare monthly financial reports for non-CAP-funded projects. Though the donors do not require it, reporting allows them to better monitor their budgets. Because not all donors require application of these systems, organizations are not receiving consistent messages reinforcing the importance of internal controls.

After the MANGO training entitled *Practical Financial Management for NGOs*, managing unrestricted funds was identified as a priority for several partners. Unrestricted funds are fundamental for the survival of NGOs; these funds cover costs not allowed by other donors and can be invested to develop organizational capacity in new areas. Yet, few organizations in Mozambique manage these funds with the same rigor as project funds. Five organizations supported by CAP Mozambique are now applying systems to the management of these funds; for example, setting up a separate bank account, bank reconciliation and periodic financial reports. In addition to supporting staff to establish internal control systems, CAP Mozambique is teaching Fiscal Councils and Boards of Directors how to review these systems. Consequently, many organizations are developing institutional budgets, as opposed to project budgets. An institutional budget includes operational and activity costs and an analysis of how operational costs are shared, and helps identify gaps in funding. Five organizations have submitted draft institutional budgets for CAP review. Much TA is still required, but the fact that they have taken this step indicates a shift from a short-term project-based mentality to longer-term organizational mindset.

f. Policies and Procedures (PPs) Manuals

CAP Mozambique provided PP-related TA to eight Partners. Table 1 summarizes the TA provided and response of Partners to date. As shown, we have supported all Partners updating their HR and admin/finance policies and procedures manuals so they have one harmonized manual for the organization that can be applied across projects. Following initial orientation and provision of sample policies and procedures, Partners review and update their manuals. We provide written feedback on two drafts. It then rests with each Board, not CAP Mozambique, to approve these vital organizational tools; as the Board, not donors, should be responsible for ensuring their application. We support development of a salary policy and salary scale only once

the basic HR and policies are completed. This involves supporting Partners to conduct a market study and developing policies that include how to place people on the scale and how to move them along based on promotions or performance evaluations.

Table 1. Technical Assistance Provided to Date on Policies and Procedures

Key	
	TA provided prior to this reporting period
xxxxxxxxxx	TA provided in this reporting period
	TA process complete

*HR policies also include the following: code of ethics, conflict of interest policy, and sexual harassment policy

**USAID compliant policies includes: accounting software, chart of accounts, policy on disallowed costs, and policy on cost allocation.

	Basic HR Policies*	Performance Review System	Salary Policy and Scale	Time Reporting	Admin/ Finance Policies	USAID Compliant PP**
HACI						
ANDA						
Ophavela						
Kukumbi						
Kubatsirana			Not ready		xxxxxxx	Not ready
LDC			NA		xxxxxxx	NA
Niiwanane			xxxxxxx			
IBFAN			Not ready		xxxxxxx	
NAFEZA						xxxxxxx
CCM - Sofala						

Partner’s responsiveness to TA varies: ANDA, Ophavela, Kukumbi and NAFEZA have completed most processes; Ophavela has promoted three people based on their performance reviews; and ANDA’s code of ethics has been used as a model for others. ANDA has transformed itself in HR, following the strong feedback after last year’s graduation analysis. They have revamped their payroll system, their recruitment, hiring and promotion policies, and instituted a performance review system. Other partners are moving more slowly. Niiwanane is progressing and is expected to complete the processes in the next reporting period. HACI has not made this a priority during this reporting period. Kubatsirana has been resolving leadership issues described in the OVC section of this report so it does not make sense to focus on these manuals until they have the right staff and the leadership issues have been resolved. CCM-Sofala received authorization from its national headquarters to update its HR manual; which was done during the reporting period. The revised manual has since been forwarded to CCM-National for review. LDC was not responsive to TA.

Niiwanane is finding that the provincial-level labor directorate is reluctant to approve HR manuals. These manuals are more complete than the *Internal Regulations* document required by law. We are providing TA to help extract the relevant sections for the labor directorate.

Providing TA in the area of policies and procedures—and salary policies in particular—is challenging for a number of reasons: a) organizations are not familiar with the practice of conducting market studies to support revisions to salary scales, b) organizational leadership and governing bodies receive pressure internally for salary increases that might not match market research, and c) organizations are inexperienced developing policies specific enough to deal with complex challenges of human resource management (policies linking promotions to salary

scales, sustainable increases in salary scales, and policies on introducing new staff members into existing salary scales). We help Partners address each of these challenges, yet we find that the Partner only really understands the issues when faced with a situation where application of incomplete policies creates new problems. Such is the case with Kukumbi, who received the standard TA package, developed and approved a salary policy and scale (without asking CAP to review prior), and then ran into problems when the increases proposed were not justifiable, nor possible to implement on all of their grants. CAP Mozambique will only allow salary increases in grants when the organization has adopted a reasonable salary scale and policy. Several organizations have not been able to give increases because this process is delayed; in some cases Boards have approved unreasonable salary scales. We will reinforce TA to Boards on salary policies in the coming fiscal year.

We have provided TA to two OD Clients on HR manuals and five on admin and finance manuals. All OD Clients participated in a preliminary training as part of the basic package with PCC two years ago. Now, as part of our more intensive program, they are receiving customized TA to further improve the manuals and ensure dissemination of the policies. After the MANGO and GLM workshops, organizations have a better understanding of the role manuals play in organizational management and are quicker to make adjustments.

Table 2 summarizes the status of TA for recently selected OD clients. Because CONFHIC joined later, its TA will be later. AMOG didn't confirm the CB Plan and are sorting through identity issues, so are not yet ready to tackle these manuals. HOPEM did not consider this a priority and was focused on other issues during this reporting period.

Table 2. Status of Technical Assistance for Recently Selected OD Clients

**HR policies also include the following: code of ethics, conflict of interest policy, and sexual harassment policy*

***USAID compliant policies includes: accounting software, chart of accounts, policy on disallowed costs, and policy on cost allocation.*

	Basic HR Policies*	Performance Review System	Salary Policy and Scale	Time Reporting	Update Admin/ Finance Policies	USAID Compliant Policies and Procedures **
1. ASF			FY 2015 for those that are ready		xxxxxx	FY 2015 for those that are ready
2. HOPEM	xxxxxx	xxxxxx				
3. AMOG						
4. Kugarissica					xxxxxx	
5. Rubatano						
6. CA Barue					xxxxxx	
7. Shingirirai					xxxxxx	
8. Assideco	xxxxxx	xxxxxx			xxxxxx	
9. CONFHIC						

g. Resource Mobilization

Support for partners in resource mobilization focused on two key moments during this reporting period: the semi-annual meeting for all partners and an intensive resource mobilization workshop for three partners selected through a competitive process. In addition, we continued to facilitate linkages with donors for individual partners as opportunities presented themselves.

During the semi-annual partners meeting in July, partners had the opportunity to refine and practice the “pitch” they developed after the January meeting. As a guide to develop an “elevator speech,” Partners used the *Key questions to answer before meeting a donor* from CAP’s *Going the Distance: Step-by-Step Strategies to Foster NGO Sustainability*. They then used the background information gathered by CAP Mozambique to identify points of common interest with the companies scheduled to attend the workshop. Private-sector companies—BCI Fomento, Global Alliance, Coca Cola and Nestle—attended the session. Each heard three or four organizations make a 20-minute pitch. The feedback from both sides was positive: partners found the private sector representatives approachable and accessible; the companies were favorably impressed with the partners and identified at least one potential opportunity for follow-up. (Visit www.NGOConnect.Net to link to a PDF of *Going the Distance*.)

Since the workshop, ANDA and Niiwanane have met with Coca-Cola to discuss enrolling some beneficiaries in the women’s entrepreneurship program. NAFEZA has been in contact with Global Alliance and BCI. CCM-Sofala has been in touch with BCI. Programa para o Futuro and BCI are also discussing a partnership in Beira. Nestle expressed an interest in further conversations with IBFAN. NAFEZA intends to reach out to Vodacom. Others companies, such as Cervejas de Mocambique and Petromoc were interested, but unable to attend the meeting. We will follow-up with them and organize some meetings around the next semi-annual partners meeting. While the event was productive, we remain pragmatic about the real opportunities for local organizations with the private sector. We approached more than 15 companies, and in most cases, their interests are very specific and do not line up well with the work local NGOs are doing. We hope some partnerships will evolve, but recognize that NGOs will still rely on bi- and multi-lateral donor support to implement their strategic plans.

As a result of the FY 13 Partners’ meetings, which helped Partners link with more traditional donors within the Mozambican context, eight Partners and former Partners were invited to submit proposals for AGIR funding. So far, AMME and NAFEZA have been invited to participate in the second phase of the AGIR process. ANDA received funding from the Citizens Engagement Programme (CEP), and Kukumbi is negotiating a grant with CEP as well.

We developed and delivered an intensive resource mobilization (RM) workshop to Board and staff representatives from three partners—ANDA, NAFEZA and CCM-Sofala. We selected three from the five that submitted applications; the two not selected did not have strategic plans. The workshop materials were based on *Going the Distance*, which was developed by FHI 360 under the CAP Leader Award, and the *Raising Funds and Mobilising Resources for HIV/AIDS work* toolkit, which was developed by International HIV/AIDS Alliance. (See Annex 14 for the Resource Mobilization Agenda Annex 15 for *Key questions to answer before meeting a donor*.)

Facilitators led the participants through a practical process that began with each organization's strategic plan. Each organization identified gaps in funding to realize its strategic plan, and then applied what they learned about resource mobilization to identify appropriate mechanisms – respond to RFA, rent out property, consultancies, private sector in-kind donations – to fill the funding gaps. Through the exercises, participants came to realize the consequences of overly ambitious strategic plans—that is, when resources to implement are scarce or unavailable, plans go unfulfilled, thereby creating doubts in staff, Board members, and donors. Partners found the discussion on identifying their niche particularly enlightening. Each organization left with a solid draft RM plan that was to be finalized before the end of September. ANDA and NAFEZA submitted their plans on time. (See Annex 16 for NAFEZA's resource mobilization plan.)

Overall, Partners know a lot about RM but the application of a structured process to analyzing needs and developing a strategy to address gaps was new. We have some concern about the ability of organizations to manage an RM plan and implement the activities required to conduct effective fund raising. Ideally boards are heavily involved in resource mobilization; the organization that has board members with the capacity and time to engage is a lucky one. However, in many cases (in other countries as well), the role is limited to developing relationships, but the background research and proposal development work still tends to fall to staff. In Mozambique, this is also the case. The role of the resource mobilization specialist is to review and analyze data related to the organization's strategic plan, identify and research potential collaborators and donors, prepare organizational documentation, identify new opportunities, and other background work necessary for implementing the resource mobilization plan. In the prior reporting period, we began the process of recruiting two international Volunteer Service Organizations to support Partners in RM. Unfortunately, the costs proved prohibitive and unsustainable. As an alternative, we are considering supporting Partners to recruit a staff member to focus on RM for the remainder of their sub-awards.

We also felt that Partners still required more knowledge and skills to effectively engage resource providers. These issues are addressed in FHI 360's RM training manual—*Going the Distance*. We therefore suggested an additional 2-3 day workshop on this topic. The organizations responded enthusiastically, and we have scheduled a follow-up workshop for the first quarter of FY 2015. This workshop will also provide an opportunity to share experiences and review any RM plans that have been implemented.

To support Partners in proposal design, as part of the technical training on SBCC, Partners were challenged to apply the SBCC approach to another area of the strategic plan. As the facilitator said, "Partners will never again pull a proposal from the drawer"; they will consult with communities and think about how to engage multiple levels of the community in creating change that is consistent with the parameters of the donor.

CAP Mozambique staff members continue to share information about funding opportunities and resources with our database of 221 local organizations. The database includes all organizations that have ever submitted an application for funding to CAP Mozambique or participated in a CAP Mozambique capacity building activity. During this reporting period, we shared an announcement about the US Embassy's Quick Impact Fund as well as other relevant RM information. For Partners, we are facilitating linkages with CEP, UNICEF and Path. In hopes

that the Global Fund would allocate funds for community interventions where USAID funding has been reduced, we participated in the Mozambique country process of developing the proposal for the Global Fund. It became clear, however, that Mozambique's Global Fund proposal for HIV would follow the clinically dominated acceleration plan, that minimal new funds were available and that there would be no additional funds for CSOs for HIV. However, there will be additional funds for TB/ HIV activities and CAP will support partners to pursue those. The Foundation for Community Development (FDC) continues to be the primary Global Fund recipient for community interventions for HIV—and now for TB as well. We understand FDC will expand the number of its local partners. We continue to support Partners to engage with FDC and submit applications in response to requests for proposals.

h. Support to Organizations that Provide Capacity Building to Other CSOs

We supported HACI to conduct organizational assessments and develop individual, integrated capacity building plans for its sub-partners. We also supported HACI to more concretely focus its TA in organizational systems. NAFEZA has expressed an interest in providing organization capacity building to its members. Staff members with capacity building responsibilities from CHASS SMT and PCC/Africare have participated in key trainings to improve their own support to other CHASS SMT and PCC subpartners. With collaborators and sub-contractors who provide TA to our Partners, we often find ourselves sharing what we have learned about providing effective TA so it can be integrated in the collaborators' and sub-contractors' approaches. Staff discussions continue regarding the creation of a Mozambican non-profit that can continue some of CAP Mozambique's work after the project ends. However, the economics of such an entity are not promising as funds for capacity building are limited and tend to be tangential for most donors.

3. Promoting Sound Financial Management

CAP Mozambique offers Partners a package of TA tailored to the different organizational structures necessary for an effective financial system: the Board, the Fiscal Council, and administrative and financial staff. The content of the TA is based on weaknesses identified in the Financial Health Check and on action plans that Partners develop at the end of the MANGO training on *Practical Financial Management for NGOs*.

b. Fiscal Councils (FCs) and Governing Boards

We provided a two-day workshop to eight organizations in Maputo and Manica that had previously completed the MANGO training. Based on an analysis of prior workshops, we created an agenda using more case studies and reviewing actual statutes, by-laws, strategic plans and policies and procedures of each organization. In doing so, the role of the FC became more real and less theoretical. We also introduced the concept of red flags to highlight areas of high risk that require action when reviewing documents. Each organization developed an action plan at the end of the workshop, and they will receive TA through thrice- yearly, provincial-level FC exchange meetings.

CAP Mozambique organized four half-day meetings at the provincial level (twice in Nampula) to support FCs of five Partners. As described in SAR 10, these meetings were combined with the exchange meetings for the Boards, at the request of the participants. During this reporting period,

participating organizations conducted self-assessments. We facilitated sessions on compliance – fraud prevention, conflict of interest—and the role of the FC in the General Assembly cycle. Participants continued to share information and follow-up action plans. Consistent participation continues to be a challenge because of schedules.

In addition to the periodic provincial meetings, we provided customized TA to LDC, NAFEZA, and Ophavela to help their FCs operationalize their reviews. During this reporting period, LDC reviewed its HR files and inventory; NAFEZA’s Fiscal Council learned to review the project’s monthly financial reports, and Ophavela reinforced its code of ethics. Ophavela boasts a Ministry of Finance inspector as a member of the FC who has helped improve the organization’s systems.

The ultimate goal is for organizations to hold themselves accountable. This is starting to happen. For example, LDC staff said their procurement systems were good, but the FC gave examples of when it was not and corrected the score during the organization’s POAP process.

i. *Financial Reporting TA*

CAP Mozambique continues to provide written feedback on Partners’ monthly financial reports, based on a thorough review of the reports and supporting documentation that Partners provide on a monthly basis. We provided written feedback on 38 reports during the reporting period. In keeping with our approach to strengthening systems, not just individuals, courtesy copies of these reports were shared with EDs and Board presidents. Because our TA has already addressed any serious issues regarding reporting practices of most of our longer-term Partners, now our comments raise easily rectified issues, such as an absent signature or missing documentation. All Partners have improved dramatically since submitting their initial reports for our review. For example, procurement processes are much improved: prior approval is sought when necessary, documentation for payments is more complete, agenda and participants’ lists or timesheets are attached to document transactions.

j. *Training and TA in MANGO Practical Financial Management for NGOs*

We organized three trainings for 57 board and staff representatives from 14 organizations including Partners, former Partners and OD Clients using MANGO’s *Practical Financial Management for NGOs*. The trainings took place in Maputo, Chimoio and Beira. The five-day course geared to staff of small-to-medium-sized NGOs who are involved in management of funds was well received, though we noted that it was challenging for PCC partners in Manica. These organizations are smaller and less experienced than CAP Partners and struggled to grasp the content. We will consider offering the *Basic Financial Management for CBOs* program developed by CAP for less sophisticated organizations.

k. *Specialized Financial Management for Graduating Partners*

We provided TA focused on USAID compliance for three partners that were considered for Graduation. This TA covered development of policies on shared costs and disallowed costs, as well as setting up an accounting system and a useable chart of accounts. Other topics—policies and procedures, timesheets, etc.—are described elsewhere in this report (*Refer to Table 1 for TA summary and Figure 1 for a snapshot of Internal Controls Implemented by Partners and OD Clients.*)

1. Financial Health Checks

We conducted financial health checks with ten Partners. To follow-up on previously conducted health checks, TA is provided on internal controls, FCs and financial reporting as described above. Initially, TA focuses on those areas which are quickly addressed: bank reconciliations, petty cash count, and so on. As Partners progress, capacity building shifts to budget control, cash flow analysis, and planning and budgeting. Project Performance Indicators in section XII of this report provides an analysis of change demonstrated by these 10 organizations. (See Annex 17 of this report for recent scores from the financial health checks and CAP Mozambique SAR 7 for a description of the financial health check.)

4. Collaboration: Fostering Exchanges between Peer Organizations

To promote learning from other Partners and other organizations, CAP Mozambique promotes opportunities to exchange experiences. These typically include the Semi-annual Partners Meetings and exchange visits with other organizations that have expertise in an area of interest to the Partner.

A semi-annual Partners' Meeting was held July 2-4, 2014. Nine CAP Mozambique Partners attended the three-day workshop. In addition, two former Partners, ASF, staff from Programa para o Futuro, representatives from UNAIDS and NAIMA, as well as Mozambican government institutions CNCS and NCPS participated in appropriate sessions. (See Annex 18 for the meeting Agenda). The primary themes were:

- *Stigma and Discrimination*—FHI 360 staff facilitated a full-day session to help participants understand the causes of stigma and how it affects our work in testing, treatment, retention and prevention. Participants also practiced how to respond in different scenarios where stigma presents itself—at home, at the workplace, in a health care setting, in church and at school. The consequences of stigma and discrimination are increasingly apparent to Partners as they undertake HIV counseling and testing and treatment adherence and retention activities.
- *Resource mobilization*—CAP Mozambique conducted a practicum on approaching the private sector. During the preparatory phase, Partners practiced their “elevator speech” and identified points where the interests of the community, the organization, and specific private sector companies intersected. They then had an opportunity to meet briefly with five private sector companies. This is further described above in the section on resource mobilization.
- *Update on and input into Global Fund proposal process*—Representatives of entities engaged in developing the Mozambique Global Fund Proposal provided an update on the process for Partners. Three Partners presented reports from the community consultations they had recently conducted on treatment adherence and retention, gender, and behavior change. Representatives of CNCS, NCPS, UNAIDS and NAIMA then participated in small group discussions to hear the recommendations of provincial partners on treatment adherence and retention, gender and behavior change. Some of the messages that came through highlighted the value of involving community leaders, the role PLWHIV can play in fighting stigma and discrimination and that the journey from prevention to treatment is a long one. Provincial-level

consultations are often hastily arranged and not very focused. This session allowed local organizations and decision-makers to have a meaningful exchange of ideas. The purpose was to make decision-makers aware of the high capacity of provincial CAP Partners and to help Partners understand how the complex process is supposed to work.

- *Policies and Procedures Case studies*—Participants analyzed three case studies illustrating problematic situations in human resources, finance or internal governance. They discussed the errors committed, brainstormed alternative solutions, and learned how these situations could have been avoided. The CAP Mozambique facilitator provided a detailed explanation of each case, the associated risks, and the ideal situation in the Mozambican legal and operational context.
- *Monitoring and Evaluation*—CAP Mozambique staff shared the overall results and progress toward targets from the APR with partners so each organization could see how it contributes to overall results. The session provided an opportunity to clarify definitions on the new indicators as well.
- *Input into CAP Mozambique workplan*—Following a recommendation from the midterm evaluation of CAP Mozambique, we sought the input of Partners into the CAP Workplan for FY 2015.

a. Exchange Visits

During this reporting period, eight exchange visits were organized. CAP Partners visited Implementing Partners CHASS SMT or SCIP activities to learn how *Busca Activa* was conducted. ANDA and Programa Para o Futuro (PPF) had two exchange visits: one for ANDA’s IT facilitator to learn about the PPF curriculum, and another for PPF to help ANDA adapt its curriculum and set up the admin systems necessary to manage the vocational training center. Finally, a member of HACI’s Fiscal Council visited ANDA to understand how their fiscal council functions—circulating information, internal compliance audits, and financial spot-check, review of policies and procedures, and so on.

b. Intercambios

We collaborated with Oxfam, MASC, Diakonia, Ibis and We Effect to organize the September 2014 *Intercambio*. We intended to discuss the results of the sustainability study that was commissioned by a group of capacity builders that included the aforementioned organizations and others. The group designated a committee—of which CAP is an active member—to manage the selection process and subsequent execution of the study. However, procurement of the study took longer than anticipated because the committee did not receive a satisfactory proposal in response to the solicitation and had to reissue it. In addition, the collaborative nature of the process prolonged decision-making for negotiating a contract. The agreement has been signed and the study will proceed. **The final report is expected in March 2015.** (See Annex 19 for sustainability study terms of reference.)

The *Intercambio* focused on two “hot topics” linked to sustainability—the role of founding members, and professionalization of NGOs in Mozambique. There have been several cases where founding members have impeded the development of strong organizations, Kubatsirana and MONASO among them. The group analyzed some problematic situations as well as some

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where founding members have successfully transitioned to new roles. Ophavela and ANDA were positive examples. MASC led a session on professionalization of NGOs in Mozambique.

V. Community-based Support for HIV Care and Treatment (CBSCT) and Prevention

CAP Mozambique assists Partners in introducing new project elements and adapting existing projects based on local and national needs, USAID and PEPFAR guidance and international best practices. In the past year, Prevention Partners expanded their referrals to HTC, initiated treatment adherence (*Busca Activa*) activities in response to requests from local health authorities, and incorporated sessions on treatment literacy and sexual reproductive health. Our Partners have demonstrated they have the systems and the skills to address these new priorities and contribute significantly to the Acceleration Plan. The term Prevention Partners is no longer accurate, so we refer to them as community-based HIV care and treatment support partners and prevention (or CBSCT/Prevention Partners).

A. KEY ACHIEVEMENTS: CBSCT AND PREVENTION COMPONENT

In the current reporting period, CAP Mozambique and/or Partners:

- Supported DPS HIV care and treatment tracing. In July and August, five CBSCT/Prevention Partners sought 189 defaulters and returned 107 to treatment;
- 5 Partners demonstrated an average 12.1% increase in SBCC capacity;
- Tested 1,902 individuals for HIV, 8.8% of whom tested positive for HIV and were referred to health facilities;
- Referred 18,393 individuals to health care services;
- Reached 13,677 individuals with individual- and/or small group-level prevention interventions that are based on evidence;
- Reached 130 commercial sex workers (CSW) with preventive interventions
- Initiated debate sessions on treatment literacy and sexual reproductive health (SRH) to improve adherence and demand for services; and
- Reached 5,625 individuals through *Quebrando Barreiras* films followed by debate sessions.

B. SPECIFIC ACTIVITIES: CBSCT, HIV PREVENTION AND DEMAND CREATION FOR HEALTH SERVICES COMPONENT

1. Project Cycle and Results Management

a. Support Partner Close-out Activities

CAP Mozambique did not close out Prevention Partners during this reporting period. Ophavela's grant was scheduled to end on June 30, 2014, but after an evaluation of its performance, we decided to extend Ophavela's grant through April 2015. The extension modification was approved in June 2014.

b. Develop Workplans and Budgets for Extensions

We provided TA to help Ophavela develop a proposal for its grant modification, along with a workplan, budget and targets covering the remainder of the Partner’s grant with CAP Mozambique. Table 3 offers a snapshot of planned TA and status of periods of performance for our prevention partners.

Table 3. Continuing Prevention Partners’ Periods of Performance

Continuing Prevention Partners’ Periods of Performance Partner	Period of Performance	Planning TA	Status of Modification
Ophavela	Sept 10, 2012 – April 30, 2015	April 2014	Signed Modification in June 2014
ANDA KP	April 2, 2012 – Feb 28, 2015	February 2014	Signed Modification in March 2014
CCM-SOFALA	July 1, 2011 – May 31, 2015	January 2014	Signed Modification in March 2014
Kukumbi	May 1, 2012 – April 30, 2015	October 2013	Signed Modification in December 2013
NAFEZA	May 1, 2012 – December 31, 2014	October 2013	Signed modification December 2013

Ophavela conducted the annual workplan process independently using CAP Mozambique’s evaluation guidelines to analyze its previous year’s results and plan activities for next year. Ophavela worked within budget ceilings we provided to reinforce the importance of planning in a resource-specific environment. The organization markedly improved its ability to identify implementation challenges and successes, formulate adjustments where needed, and calculate targets.

c. Support Partner Workplan Implementation and Reporting

We continued to routinely monitor Partner implementation progress through regular field visits and quarterly, internal, Partner-specific coordination meetings. We evaluated adherence to timelines, quality of data recording and uptake of skills—particularly quality of facilitation and data-based decision making. We also continued to provide TA to all Partners to improve their capacity to effectively report programmatic and financial information.

The unstable political situation in Sofala continued for most of this reporting period. For CAP Mozambique, the primary impact was a limitation of our ability to observe CCM-Sofala’s project implementation in the field. We did want to monitor the evolution of implementation without frequent TA, but have been unable to visit field activities. Given CCM-Sofala’s strong performance in the past we are confident that it will continue to perform well.

During this reporting period, NAFEZA demonstrated its ability to independently identify and address challenges encountered during implementation. NAFEZA noted that sessions with

adolescents are too formal and not interesting enough. On its own initiative, NAFEZA contacted an organization, Right to Play, that has experience with this target group to learn how to better retain the attention of adolescents. NAFEZA will apply lessons learned in the cycle that started in September.

d. *Support Partner Human Resources Recruitment*

Our TA in the past focused on fostering an understanding about the benefits of selecting the strongest candidate during staff recruitment, and developing and consistently adhering to well-developed recruitment processes. Having achieved these objectives, we mostly focused on finalizing job descriptions, interview guides, and addressing challenges in extraordinary situations. Specifically, CAP Mozambique supported:

- NAFEZA and Kukumbi to finalize protracted negotiations with DPS on the recruitment of HTC counselors; and
- Reviewing the job descriptions developed for select CCM-Sofala facilitators who were going to be involved in tracing HIV care and treatment defaulters.

In SAR 10, we reported on Ophavela's comprehensive recruitment guide that was developed to facilitate assessment of a candidate's technical knowledge as well as core competencies. During this reporting period, we reviewed the guide and shared it with other Partners during CAP Human Resource management TA. One OVC Partner used the guide to recruit new staff. (*See Annex 20 for Ophavela's staff recruitment and interview guide.*)

In collaboration with DPS Zambezia, NAFEZA and Kukumbi selected three accredited counselors. Initially, DPS requested that the counselors remain on DPS payroll subsidized by CAP's Partners. After lengthy negotiations, DPS accepted that we could not allow this type of arrangement and the counselors were officially transferred as staff to CAP's Partners in June.

CCM-Sofala decided to expand the role of debate session facilitators to include HIV care and treatment defaulters tracing. With our assistance, the facilitators' job description and compensation scale were adjusted. Facilitators started tracing defaulters in July 2014.

e. *Perform Technical Assessments*

CAP Mozambique conducted repeat technical assessments with CCM-Sofala, Kukumbi and NAFEZA. We also conducted a second and final technical assessment with ECoSIDA that had ended its grant with CAP in December 2013. All assessments show an increase in capacity. Our response to capacity gaps identified via technical assessments is detailed in the Programmatic Technical Assistance section that follows. *See Annex 21 for a summary of the technical analysis for these evaluations.*

2. Programmatic Technical Assistance: Supporting Continued Implementation of Existing Activities

a. *Enhance Application of Social and Behavior Change Communication (SBCC) Model*

Our TA continues to reinforce the importance and benefits of engaging community leaders and community-based groups in order to create an enabling social and cultural environment to support individual behavior change. Religious and community leaders that CAP Partners work with now talk with their communities about the importance of HTC, upcoming testing opportunities and treatment adherence. Ophavela has taken leaders' involvement and commitment to HTC one step further by mobilizing them to set an example and be tested. Unfortunately, on the day that Ophavela had mobilized leaders and communities for community-based HTC, the Strengthening Communities through Integrating Programming (SCIP) project reneged on its promise and did not send staff to conduct testing. Kukumbi mobilized leaders to be tested, but instead they are sending their wives, under the assumption that if she tests negative for HIV, so will they. With CAP support, Kukumbi's SBCC officer will continue to engage these leaders to help them understand why their wives cannot be a proxy for their HIV status and the importance of setting a positive example.

In April, Ophavela recruited and trained an SBCC officer who has dramatically increased the frequency and coverage of activities with community leaders. Since recruiting the SBCC officer, Ophavela conducted debates with 507 leaders, 327 more than in the previous period. Also, CAP's films are screened more frequently, and more appropriate screening locations have been identified with the assistance of community leaders. The SBCC officer was also instrumental in rapidly operationalizing Ophavela's intentions to be involved with HIV care and treatment defaulters tracing. SCIP Nampula trained nine Ophavela *activistas* who will begin to trace HIV defaulters in the next reporting period.

b. *SBCC training*

Technical assessment results indicated that CAP Partners continue to have a limited understanding of the value of using a social behavior change communication approach when adjusting and developing new interventions or proposals. In response, we provided 22 staff from four Partner organizations a practical, five-day training on the application of SBCC theory. The training aimed to:

- Improve understanding of SBCC theory;
- Improve understanding that SBCC can be applied effectively to program activities other than HIV prevention;
- Practice developing a proposal in response to an SBCC-related RFA; and
- Apply peer learning through feed-back on each other's work.

Participants selected one objective from their strategic plans other than HIV prevention and analyzed how SBCC might be applied to enhance the chances of success. ANDA applied SBCC theory to keeping girls in school; CCM-SOFALA to improving commitment from governing body members; NAFEZA to reducing GBV; and Ophavela to teaching families to save. We then shared an RFA with participants who developed a proposal applying SBCC theory in response. When Partners presented their work in plenary, other organizations provided feedback. (*See Annex 22 for the workshop agenda.*)

Participants indicated in the workshop evaluation that they now feel more confident designing proposals that apply SBCC theories to achieve the desired results. By analyzing its strategic plan, Ophavela's executive team came to the conclusion that they had focused too much on micro-financing and should try to mobilize funds using SBCC theory for other pillars. All Partners felt that the quality of their response to beneficiary needs will improve by applying SBCC methodologies and that they will be more successful in mobilizing resources.

f. Improve Facilitator Performance

Since January 2013, we have focused on improving facilitators' capacity to conduct participatory debate sessions in communities by training facilitators and strengthening supervisors' capacity to give positive and constructive feedback. Turnover of facilitators has been minimal. As a result, Partners have made significant progress, and we were able to shift our focus to assist Partners integrating new topics in debate session manuals and HIV care and treatment defaulters tracing. Results of our TA are described below.

We provided TA to Ophavela to consolidate its improvements in facilitation skills, knowledge of the content of sessions and planning and supervision. Field observations show enthusiastic participation by community members during debates and good coverage of session contents. The integration and correct use of a game that is part of Ophavela's methodology remained a challenge. The methodology was based on one used by SCIP Nampula and relied on facilitators to help community members identify individual-, community and environmental-level barriers to individual behavior change via the game. Community leaders are subsequently engaged to address community and environmental barriers. The facilitators employed by Ophavela are less sophisticated than those employed by SCIP Nampula because Ophavela trained existing facilitators from village savings and loan (VS&L) groups. As a result, facilitators are not able to use the game productively. We helped Ophavela analyze the challenges and formulate a new strategy. Ophavela's supervisors now intend to conduct a series of interviews with facilitators to gather information on barriers that are identified by community members during debate sessions. The supervisor will share this information with leaders and discuss what leaders can do to reduce environment and social barriers to individual behavior change.

g. Establish and Strengthen Linkages to the Formal Health Care System

During the previous two reporting periods, CAP Mozambique Partners made great strides collaborating with community-based partners and the formal health care system by using debate sessions to motivate increasing numbers of individuals to get tested for HIV and access care and treatment services. During this reporting period, Partners have successfully expanded their linkages with the formal health care sector to include other service areas that contribute to the HIV continuum of care, including tracing HIV care and treatment defaulters and GBV screening as discussed elsewhere in this report.

CAP Partners tested 1,902 individuals for HIV and referred 18,393 individuals to various services, including ART, STI treatment and SRH. The table below illustrates the HTC data for those partners that were either conducting the testing themselves, or able to obtain the data from the clinical partner.

HTC data March-August 2014

CAP Partner	People tested	HIV (+)	Referred	Received services
CCM-Sofala	1,486	143 (10%)	143 (100%)	131 (92%)
ANDA – CSW	100	10 (10%)	10 (100%)	5 (50%)
ANDA - OVC	32	2 (6%)	2 (100%)	2 (100%)

In SAR 10, CAP reported that the main challenge to continued HTC at the community level was HTC providers' availability. This situation has worsened in the past six months. Some of the collaborative agreements between CAP Partners and clinical partners have suffered from budget cuts and changing program priorities during this reporting period. SCIP Zambezia, NAFEZA and Kukumbi's HTC partner had to reduce the number of its HTC counselors. The DPS is poised to deploy more sophisticated mobile HIV care and treatment units; with more limited resources, SCIP decided to prioritize work in the communities that will be visited by these mobile clinics.

As a result, SCIP was less available to assist Kukumbi and NAFEZA with community-based HTC. NAFEZA and Kukumbi have since recruited their own counselors, with the approval of DPS, as described in the recruitment section above. In July and August, DPS provided additional practical training for these counselors on HTC, HIV defaulters tracing and the use of the referral forms. In September, the counselors started to conduct community-based HTC; NAFEZA and Kukumbi reported testing 153 individuals in the month of September; these numbers will be included in the next totals for the next reporting period as the reporting cycle for partners ended August 31. It was more complicated than expected to set up this new system of direct testing, but the Partners are optimistic that it will be more effective in the end, as it will allow NAFEZA and Kukumbi to respond directly to the needs in their communities. Also, NAFEZA and Kukumbi will have data necessary for reporting and for a proper analysis of the effectiveness of their interventions. For this reporting period, NAFEZA and Kukumbi's counselors were conducting HTC at the health facilities, so ICAP and FGH are reporting these results, as well as the DPS. In the future, NAFEZA and Kukumbi will report to CAP on the numbers tested in the communities. However, the DPS insists that the counselors still work 2-3 days/ week in the health facilities. CAP will support NAFEZA and Kukumbi to negotiate with ICAP and FGH to report these numbers.

Despite Ophavela's and CAP's persistent efforts, efficient collaboration on HTC between Ophavela and SCIP Nampula has not materialized. Ophavela and SCIP had agreed on a community based HTC calendar for two districts, Ribau and Meconta. Ophavela mobilized debate session participants and other community members on two separate occasions, but SCIP did not appear. In a follow-up meeting, SCIP Nampula indicated that it had adopted a strategy that diagnoses more HIV positive individuals than what is achieved by testing the general population. We are assisting Ophavela to talk to SCIP and get clarity about collaboration for HTC, so alternative arrangements can be made if necessary. SCIP does not work in Murrupula; therefore, Ophavela developed an agreement with DPS to provide community based HTC following debate sessions and started testing in September 2014. In this arrangement, Ophavela pays the DPS staff per diem to conduct HTC outside of their regular working hours, so for the next reporting period, they will be counting people tested through that structure as tested. For this reporting period, Ophavela only referred people to testing. (See Annex 30 Overview of Available Data on HTC for details on the data CAP Partners are able to report at this time.)

CCM-Sofala continues to mobilize support from DPS in Chemba and Machanga districts and USAID-supported CHASS-SMT's community partner Kugarissica in Buzi district to provide community based HTC during the weekends, immediately following debate sessions. CCM is

working with 83 facilitators who mobilize people and conduct sessions. Each district has one HTC counselor from the DPS who does testing twice a month on weekends. Despite continued political instabilities, CCM-SOFALA reached 2,585 session participants, tested 1,482 (57%) individuals, (8.8 %) tested HIV positive, and 312 were referred to HIV care and treatment services during this reporting period.

ANDA's eight DPS-trained and accredited peer educators/counselors offered HTC to key and priority populations—commercial sex workers (CSW) and truck drivers. DPS provided the HIV test kits and other supplies, including condoms. In the past six months, ANDA tested 388 CSW and truck drivers for HIV, and 49 (13%) were referred to clinical services. The link between HIV testing and clinical services of truck drivers remains a challenge due to the target groups' mobility and the lack of availability of night clinics with such services

Ophavela referred 14,615 debate-session participants to clinics for HTC, family planning services and STI care and treatment during this reporting period. Ophavela's level of referrals is high compared to other partners, because their debate sessions already included sexual reproductive health, and they directed people to the clinics to seek services as part of those sessions. A form is not completed for every individual as the cost would be prohibitive and the systems to track whether these referrals are completed would be labor intensive and costly. We decided with the partners to focus the financial and human resources at this stage on ensuring the quality of the sessions, uptake of HTC and contributing to treatment retention; if the sessions are well conducted, the likelihood of participants seeking services is increased. Even though we don't know if the referral was completed, we still feel the referral made was valuable and is an important contribution to strengthening the health system.

Ophavela established 45 new fixed condom distribution points during this reporting period, bringing the total number of the distribution points that Ophavela managed to 54. ANDA continued to manage five fixed points at known hot spots. NAFEZA, Kukumbi, and Ophavela distributed condoms at sessions.

Despite the delays negotiating agreements with HTC providers and the consequent impact on targets, CBSCT/Prevention Partners have seen the impact of linking debate sessions with HTC and treatment services and remain confident in their ability to significantly improve uptake of HIV testing and treatment services. In FY15, CAP will continue to assist Partners in analyzing and responding to changing environments to ensure access to community based HTC and referral to treatment services for program beneficiaries and their communities.

Partners encourage targeted groups, including adolescent girls, married couples, and others to get tested. They do not however **discourage** "non-strategic" populations from getting tested. We are concerned with the negative fall-out resulting from targeted HTC in the context of our program. CAP partners typically conduct debate sessions with a variety of target groups, including adolescents, youth, married couples, and leaders. HTC is offered 2-3 times during a cycle to all participants immediately following select debate sessions. If we were to offer HTC to only a subset of this population, we might send contradictory messages on HIV transmission. Community members that are not offered HTC might conclude that that they are less at risk of

HIV infection and thus not change unhealthy behavior that might lead to HIV infection. We have therefore opted to offer HTC to all debate sessions participants who request it. Recent analysis of Nafeza and Kukumbi data shows that the yield is similar to the provincial prevalence rate.

h. Incorporate “Quebrando Barreiras” Films into Partner Activities

All CBSCT/Prevention Partners screened films produced by CAP Mozambique to support behavioral change to prevent HIV transmission in their debate sessions. Over the past six months, an estimated 5,625 session participants have seen at least one of the debate-provoking films and debated possible outcomes. Ophavela contributed significantly to this number. The organization has screened the films with 2,464 VS&L group members and communities. The films are in high demand, and association members and communities often request specific films they have heard about from other communities. Ophavela is looking for more films as they believe film to be an effective medium for provoking dialogue around barriers to behavior change. We are helping them to identify effective films, including *Tchova*.

i. Support Partners to Integrate New Components into Existing Activities

We contracted former Partner N’weti to develop content for debate sessions to increase demand for SRH services, HTC, ART and GBV-related services. In April, N’weti submitted the first deliverable, a desk study describing the uptake of these services, factors that support or inhibit access, a review of existing training and IEC materials, and an analysis of Partners’ methodologies to determine how to integrate the new topics. From May 12-16, N’weti conducted a workshop with CBSCT/Prevention Partners to correlate the findings of the desk study with community consultation processes Partners conducted using SBCC theory. They subsequently determined key priorities and messages for each topic by Partner. N’weti reviewed Partners’ debate session manuals to incorporate new topics and messages and trained 21 supervisors in June 2014. Partners cascaded the training to 257 *activistas*. The use of the new manual depended on the start date of session cycles. See Table 4 for details. The information on masculinity norms, addressing GBV Indicator 4², was mainstreamed in the manuals. Therefore, Partners can only count individuals reached after the cycle has been completed. We will include the achievements in the next reporting period. The materials are piloted during the first cycle of application and will be finalized based on observations by N’weti and Partners’ during implementation. We anticipate that the final revised manuals will be available in November.

Table 4. Preparations for and application of revised debate session manuals

Partner	Supervisor training	Dates of training	Facilitators trained	Start dates of cycle of first application
CCM-SOFALA	22-23 June 2014	10-21 July	143	19 July – 28 September
Kukumbi		7-11 July	24	6 September – 09 November
NAFEZA		1-10 July	40	20 July – 30 August
OPHAVELA		14-25 July	50	8 September – 14 November

CHASS SMT in Manica and Sofala conducted training on treatment literacy for CCM Sofala and ANDA; SCIP Nampula did the same for Niiwanane and Ophavela in Nampula. Participants

² Definition of GBV Indicator 4: 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

showed a keen interest in learning more and discussions were lively. Participants related certain aspects of treatment to knowledge and attitudes in the community and impact of the latter on messaging, particularly:

- Pre-ART care—communities do not understand why a person with a positive HIV diagnosis does not immediately access ART. Patients complain about poor quality care when they are provided with Co-Trimoxazole prophylaxis only. Explaining the life cycle of the virus, including the impact of the virus and treatment on CD4 count, may help to explain the need for pre-ART monitoring, care and life-long treatment;
- Daily schedule of treatment—the necessity to take medication daily is understood, the importance of taking it with fixed time intervals much less;
- Discordant couples—explaining the concept will be difficult. In addition, participants indicated that communities will want to know about the desire to have children with a positive spouse; and
- Alcohol consumption while on treatment—participants indicated that acceptance of ART will be less if patients are told not to drink any alcohol. The message should speak of moderation.

N'weti will take the feedback from the training into account during the last round of manual revisions.

We anticipate lively debates when HIV treatment is discussed. We ensured that Partners know the nearest ART site and share this information with session participants. Kukumbi's and NAFEZA's counselors are re-enforcing the message during their household visits as are all Partners' staff involved with HIV care and treatment defaulters tracing. We also have shared a list of government-accredited, adolescent friendly SRH sites with our Partners for referrals of adolescents.

j. Support Partners Expanding their Role Supporting HIV Care and Treatment

All CBSCT/Prevention Partners started working with DPS to trace HIV care and treatment defaulters in July-August. Since then, these Partners have sought 189 defaulters, identified 152 (80.4%) and returned 107 (70.4%) of those identified to treatment. Partners are using the MISAU-approved referral forms to record referrals and receive feedback for follow-up support if required. Partners apply different models. CCM-Sofala' facilitators play multiple roles. They lead debate sessions, look for defaulters and accompany patients back to the clinic. They maintain contact with the returned patients to monitor adherence as well. If the demand from DPS for community support in tracing defaulters increases, CCM-Sofala will be able to deploy more facilitators. Kukumbi and NAFEZA have recruited DPS-accredited counselors who, in addition to tracing defaulters, also conduct community-based HTC, and in NAFEZA's case, GBV screening. Ophavela has identified and trained nine *animadores* who are expected to support DPS to trace HIV defaulters as of October 2014. All CBSCT/Prevention Partners have forged relationships with HIV treatment committees and are trained by us to use standardized MoH reporting formats. Our efforts to expand CBSCT/Prevention Partners' involvement in HIV defaulters tracing complements our efforts to increase Partners' ability to address debate sessions' participants gaps in treatment literacy.

During a semi-annual Partners Meeting in January 2013, CAP discussed the possibility of identifying a person living openly with HIV to become a champion of HIV care and treatment. In this reporting period, Kukumbi identified an HIV-positive facilitator. He and his wife now openly talk about their HIV status with debate session participants, both adolescents and adults.

3. Collaboration

a. Foster Exchange between Peer Organizations

With our support, CHASS-SMT trained CCM-SOFALA and ANDA facilitators on tracing HIV defaulters. The training was combined with a visit to CHASS-SMT community partner Kugarissica to observe community workers conduct HIV defaulters tracing. Nampula- and Zambeiza-based Partners similarly collaborated with SCIP. We have promoted collaboration with other HTC Implementing Partners such as the two SCIP Projects, FGH and ICAP. Rather than duplicating, we thought it better to promote efficiencies. As priorities changed for the SCIP projects, this collaboration has become more difficult, causing Partners to make alternative arrangements. Collaboration with treatment partners continues to be a challenge.

During the semi-annual Partners Meeting, the N'weti training and the SBCC training, CBSCT/Prevention Partners discussed the common challenges they faced mobilizing people for HCT or ART, as well as collaborating with service providers. They also shared ideas for solutions, including Ophavela's guide for recruiting *activistas* mentioned above.

CAP Mozambique Partners actively collaborated with health authorities and other organizations to conduct community based counseling and testing. (*See the Coordination with the Mozambican Government Component as well as Collaboration with Other Donor Projects for additional examples of collaboration.*)

VI. Orphans and Vulnerable Children (OVC)

A. KEY ACHIEVEMENTS: OVC COMPONENT

In the current reporting period, CAP Mozambique and partners:

- Reached an additional 1,738 OVC, bringing the total number of OVC serviced in FY14 to 7,650 of whom the majority (81%) are below 15 years of age, 4% older than 18 years of age, and 50% are girls.
- Reached a total of 7,650 OVCs in FY14, 18% more than in FY13, and provided 30,008 services, more than double the number of services provided last year. On average, OVC received 3.9 services, up from an average of 2.2 services per OVC in FY 13.
- Increased rate of completed referrals from 64% during last reporting period to 86% during this reporting period.
- Completed the internship phase of the second learning cycle of 122 youth and held a graduation ceremony in the PPF project;
- Selected participants and began the third PPF learning cycle with 66 youth;

- Assisted all OVC Partners to assume an expanded role in the HIV continuum of care, including tracing HIV care and treatment defaulters in communities and beyond the OVC beneficiary families.
- Helped two Partners initiate debate sessions with communities and beneficiaries to prevent, mitigate and/or create demand for HIV care and treatment, SRH, GBV and child protection services.
- Started 37 new VS&L groups, reaching 710 people with household economic strengthening activities of whom 159 (22%) are OVC caregivers.
- Kukumbi rapidly developed a good quality narrative, budget and targets for an OVC project to replace LDC’s project, reflecting skills that Kukumbi has gained in project design.

B. SPECIFIC ACTIVITIES: OVC COMPONENT

We continued to support five OVC Partners—four direct implementers and one umbrella organization with seven subpartners. HACI managed nine sub-partners but discontinued working with two at the end of the previous reporting period because of performance issues. Of the seven subpartners, five have been awarded grants and two are managed by HACI directly. All seven subpartners implement similar OVC projects.

LDC’s award was terminated on August 8, 2014 due to financial malfeasance. In August, we assisted Kukumbi to develop a proposal to continue LDC’s work with OVC beneficiaries in Lugela. If approved by USAID, Kukumbi will be our second Partner to expand its initial scope of work in HIV prevention with an OVC award.

1. Project Cycle and Results Management

a. Support Partners’ Development of Annual Workplans

In the current reporting period, we provided TA to Kubatsirana to develop a narrative project description along with a workplan, budget and targets covering the remainder of the Partner’s grant with CAP Mozambique. In addition, we supported Kukumbi to develop a proposal and budget for USAID approval to continue LDC’s work in Lugela. Before developing a workplan and budget, we gave Partners a budget ceiling to reinforce learning how to plan in a resource-specific environment. Table 5 summarizes our OVC Partners’ anticipated periods of performance as of this reporting period.

Table 5. OVC Partners’ Anticipated Periods of Performance and Annual Planning Status

Partner	Projected Period of Performance*	Planning TA for Extension	Status of Modification
ANDA	June 1, 2013 - April 30, 2016	Oct 2013	Modification signed in April 2014
HACI	June 1, 2011 - April 30, 2016	Mar 2014	Modification #9 signed in July 2014 Modification #10 signed in September 2014
Kubatsirana	Nov 1, 2012 - April 30, 2016	April 2014	Finalizing modification
LDC	Nov 1, 2012 - April 30, 2016	Nov 2014	Modification signed in May 2014
Niiwanane	Dec 1, 2011 - April 30, 2016	Oct 2013	Modification signed in January 2014
		Aug 2014	Finalizing modification

Kukumbi	12 months	Aug 2014	Finalized USAID approval package
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**These dates do not correspond with those outlined in Partner Profiles and Grantee Status Chart because CAP Mozambique will only update these documents once official USAID approval is received.*

During the previous reporting period, CAP helped ANDA develop an OVC annual workplan and budget that included reinstating ANDA’s vocational training center. We helped ANDA conduct a market study to determine what courses could provide OVCs with marketable skills. Based on the findings, ANDA modified the choice of training courses it intended to offer OVC from carpentry, sewing and IT, to cooking/events management and cooling-systems repair. We assisted ANDA in revising its vocational training budget to align with the needs for two new courses. ANDA received support from PPF to integrate life skills and IT in the curricula for the training program. All students will receive instruction in this basic curriculum in addition to their subject of choice. The vocational training center was inaugurated on September 26 in the presence of local municipal and education authorities, local leaders, Partner NGOs and the media. On September 29, 15 students started their first day of learning. Currently, ANDA is only running the cooking and events-management classes. The cooling-systems repair classes will start in January 2015.

We helped Kubatsirana review its previous year’s achievements and plan routine activities, define the features and resource implications of new activities, introduce new indicators, and finalize targets and budgets. Kubatsirana struggled with staff turnover. Key program and finance positions were vacant or had been filled recently at the time of planning, and the organization needed substantial assistance to develop its annual workplan and budget. We anticipate that Kubatsirana will continue to require significant assistance in completing documentation for the next annual workplan period.

As mentioned above, when it became necessary to terminate LDC’s award, local government appealed to CAP Mozambique to continue to provide services to the 510 OVC beneficiaries. After due consideration, we concluded that awarding a one-year grant to Kukumbi was the best option. In August, we helped Kukumbi develop a proposal with the involvement of LDC district-based senior staff that Kukumbi intends to hire as they are already trained. The aim is to ensure a rapid start-up of activities if USAID approves. Kukumbi, with the assistance of former LDC technical staff, was able to rapidly develop a good quality narrative, budget and targets. We believe that Kukumbi’s growing mastery of the skills needed to develop and execute annual workplans and budgets reflects well on both the organization and CAP’s approach to TA.

Niiwanane conducted its annual workplan process in August independently using CAP Mozambique’s evaluation guidelines to analyze its previous year’s results and plan activities for next year. In comparison to the previous annual planning and budgeting process, Niiwanane demonstrated an increased ability to complete all documents required for a modification, including the budget and targets.

c. Support Partner Workplan Implementation and Reporting

We continued to routinely monitor Partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. We evaluated adherence to timelines, quality of service delivery and data recording and uptake of skills. We also continued

to provide TA to all OVC Partners to improve their capacity to effectively report programmatic and financial information.

Through the TA outlined above, we noted both progress and challenges. ANDA and Niiwanane continue to demonstrate a keen interest in improving and expanding service delivery. Both partners rapidly integrated a series of debate sessions with OVC beneficiaries and community members, began to systematically provide HTC services to all OVC beneficiaries and caregivers, returned HIV care and treatment defaulters to ART care, and screened for GBV while improving the quality of psycho-social support. The quality of Niiwanane's narrative reports and data remains satisfactory.

In addition, ANDA integrated household economic strengthening activities and reopened its vocational training center. The activities are described in more detail below. ANDA's reports continue to be strong, including more qualitative information, such as a powerful success story describing how a family in dire need progressed with ANDA's support. ANDA's success story *Helping One Grandmother Find her way Out of Darkness* is included in Section XII of this report.

Niiwanane noted that *activistas* concentrated on completing family visit forms instead of engaging in natural conversations with their beneficiaries. The forms created a barrier between the *activistas* and the beneficiaries. The organization has since improved the dynamics of the family visits by asking *activistas* to complete forms after the visits. In addition, Niiwanane identified and substituted 32 children that no longer need intensive support with new OVC from the same community. These children will still receive follow-up visits but less frequently.

Kubatsirana and LDC continued to face challenges with implementation and the quality of narrative reports and results tables. Both organizations continued to struggle with leadership and staff transitions that hindered implementation. We evaluated progress against key performance indicators issued to both organizations during the previous reporting period and concluded that sufficient progress was made to continue to support these partners. The evaluation was conducted before LDC's financial malfeasance came to light. Kubatsirana's newly recruited OVC officer was asked to leave after one month, and a new recruitment process was initiated and completed in July. *Activistas* continued to provide services to OVC beneficiaries. We provided TA to try to minimize the impact of a lack of supervisory personnel on service delivery and reporting. We also supported Kubatsirana's orientation of the OVC and livelihood officers to ensure they understand the basic concepts of the MMAS minimum standards of OVC care, various assessments and planning tools as well as CAP Mozambique's reporting mechanisms and data bases.

HACI continued to submit good narrative reports, and the quality of the results table has notably improved since our intervention during the previous reporting period. Then, CAP noted that HACI had improved the frequency of TA visits to partners but still needed to improve the focus and quality of the visits. We linked improving focus and impact of TA to HACI's award extension beyond September 2014. In July 2014, when we reviewed HACI's TA archives to evaluate progress on focus and quality of TA visit, we noted that:

- HACI has conducted at least three visits to each subpartner during the past trimester;

- Contents of TA visits were aligned to capacity needs identified in the ICBPs;
- Recommendations to subpartners are archived and accessible for follow-up TA; and
- HACI has developed and shared with subpartners a document similar to CAP's *Resposta Rapida* that clearly defines subpartner management processes. The document stipulates roles and responsibilities of HACI and subpartners and consequences of non-compliance.

We also identified areas that require further improvements:

- HACI should more frequently observe subpartners during family visits and community mobilization efforts and spend less time in subpartners' offices; and
- HACI TA needs to become more results oriented as subpartners' are still not reaching their targets (more details in sections below).

d. *Support Partner Human Resources Recruitment*

CAP Mozambique's TA in the past focused on fostering an understanding of the benefits of selecting the strongest candidate and developing and consistently adhering to well-developed recruitment processes. Having achieved these objectives, we mostly focused in this period on finalizing job descriptions for new positions. This was the support provided to ANDA for key personnel approval and the recruitment of vocational training staff.

Niiwanane saw some staff turnover during this reporting period, particularly staff hired for new positions. Some complained about the complexity of the stringent reporting requirements, others were just not able to do the job. Niiwanane's ED mentioned that CAP's LMI initiative helped him manage the challenges of multiple recruitments of key personnel. Niiwanane continues to expand its recruitment techniques in search of the best possible candidates. During this reporting period, Niiwanane required applicants for the household economic strengthening position to demonstrate their skills by providing TA to VS&L groups. Only after this practical test did Niiwanane select the strongest candidate.

e. *Perform Technical Assessments*

We conducted ANDA's and LDC's second and HACI's third technical assessments in June and July. We also conducted a baseline technical assessment of Kukumbi's capacity to deliver OVC services in August. A repeat technical assessment will only be conducted if USAID approval for the award is obtained. TA provided to ANDA and HACI to address identified technical capacity gaps is outlined below as well as in section IX. *Monitoring and Evaluation* of this report and in CAP's annual workplan.

2. Programmatic Technical Assistance

a. *Support Continued Implementation of Existing Activities*

CAP Mozambique Partners provided family-centered support to an additional 1,738 OVC of whom 56% are girls, and 69% are below 15 years of age and 17% older than 18 years of age. Partners provided an additional 8,595 services to OVC during this reporting period. This means that Partners provided an average of nearly four services to each OVC during FY14. In addition,

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partners referred and additional 206 OVC mainly to health, protection and education services, of which 80% were completed. Niiwanane identified 32 children that need less support in the future. We anticipate that other OVC partners that started implementing later will also begin to identify and substitute children who are in less need of intensive support.

b. *Improve Application of Child Status Index (CSI) and Design and Implementation of Individual Care Plans*

Our OVC Partners applied the CSI tool approximately 5,200 times during this reporting period. With CAP assistance, Partners are becoming increasingly more accustomed to the CSI tool and are developing better plans. The time lapse between repeat CSI applications is gradually decreasing as well and is beginning to align better with the intended six-month interval. Please refer to Table 6 for a timetable of CSI applications. *Activistas* have easy access to the care plan to develop their weekly or bi-weekly action plans.

“At first the activists thought that the CSI was a mandatory rapid survey. Once they applied the CSI for the second time, they realized it allowed them to assess the impact of their work and be more accurate about the support they provide”.

- Betty Mutata, OVC officer, Kubatsirana

ANDA applied the CSI tool for the second time with more than 600 OVC in June. To improve the consistency of the scoring, a common challenge found among CAP Partners and described in the literature, CAP facilitated a discussion to create consensus on the interpretation and scoring of CSI domains. The consensus was captured in a short guide that ANDA staff referred to during the CSI application. In addition, CAP advised ANDA to conduct the first few CSI in pairs. After the assessment, the two evaluators discussed and agreed on the final scores.

Niiwanane conducted its second repeat CSI in March-April with approximately 685 OVC with little assistance from CAP. CAP noted that care plans were well developed.

During monitoring visits, we noted the poor quality of HACI subpartners’ first CSI application. Many CSI scores were incomplete and care plans absent, inaccurate or of limited use. Based on these findings, HACI decided to disregard the results of the first application, retrain all subpartners, and reapply the CSI with all subpartners in June and July. The second application will become the baseline, which means that the impact of TA provided prior to the second CSI applications cannot be analyzed.

LDC conducted its second CSI application but still required substantial TA from CAP.

Table 6. CSI applications FY11 – FY15

Partner	Child Status Index Applications			
	1 st application	2 nd application	3 rd application	4 th application
ANDA	June-July 2013	May-June 2014	Dec 2014 - Jan 2015	June/July 2015
Niiwanane	June 2012	June/July 2013	March-April 2014	Oct/Nov 2015
LDC/Kukumbi*	March 2013	Feb 2014	Nov 2014*	May 2015
Kubatsirana	Mar-June 2013	June-July 2014	Jan-Feb 2015	June-July 2015
HACI	July 2013–March 2014**	July 2014	Jan-Feb 2015	June-July 2015

*Pending USAID approval of Kukumbi’s proposal

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**Results of the first CSI application were discarded

Shaded boxes highlight those that were conducted during this reporting period.

In advance of the next CSI applications, CAP will support Partners to assess the consistency of scoring and introduce interventions to improve the consistency, if required.

The CSI application, care plan and family visits create a substantial paper trail. We continue to provide TA to Partners to ensure proper use and archiving of CSI related documents and data, and are noting improvements.

For the April 2014 Semi-Annual Report, CAP attempted to analyze LDC's first and repeat CSI applications using Excel. The purpose of the exercise was to assess and report impact of LDC's work on OVC well-being and to provide LDC data for future program decisions and direction. We concluded that manual analysis was complex and time consuming and that more advanced software would be required to generate the information necessary for this analysis.

During this reporting period, CAP contacted VP Health Systems, a software development company that specializes in developing and supporting ICT solutions in the field of health and social development. VP Health Systems developed the electronic Child Status Index measurement tool and has successfully implemented and supported its application in projects in Lesotho and in Kwazulu Natal (KZN) and Gauteng South Africa. With CAP guidance, VP Health has started to adapt the electronic CSI tool to the Mozambican context. In parallel, we are preparing three Partners for the pilot—Niiwanane, ANDA and one HACI sub-partner. UNICEF is participating in order to assess how the electronic CSI could fit into district-based case management systems that MMAS is developing with UNICEF support. In the context of developing the description for piloting this system, CAP conducted a rapid assessment with three Partners on the benefits and challenges of the CSI. (*See Annex 23 for results of an assessment of Partners' use of the CSI.*)

c. Introduce household economic strengthening activities

To help Partners respond to OVC needs for economic support, in March CAP contracted Project HOPE to build Partners' capacity to strengthen beneficiaries' household economies. We also supported Partners to recruit HES officers to carry out this project activity.

In May and June, Project HOPE conducted an orientation on village saving and loan (VS&L) methodology with *activistas* and a five-day training with HES and supervisory staff for each Partner. Topics included how to mobilize communities to form VS&L groups; saving and loans cycles; developing and adopting statutes; electing leadership teams; documenting member savings and loans, and facilitator's



Village Saving & Loan Group in Manica Province.

ethics. The training also covered the use of various monitoring and reporting forms and the electronic VS&L member profile.

In November 2013, Niiwanane, with Ophavela's assistance, started HES activities. Project HOPE spent five days reviewing Niiwanane's progress and adapting tools and practices to aligned with Project HOPE's approach. Ophavela participated in the review to learn about Project HOPE's VS&L profile and monitoring forms. Following the training, *activistas* and HES staff worked together to mobilize communities and form VS&L groups. Each Partner aimed to form 12 VS&L groups composed of OVC beneficiaries and other community members. CAP coached Partners to ensure that 30% of the group members were OVC beneficiaries. Table 7 shows the number of groups and OVC beneficiary participation at the end of this reporting period.

Table 7. OVC Beneficiary Participation in Voluntary Savings & Loan Groups in FY 14

Partner	# of groups	# of participants	OVC care givers beneficiaries		# of OVC affected
			#	%	
ANDA	15	261	43	16%	192
Niiwanane	13	213	81	38%	572
Kubatsirana	5	156	18	12%	99
PACO (HACI sub)	4	80	17	19%	45
Kindlimuka (HACI sub)	0	0	0	0	0
Total	37	710	159	22%	908

Partners have started to collect and process membership profiles. The process will be completed during the next reporting period. Niiwanane will begin to conduct repeat profiles to analyze impact of VS&L activities on group members' socio-economic status. Project HOPE will conduct the first of three rounds of field support visits in the first trimester of FY15 to monitor progress and begin creating networks with small business opportunities and commercial loans.

Table 8 provides a snapshot of group savings and loan activities as of August 30, 2014 as reported by Project HOPE. Niiwanane told us that since it started VS&L groups, the demand for support from communities to establish such groups exceeds what Niiwanane can provide. Niiwanane is nearing the end of the first saving and loan cycle. Based on Project HOPE experiences, we anticipate that some VS&L group members will break away from their groups to form new groups thus expanding the number of groups and responding to the demand.

Table 8. Amounts Saved* by VS&L Groups as of August 30, 2014

Partner	Total savings (Mts)	Total loans (Mts)
ANDA (since July 2014)	158,150.00	141,980.00
Niiwanane (since Nov 2013)	269,315.00	4,000.00
Kubatsirana (since July 2014)	22,850.00	12,300.00
PACO (HACI sub –since July 2014)	0	0
Kindlimuka (HACI sub – since July 2014)	0	0
Total	450,315.00	154,280.00

*Source: Project HOPE progress report

Partners continue to struggle with access to service providers that support water and sanitation, mosquito nets and nutrition. Niiwanane reports having tried unsuccessfully to obtain mosquito nets from the Malaria Consortium for its beneficiary. Most Partners are only able to access mosquito nets for pregnant women and children under age five during distribution campaigns. HACI and Kubatsirana get water purification tables for their beneficiaries from local health authorities, but support to build latrines and provide better access to water supply remains a challenge.

d. *Introduction of community-based debates to create demand for services*

We contracted former partner N'weti to develop a debate session manual for OVC partners to increase demand for sexual and reproductive health (SRH) services, HTC, ART and GBV-related services, and raise awareness on child rights. Two OVC partners, ANDA and Niiwanane, recruited new staff for this intervention to then be trained by N'weti on the contents of the manual. The two organizations are currently piloting the debate session manuals with OVC beneficiaries, VS&L groups and communities. Initial feedback indicates that already the sessions have had an effect on community's perceptions on what constitutes GBV and how to respond. Nweti will finalize the manuals after the pilot phase.

e. *Improve Referral and Reporting of Family Members to Services*

CAP continued to provide TA to partners to improve the accuracy of adult referral reporting. Partners' nearly doubled the number of adult OVC caregivers that were referred to services. Partners recorded 18 adult referrals to health services and 19 to nutrition services. All health referrals were completed, but none of the nutrition referrals were. Partners continue to face challenges accessing support from the National Institute of Social Action (INAS), a semi-autonomous agency of MMAS that provides food support and cash transfers. OVC partners also referred six GBV victims to health services and returned 15 defaulters to HIV care and treatment. In addition, Niiwanane reported referring 133 OVC beneficiaries to HCT; unfortunately, they did not document referrals by using the referral forms, so this was not reported in the data tables. HACI subpartners are still struggling to use the referral guides properly, thus reports on adult referrals were less than satisfactory. We will ensure that all Partners report adult referrals in the next reporting period.

f. *Improve Activista Interpersonal Communication Skills and Ability to Provide Psycho-Social Support*

During the previous two reporting periods, CAP strengthened Partners' capacity to provide psycho-social support (PSS) to OVC beneficiaries and their caregivers. The Regional Psychosocial Support Initiative (REPSSI) conducted a Training of Trainers (TOT) on two PSS methodologies, *Journal of Life* and *Tree of Life*; observed cascading training of *activistas* on the *Journal of Life*, and accredited trainers among Partner staff. Douleur Sans Frontier (DSF) provided field-level implementation support from November 2013 through March 2014.

From June through August, we implemented the second round of field-level implementation support visits. The visit had two objectives, to:

- observe and discuss Partners’ experiences with the application of *Journal of Life* methodology—a methodology aimed at fostering community support for vulnerable children; and
- train *activistas* on the use of *Tree of Life*—a methodology that aims to assist individual traumatized children and their caregivers.

DSF noted during the first round of field visits that most Partners lacked the skills to identify, approach and provide support to traumatized children and their caregivers. In collaboration with REPPSI accredited Partner staff, DSF trained 40 staff and 240 *activistas* from five CAP Partners and seven HACI subpartners to use the *Tree of Life* methodology. We used this opportunity to reinforce family-centered care support as well. Particularly HACI’s subpartners needed a refresher on the family-centered approach as field observations showed that some subpartners were providing services to select family members only. We ordered 260 sets of *Tree of Life* materials and distributed them to *activistas* prior to the training. Immediately following the training, DSF observed *activistas* applying the methodology with beneficiaries. The field visit also provided an opportunity to assess the application of *Journal of Life* methodology.

Four CAP Partners and one HACI subpartner are applying the *Journal of Life* methodology well and using the materials regularly with individuals and groups. HACI has reached 1,479 beneficiaries with PSS support in the last six months. HACI needs to provide more guidance to its subpartners regarding PSS activities.

Examples of How Newly Acquired PSS Skills Improve Lives

- A child whose caregiver could not afford to contribute to building funds for the school bore the brunt of his teacher’s anger when the teacher castigated him in front of his peers. The child was embarrassed, opted out of school and started to live on the street. The *activista* worked with the child and his friends to return to school and re-socialize with other students (Kubatsirana).
- A girl who had been violated on the street retreated into herself and stopped socializing with other family members and friends. She did not go anywhere near men in fear of being violated again. The *activista* worked with the family and the child to overcome her trauma and reduce her fear (ANDA).
- A woman was abandoned by her husband and gave up on life, disregarding the needs of her children. An *activista* worked with the woman and her neighbors to restore the woman’s self-esteem and helped her establish a small business. She is back on her feet, supporting her children and improving her house with her earnings (Niiwanane).

In the next reporting period, DSF will conduct the final round of field-level support. We are consulting with DSF and Partners to determine what, if any, specific issues may need further support.

g. Establish and Strengthen Linkages to the Formal Health and Social Services Systems

Our Partners continue to help beneficiaries access multiple services. During this reporting period, CAP Mozambique collected data documenting an additional 351 referrals to OVC services. This brings the annual total to 1,199 referrals in addition to the 30,008 services directly provided by our Partners. Eighty-six percent of the 351 referrals were completed, indicating a significant increase in comparison with last reporting period when completion rate was 64%. All CAP

Mozambique OVC Partners have the FHI 360-developed, MISAU-approved referral forms that help us monitor completion of referrals, particularly to health services, but use of the forms is inconsistent. Kubatsirana and HACI subpartners are still not consistently using the tool to refer and record referrals, resulting in under-reporting. For example, HACI's subpartners only provided evidence of 28 referrals in this reporting period. CAP continues to support these two Partners to improve their performance. Niiwanane overcame resistance to the use of the referral forms from health facilities by mobilizing support from Nampula City Health authorities.

We supported our Partners to help DPS trace and return HIV care and treatment defaulters to care. Niiwanane, ANDA, CCM-SOFALA, Kukumbi, NAFEZA and Kubatsirana received lists of defaulters from clinic pharmacies, identified and referred defaulters, and recorded and reported achievements using the appropriate government approved forms. Partners followed up with pharmacies to ensure that referred patients returned to treatment and continued counseling if this was not the case. So far, these six organizations have been able to locate 152 out of 189 defaulters, and returned 107 patients to treatment. Partners started this activity recently and are still learning how to find patients without breaking confidentiality and then convince them to return to treatment. We are confident that the numbers will increase over the next reporting period. We know that select HACI subpartners are finding HIV defaulters, mostly via family visits not via lists received from clinics. We have provided TA to HACI on approaches to defaulter tracing and recording and reporting forms but HACI subpartners have not yet started the activity.

Niiwanane works with the *Hospital Psiquiatrico* to return HIV care and treatment defaulters. Niiwanane asked to be part of the ART committee for the area. The hospital requested Niiwanane's help re-activating the ART committees in Napipine. Niiwanane did so in collaboration with SCIP. Niiwanane identified and mobilized community members and SCIP trained the committee on its roles and responsibilities. The committees now meet regularly and support HIV defaulters tracing. This is an excellent example of how the health system and CSOs can work together to reach common goals.

CAP helped Partners systematize mobilization of beneficiaries for HTC. With the assistance of clinical partners CHASS SMT, SCIP Zambezia and SCIP Nampula, 252 *activistas* received a one-day refresher training on HIV counseling and testing in June-August. The objective of the training was to enable *activistas* to explain the importance of knowing one's HIV status, how an HIV test is conducted and where to obtain one. We also worked with Partners to adjust M&E tools to be able to record and report the results of the mobilization efforts. ANDA uses its in-house HTC capacity that CAP helped develop to test OVC beneficiaries. ANDA tested 32 OVC beneficiaries.

ANDA, through its key populations grant, has peer educators who provide on-site testing to CSW and truck drivers. NAFEZA, Kukumbi, CCM Sofala and Ophavela are either mobilizing or providing community-based HTC with session participants that include adolescent girls, men, married couples and others. In addition, all OVC partners are targeting OVC beneficiaries. ANDA, through its OVC grant, conducts household-based HTC. All other OVC partners are referring beneficiaries to HTC. In principle, OVC partners apply the index patient model but are dependent upon the index patient's willingness to accept HTC and share his/her test results with

the *activistas* as the *activista* does not conduct the test. (See the table in Annex 23a for the Partners by district and type of activity.)

Partners maintained collaborative relationships with other service providers. For example, the Manica district office of the Ministry of Agriculture continued to provide OVC families with technical support and seeds to establish vegetable gardens; DPSMAS and INAS in Nampula provided families with basic food baskets (*cesta basicas*) and basic domestic supplies such as buckets, pots, pans and plates and water purification tablets; SDJET (District level Education Department) provided school materials; and one HACI subpartner helped a family reach out to the municipality to legalize ownership of land they lived on.

Niiwanane created a new partnership with the Nampula branch of Mozambique's Human Rights League (LDH) to assist a beneficiary who experienced discrimination for being HIV positive. In the context of responding to this beneficiary's needs, LDH offered assistance in case of child rights violations. Niiwanane also created a new relationship with the nutrition department of UniLurio University in Nampula. A university student worked with Niiwanane to discuss nutrition and better use of locally available resources with Niiwanane's beneficiaries.

An analysis of OVC Partners' referrals made during this reporting period shows the following:

- Most referrals were to protection services (42%) and health (30%), nutrition (14%) and education (9%) contrary to last period when referrals were equally distributed over health, education and protection services. Protection referrals primarily provide OVC beneficiaries access to birth registration and poverty statements that give children access to free social services.
- All of the referrals were completed with the exception of referrals to nutrition services. None of those were completed, because accessing INAS support continues to be challenging. The demand is higher than INAS' resources.
- Niiwanane's prevention staff and *activistas* shared information on PMTCT with all beneficiary families. Most pregnant women had already been tested during Ante-Natal Care (ANC) visits. Three pregnant women were referred to services.
- Niiwanane referred 133 OVC beneficiaries to HTC services but failed to use the referral forms to document the referrals.

h. *Initiation of Advocacy-related Activities*

Partners continue to provide excellent examples of the power of advocacy:

- Niiwanane mobilized community leaders and clinical partner ICAP to ensure that staff of the *Hospital Psiquiatrico* does not discourage the GBV victims' rights to prosecute the perpetrator;
- Niiwanane, in collaboration with SCIP, mobilized communities to re-activate ART committees; and
- LDC, to counter frequent school closures, developed a strategy involving local leadership to collect evidence and advocate for better quality education with the District level Education Department (SDEJT).

ANDA partnered with the Citizens Engagement Program (CEP) and will learn about the use of score cards to advocate for improved access to and quality of social services. Kukumbi is currently negotiating with CEP and may obtain similar TA and financial support.

3. Collaboration: Fostering Exchange among Peer Organizations

During this reporting period, a member HACI's Fiscal Council visited ANDA to learn about the constructive and productive interaction among ANDA's FC, Board of Directors and the Executive, and about the manner in which FC executes its tasks. ANDA's FC is among the most active and advanced FC of all CAP's Partners. More details are reported in the Organizational Development section of this report. In April, to prepare to trace HIV care and treatment defaulters, ANDA joined a training conducted by CHASS SMT on HIV counseling and testing. ANDA also visited CHASS SMT's community partner Kugarissica to observe defaulters tracing.

PPF and ANDA have worked closely together during this reporting period. ANDA integrated PPF's life skills and IT curriculum into the curriculum of the vocational training center. The life skills and IT teacher spent three weeks observing PPF's approach and fine-tuning the curriculum to ANDA's needs. PPF also visited ANDA twice to support curriculum development and provide TA on organizing student archives and systems to account for lunch and transportation support.

4. Programa Para o Futuro – Mozambique (PPF-MZ)

a. Key Achievements

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

- Completed the internship phase of the second learning cycle of 122 youth and held a graduation ceremony;
- Selected participants and began the third learning cycle with 66 youth;
- Continued support of youth-led clubs and supported other PPF graduates with their job searches;
- Supported strengthening of ASF and the four community-based organizations (CBOs);
- Completed grant with ADC;
- Drafted a tool kit to provide step-by-step guidance on how to implement PPF;
- Expanded relationships with the private sector to create internships, identify e-mentors and support job placement; launch internships; and
- Explored potential private-sector partners in Tete, Nampula, Nacala and Manica.

b. Selected Participants and Initiation of the Third Learning Cycle

PPF, in consultation with USAID, decided to continue with half the number of youth in Beira for a total of 66 youth. This reduction in the number of participants was due to a concern about the ability of the job market to absorb PPF graduates and a desire to focus on expansion of PPF in another location. In addition, PPF decided to limit the participants to youth supported by Kugarissica to leverage its work with youth and its caregivers to meet the minimum standards

for OVC care. The youth for this learning cycle come from Munhava and Matacuane. On average, this third group has a tenth-grade education.

Topics covered to date include an introduction to computers, personal health, HIV/AIDs, gender and early marriage. PPF revised the curriculum for this learning cycle, shortening classroom time to four months and adding job-specific technical training for one half of the group and internships for the other half. PPF believes that these adjustments will improve job placement and reduce costs.

The graduation ceremony for the first learning cycle was held in August. The Provincial Director for Women and Social Action from Sofala attended the ceremony, which was held in the Associação Comercial de Beira.

In addition to the classroom learning and internships, PPF has expanded the youth clubs for PPF graduates that were created earlier in the year. Each of the three clubs is defining its priorities and carrying out initial activities. The clubs will have an opportunity to propose a plan to receive a limited amount of funding to cover the activities designed by each club. This will give the clubs increasing independence and the ability to learn to plan, set priorities, create workplans and manage activities. The employability club is conducting labor-market mapping to survey 100 companies on their labor needs. PPF provided additional training to the IT club members. That group then decided to provide training to youth in the neighborhoods, reaching 39 youth over ten days of training using the PPF classroom and equipment. This club also worked with Kugarassica to provide training to youth at its location to “bring IT to the community.” The IT club also videotaped and created a photo book for a local secondary school fair on entrepreneurship, science and technology. One of the PPF youth won an award in the science and technology category and will go on to the provincial level competition. PPF provided additional training to the members of the social club on how to sensitize community members on issues relating to health, education, legal support and nutrition.

c. Capacity Building in PPF Methodology

Because most of the facilitators had experience with two learning cycles, additional training on the methodology was not needed. PPF and facilitators held bi-weekly meetings to analyze progress and make adjustments as needed. CAP staff trained ASF and PPF staff on how to use *Quebrando Barreiras* videos to discuss issues relating to HIV/AIDs. These videos will be used as part of instruction on GBV, HIV/AIDs, early pregnancy and other issues.

PPF staff members have provided technical assistance and training to the staff of ANDA in Manica. ANDA is beginning a youth-employability training that will build on PPF’s experience with project-based learning. ANDA’s program will focus on information technology, cooking and other related services for restaurants as these areas were identified as good potential job markets. PPF staff reviewed ANDA’s curriculum and made recommendations. It also worked with ANDA staff on how to set up the classroom, provided training manuals and instruments and helped the team develop its training plan.

PPF is developing a tool kit which will serve as a guide to organizations that wish to implement its methodology. The tool kit will offer step-by-step guidance relating to staff profiles, selection

and training, selection of youth, project-based learning, e-mentoring and internships and will include the curriculum and a database of the learning projects that are part of the curriculum. PPF will hire a consultant to review the tool kit to ensure it is user friendly and easy to understand.

d. Establish Endline for Monitoring and Evaluation

PPF-MZ carried out an endline Knowledge, Attitudes and Perceptions survey (KAP) survey of all participating youth following completion of the second cycle internship and a baseline for youth in the third learning cycle. This data have not been analyzed yet.

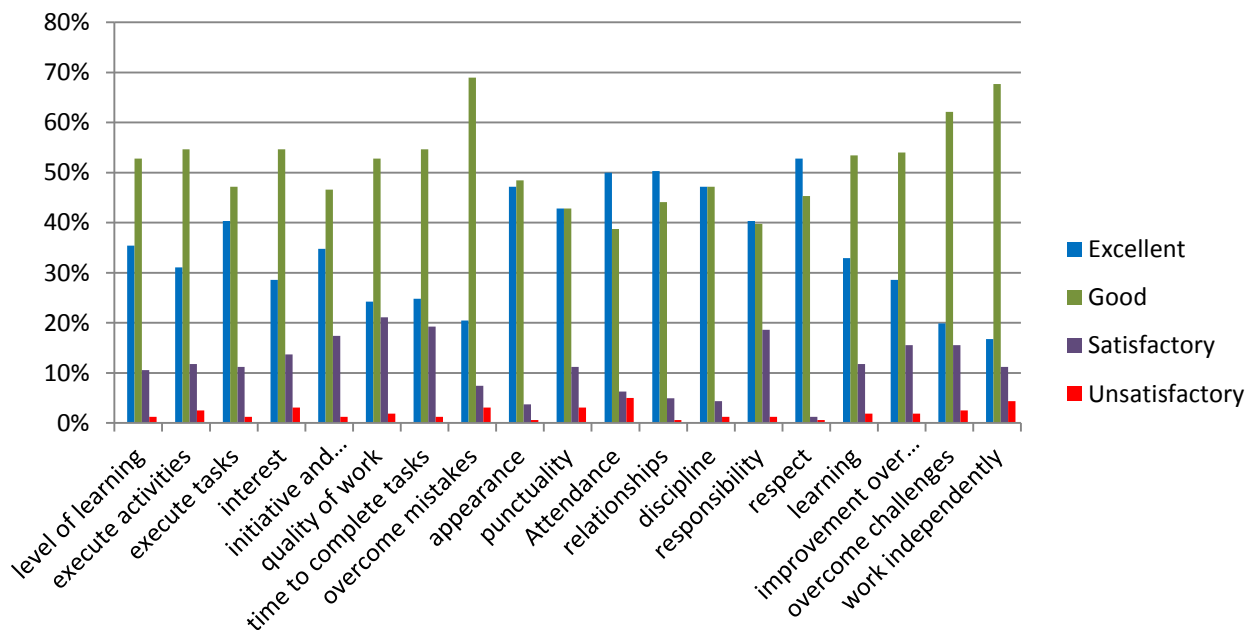
e. Engage Government

PPF continued to collaborate closely with the Provincial Department for Women and Social Action (DPMAS) in Sofala through regular meetings. PPF collaborated closely on the graduation ceremony. PPF has also had opportunities to meet with the Governor and his cabinet to share progress with the program.

f. Complete Second Cohort Internships

By the end of March, PPF youth completed internships with 18 different organizations. These included new companies such as MOVITEL, ADM (Aereoportos), ADEL, JCJ OFICINAS, MANICA, INCAJU and PAPUS Take Away. FHI 360 has analyzed 161 questionnaires that intern supervisors completed following the internships from the first and second learning cycles. This review found that 70% of the interns were rated as *excellent or good in all of the 19 categories of performance*. Following is a summary of that data for each performance area.

Figure 2: Percentage of Students Rated at Each Level for Each Performance Area



g. Work on Minimum Standards

When PPF began implementing the program, support to families to meet minimum standards was not part of the program. This component was added when the first scale-up learning cycle began in November, 2012 by *activistas* who worked with the CBOs in the three neighborhoods where PPF works. As reported in the SAR 10, PPF, in consultation with USAID, decided to discontinue having CBO *activistas* carry out this kind of family/caregiver support given the high level of training needed to provide it. Instead, all family/caregiver support is being carried out by Kugarassica, which has extensive experience meeting the minimum standards.

h. Strengthen Institutional Capacity

ASF's director participated in a CAP Partner workshop on how to develop partnerships with the private sector. ASF also received MANGO training and implemented the second PAOP workshop.

i. Collaboration and Partnerships

PPF staff met with a number of potential partners in Manica, Nacala, Nampula and Maputo to identify potential private-sector partners for replication of PPF in other locations. The most significant opportunity appears to be in Manica. In Manica, PPF met with Vanduzi, an agricultural company; IFLOMA, the Industria Florestal de Manica, and ADEM, the Economic Development Agency of Manica. In Nacala and Nampula, private -sector associations and the government identified a significant need for training youth, particularly in the area of soft skills. However, individual firms were less interested in sponsoring this on their own.

PPF staff also met with staff members from The Partnering Initiative, an activity housed at TechnoServe. This activity began with a study funded by DIFD on potential public private partnerships and inclusive business opportunities. The study found potential interest in partnerships in the construction sector. Once the study was completed, The Partnering Initiative created a project called LINK which is currently funded by the Dutch government to create public private partnerships to facilitate more demand-driven structured training programs. The Partnering Initiative was interested in the possibility of using PPF courses as part of a basic-skills program to complement the construction skills training.

PPF also met with

- DanMoz, the company that produces yogurt, cheese and milk products. The company trained eight PPF youth on selling their products and is providing carts, freezers and products to youth who can earn 10% on their sales.
- Mobilia OK about possibly hiring youth to distribute pamphlets and other materials for the marketing unit as another income generating opportunity for youth.
- Nestle Mozambique, which is about to develop a production site in Donde, near Beira, about potential support to the program through internships and potentially job placement.

- Global Alliance, a new company in Beira, about taking on interns and providing support for the project. The company has invited PPF and ASF to submit a proposal to support the youth clubs. Other opportunities discussed included engaging youth in marketing and providing mentors.

PPF is participating in a working group focused on job placement for youth in Beira. Other members of the group consists of Essor, GIS, Handicap International, INEFP and Light for the World. The group is looking at issues such as the availability and relevance of training to meet private sector needs, selection criteria for youth who are able to secure jobs, and the type of additional support needed to facilitate job placement.

j. Principle Challenges to be addressed

The following challenges and opportunities were identified:

- Despite a tremendous need for better trained workers, particularly in the Nampula and Nacala areas, finding the potential private sector funders has been a challenge. Although smaller firms have had significant challenges in finding qualified workers, they have limited experience with NGO programs, and their CSR programs are quite limited and traditional, typically focusing on small, traditional charitable efforts such as providing food or furniture for orphans. The larger multi-national firms will fund their own programs and do not have the PPF OVC community as a concern. In addition, many jobs in larger companies require a higher level of education than many OVC have.
- PPF needs to expand its visibility and communication efforts. It is becoming better known in Beira but needs to expand its outreach and dissemination efforts to other parts of the country, to more private companies, and to government representatives and donors.
- Many PPF youth have weak writing and reading skills which limits their ability to take full advantage of PPF and compete for jobs. PPF provides extensive support in reading and writing however, this support takes away time and attention for other employability skills.
- We found weaker collaboration from the Kugarassica *activistas* in the selection process for the third group of youth. This is due to their limited participation in earlier selection processes. In addition, these *activistas* were not prepared for the additional workload for the selection process.

VII. Care and Treatment

A. KEY ACHIEVEMENTS: CARE AND TREATMENT COMPONENT

In the current reporting period, CAP Mozambique and/or Partners:

- Initiated HIV care and treatment defaulters tracing in July-August, seeking 189, finding 152, and returning 107 (70%) to treatment;
- Tested 1,902 individuals for HIV, 8.8% tested HIV positive and referred to health services;
- Referred 18,393 individuals to health care services;

- Reached 130 CSW and 1,604 truck drivers with individual and/or small group level preventive interventions, tested 22% (388) for HIV and referred 49 to health care services;
- Provided 2,120 individuals in debate groups and 710 via household visits with information on infant and young child Nutrition (IYCN) practices;
- Conducted demonstrations of fortified porridge for 831 women, up from 332 during last reporting period; and
- Conducted pre-service training for 853 community health and para-social workers on HIV related topics.

B. SPECIFIC ACTIVITIES: CARE AND TREATMENT (C&T) COMPONENT

CAP Mozambique continued to support all Partners expanding community based HIV prevention, care and treatment support. Six of CAP’s Partners helped DPS and USG-funded clinical partners improve access to information about treatment and adherence and HIV care and treatment retention via defaulter tracing (*Busca Activa*). Through participatory debate sessions and/or household visits, eight of CAP’s Partners are mobilizing their beneficiaries to learn their HIV status. CAP continues to support IBFAN to improve IYCN practices and Kubatsirana to deliver HBC. Much of the TA that contributed to the results above is described in the OVC and CBSCT/ Prevention technical sections.

1. Project Cycle and Results Management

a. *Develop Workplans and Budgets and Support Partner Close Out*

In the previous reporting period, we helped IBFAN develop a narrative project description, along with a workplan, budget and targets covering the remainder of its grant with CAP Mozambique. The modification was submitted for USAID approval and signed in June 2014. Table 9 provides a snapshot of TA and the status of IBFAN period of performance. Kubatsirana is conducting home visits to care for bed ridden patients. For details on workplans of Kubatsirana and other Prevention and OVC Partners referred to in this section and budget process, refer to the OVC and Prevention sections of this report.

Table 9. IBFAN Period-of-Performance and Annual Planning Status

Partner	Period of Performance	Planning TA	Status of Modification
IBFAN	Aug 16, 2010 - April 30, 2016	March 2013	Modification signed in June 2014

b. *Support Partner Workplan Implementation and Reporting*

Activities with IBFAN focused on improving capacity to effectively report program and financial information. We continued to routinely monitor IBFAN’s implementation progress and provide TA to improve its reporting.

The quality of IBFAN’s narrative reports and results tables has improved. The organization tried to strengthen data- management capacity of its association, but with limited success. As reported in SAR 10, only three of the six associations are managing their own data. The remaining three continue to struggle because of limited internal capacity. Even supervisors are not able to

navigate the data base. We have suggested that IBFAN encourage the three associations that do understand the database to help the three organizations that do not.

During this reporting period, the frequency of IBFAN's supervision of its associations' activities has lapsed significantly primarily as a result of transportation and human resources challenges. AMODEFA is IBFAN's fiscal agent for the CAP award. IBFAN is dependent on AMODEFA to conduct procurement and recruitment processes. After IBFAN's decision in October 2013 to pursue independence from AMODEFA, the relationship between the organizations deteriorated and eventually affected the efficiency of recruitment and procurement processes. Although IBFAN submitted job descriptions for three posts from December to February 2014, candidates were only selected in August. A similar situation ensued for the procurement of taxi services required for monitoring visits. IBFAN submitted a request for taxi services in February and only in September was the issue resolved. We contacted AMODEFA on IBFAN's behalf various times and were able to assist IBFAN in accelerating the recruitment and procurement processes. We will continue to work with IBFAN to take more responsibility for solving such challenges. The lack of transport and sufficient staff has had an undeniably negative impact on select program components, for example, the recording and reporting of referrals and recruitment of new *activistas*. Fortunately, IBFAN's associations are technically strong, thus the frequency and quality of debate sessions and home visits have not suffered.

Kubatsirana supported bed-ridden patients and their families even though these results cannot be reported as HBC based on PEPFAR criteria. Kubatsirana reported that two HBC-trained *activistas* conducted home visits with 64 chronically ill individuals, 11 of whom were referred to medical services and 16 of whom recovered. Kubatsirana provided moral and spiritual support, treatment adherence counseling, referrals to medical services and nutrition education. Kubatsirana also accompanied patients to medical services if they were unable to go on their own.

In order to provide HBC according to MISAU standards, an organization needs to have trained *activistas*, a fully qualified nurse on staff to supervise the *activistas* conducting the home visits, and HBC kits with MISAU prescribed contents. Kubatsirana requested that CAP support recruitment of a nurse and purchase of HBC kits whose costs were included in its budget proposal. CAP is clarifying USAID's position on HBC. To be able to respond to the demand, Kubatsirana also asked to increase the number of HBC *activistas*. In addition to providing HBC, the *activistas* will trace HIV care and treatment defaulters.

c. Support Partner Human Resources Recruitment

CAP Mozambique helped IBFAN recruit an accountant, program staff to monitor field-level implementation and an administrative assistant. Our main role was to review job descriptions and mediate between IBFAN and AMODEFA to finalize the recruitment process.

2. Programmatic Technical Assistance

Through routine monitoring and annual workplan development, CAP Mozambique identified several areas in which IBFAN would benefit from additional technical capacity.

a. Improve Supervisor and Activista Performance

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IBFAN associations continued to share information on infant and young child nutrition (IYCN) with 543 mothers and mothers-in-law, and 167 partners during home visits and with 2,120 women during debate sessions. IBFAN demonstrated how to enrich porridge with various locally available ingredients for 831 mothers and care givers. We observed during field visits that *activistas*' capacity to conduct demonstrations has improved. Demonstrations are properly introduced and educational and have become more participatory. For logistical reasons described above, IBFAN was not able to supervise implementation with the desired frequency. Despite the lack of supervision and reduced number of *activistas*, the associations continued activities. We will continue to assist IBFAN to improve *activistas*' capacity and improve participants' learning.

During workplan development in March, IBFAN indicated that it wanted to integrate activities to prevent and mitigate GBV. A number of *activistas* had reported being approached by or identifying GBV victims and wanted to learn how to better respond. For more details on CAP Mozambique's effort to help IBFAN introduce GBV prevention and mitigation activities in its project, refer to GBV section of this report.

In September, IBFAN trained 32 *activistas* on IYCN using the MISAU-approved curriculum and CAP's M&E tools.

b. *Support Improved Recording and Reporting on Referrals*

Despite providing bi-monthly TA to support IBFAN to improve referral reporting and recording, the organization only reported 58 referrals to health services and 58 completed referrals in this reporting period. In the previous reporting period, IBFAN reported 68 referrals and 21 completed referrals. IBFAN maintains that associations are referring large numbers of beneficiaries to health services, predominantly to ART, TB and STI care and treatment, family planning, and pre- and post natal services. However, the evidence to support this statement is missing. *Activistas* are still not using the referral forms as intended. During the previous reporting period, we identified two main reasons: 1) various health facilities did not accept the forms; and 2) *activistas* recommend a medical consult for any kind of ailment, mild or severe, but only use the forms to refer beneficiaries with serious' conditions. With our support, IBFAN presented MISAU's approval letter to local health authorities who raised and solved the issue during coordination meetings with health facilities. The challenge with *activistas* persists. We believe the lack of progress recording referrals is partly the result of IBFAN's inability to supervise associations. However, we also acknowledge that IBFAN would be using an extraordinary amount of costly referral forms if the form is used for every referral made. We will help IBFAN analyze *activistas*' referral behavior and develop a cost-effective strategy to improve recording of referrals.

c. *Support CBSCT/Prevention and OVC Partners to Increase and Sustain Demand for HIV-Related Health Services*

CAP helped Partners start various new project activities aimed at strengthening the continuum of care between clinical and community based services, including:

- Tracing HIV care and treatment defaulters. ANDA, Niiwanane, Kubatsirana, CCM, NAFEZA and Kukumbi supported DPS with HIV care and treatment defaulters tracing. Ophavela has selected and trained nine *animadores* who will begin defaulters tracing in October;

- Mobilizing for HTC—CAP OVC Partners conducted a refresher for *activistas* on HTC and are systematizing mobilization of beneficiaries for HTC. Prevention partners are either conducting HTC in communities or refer to clinics. ANDA is testing key populations as well as OVC beneficiaries and community members;
- Strengthening demand creation for HIV and other health and social services. ANDA and Niiwanane commenced community debate sessions on a variety of topics including HIV prevention, HIV care and treatment literacy, Sexual and Reproductive Health, GBV, and child rights. All prevention partners expanded their debate session topics with HIV care and treatment literacy to support treatment adherence efforts and SRH to strengthen demand for services; and
- Screening for GBV. ANDA, Niiwanane and NAFEZA developed links with referral institutions for GBV victims, organizational response protocols and question guides for *activistas*, to support and GBV screening in communities.

The details of these activities and results are described in the OVC, CBSCT/Prevention and GBV sections of this report.

3. Collaboration: Fostering Exchange between Peer Organizations

To enhance its capacity to IYCN, in October IBFAN visited MOZAic Trust, a Mozambican organization that has an exemplary program training beneficiaries to produce and use locally available, highly nutritious food for children. IBFAN had scheduled to conduct a joint training during the next reporting period but a key staff member of MOZAic left the organization. MOZAic is training his replacement before visiting IBFAN.

The six CAP Partners helping DPS trace defaulters visited more experienced clinical and community partners, including CHASS SMT community partner Kugarissica, SCIP Nampula and SCIP Zambezia. The visits are described in the OVC and Prevention sections of this report. Ophavela's nine *activistas* selected to trace HIV defaulters were trained by SCIP Nampula.

VIII. Gender-Based Violence (GBV) Prevention and Response

A. KEY ACHIEVEMENTS: GBV COMPONENT

In the current reporting period, CAP Mozambique and/or Partners:

- Reached 11,958 individuals—7,083 women (59%) and 4,875 men (41%)—with an intervention that explicitly addressed GBV and coercion (GBV indicator 1), bringing the total for FY14 to 30,445 individuals;
- Developed GBV response protocols and question guides with ANDA, Niiwanane, and NAFEZA;
- Initiated screening in August and screened 13 individuals, 11 of whom were either physically or sexually abused and accompanied to services;
- Mainstreamed masculinity norms in debate session manuals of CBSCT/Prevention Partners and trained 257 facilitators and 21 supervisors on masculinity norms;
- Initiated debate sessions with OVC beneficiaries. The debate session manual contains sessions on Gender, GBV and child rights; and

- Reached 5,625 individuals who viewed at least one of the debate-provoking films and debated possible outcomes.

B. LEADERSHIP AND MENTORING ACTIVITIES: GBV COMPONENT

In the current reporting period, CAP Mozambique provided OD support to Partners addressing GBV through prevention, response or mitigation activities. Our approach of integrating OD and programmatic support enhances the sustainability of partner organizations and their work.

1. Strengthening Organizations that Contribute to Addressing GBV

The strongest GBV implementers—ANDA, Niiwanane, NAFEZA and CCM-Sofala—participated along with HACI in the LMI pilot. In SAR 10, we described the process to design the initiative, recruit and select mentors and clients, and orient the mentors. During this reporting period, we organized the leadership workshop with HPP, monitored and supported five mentor and client pairs, and evaluated the pilot.

The two-day launch workshop was designed to improve leadership skills and practices, with an emphasis on motivating, supporting and evaluating staff members. After the EDs assessed their own leadership practices, they focused on four key areas: workplace supervision and feedback, delegation and individual goal setting. (*See Annexes 11 and 12 for the LMI Agenda and handouts distributed.*)

In the evaluation of the pilot, participants acknowledged that their leadership skills had improved as a result of the workshop and mentoring. (*See a more detailed LMI discussion in the OD section of this report.*) Among the evaluation highlights:

- All participants indicated growth in at least two areas, with several noting particularly increased understanding of motivational factors in the workplace and enhanced ability to assess staff members according to their technical capacity and constructive attitudes.
- Two described new strategies they applied to delegating responsibilities and said how pleased they were with the results.
- The ED of Niiwanane markedly improved his ability to manage staff and delegate responsibilities, thus freeing himself to participate in more strategic meetings.
- The ANDA ED learned practical strategies for mobilizing unrestricted funds from his mentor and also got help contacting donors that support strategic planning.

While there are some improvements that can be made (e.g., facilitate face-to-face meetings), overall, the pilot helped the EDs improve the leadership and management abilities fundamental for managing day-to-day issues and growth. We expect that these enhanced skills will position these organizations to continue and expand their work in GBV and other areas.

We also helped HOPEM develop an ICBP. Two priorities were identified last reporting period: 1) improving financial management systems and 2) reexamining staffing structure. HOPEM chose to work on its financial management systems on its own. During two TA sessions with HOPEM staff, we addressed priority 2 by helping them use a CAP tool for analyzing staff time and identifying tasks that can be delegated. At the end of this reporting period, HOPEM

organized a staff retreat to examine these and other issues. We also coached the ED on improving communication with donors and on negotiating a grant with the US State Department.

2. Providing Programmatic Technical Assistance to Prevent and Respond to GBV

As part of our ongoing TA, we monitored our four CBSCT/ Prevention Partners' implementation of and reporting on GBV sessions. These Partners conducted GBV-prevention activities designed to address GBV Indicator 1³, and reported accordingly. The four partners reached 11,631 individuals—6,776 women (58%) and 4,855 men (42%).

We contracted former Partner N'weti to develop content for two debate-session manuals. N'weti will finalize both manuals based on lessons learned during testing and comments from our senior SBCC technical advisor. We anticipate that the final manuals will be available in November. Manuals for sessions with leaders have also been adapted to mainstream masculinity norms.

The new debate-session manual for CBSCT/Prevention Partners enhances content for debate sessions on HIV treatment literacy, SRH and masculinity norms. We included masculinity norms to address GBV Indicator 4⁴. In consultation with Partners, N'weti decided to mainstream masculinity norms throughout the debate-session manual rather than to include a dedicated session as is the case with GBV prevention. Masculinity norms have an impact on nearly all topics addressed in the manual, including high-risk behavior for HIV infection and access to services such as HTC, HIV care and treatment and SRH. In June and July, 21 supervisors and 257 facilitators were trained on all new topics, including masculinity norms. The revised manuals are being piloted by all four CBSCT/Prevention Partners.

Seeing that discussion topics on masculinity norms are mainstreamed throughout the manuals in various debate sessions, the number of individuals reached by services explicitly addressing masculinity norms (GBV Indicator 4) can only be reported once the debate session cycle is completed. For this SAR, CAP reports on Partner achievements in the period of March-August 2014. Only one Partner had finished a complete cycle by August 30, 2014 but the results will be included in the next reporting period. At that time, none of the four Prevention Partners had finished the first cycle using the new manual, therefore they could not contribute to GBV Indicator 4. Hence, only Niiwanane and ANDA contributed to GBV Indicator 4 this reporting period.

The new debate-session manual for OVC Partners enhances sessions on Gender, GBV, HIV prevention and testing, HIV care and treatment, SRH and child rights. Niiwanane and ANDA completed a pilot of one cycle of debate sessions that included messages that address GBV Indicators 1 and 4 and reported having reached 327 individuals—307 women and 20 men. There were more females than males because OVC Partners provide the debate sessions to VS&L groups that are predominantly made up of women. We will work with Niiwanane and ANDA to include more men upcoming cycles.

³Definition of GBV Indicator 1: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses gender-based violence and coercion

⁴ Definition of GBV Indicator 4: 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

CAP Mozambique staff attended all USAID-supported GBV meetings on indicators where we learned of the imminent changes in GBV Indicator 1 and 4. In anticipation of the changes, we analyzed the debate-session manuals and believe that CBSCT/Prevention Partners' manuals address gender, GBV and masculinity norms for at least 10 hours during a cycle. The package developed for OVC partners does not reach the required 10 hours. We anticipate four Partners reporting against the new GBV Indicator in the next reporting period.

With the support of HPP, we trained two IBFAN staff and 14 association supervisors on basic gender concepts and GBV. We also requested that N'weti develop one session on GBV to be annexed to the IYCN manual. The session will be available in November. In this case, we refrained from mainstreaming masculinity norms because new content in the MISAU-approved manual would require review and approval by the ministry. We believe that this is unlikely to be completed before CAP Mozambique's grant ends. CAP and IBFAN also decided that only one of its six associations, HOCOSIDA, would be prepared to start GBV screening. This is because HOCOSIDA is the only one of IBFAN's associations that refers to a health facility that provides the six GBV-related services stipulated in GBV Indicator 6⁵.

IBFAN is struggling with some basic project reporting requirements, and we decided not to add new project activities until the requirements are met. This means that initiation of the GBV debate session and GBV screening is contingent upon IBFAN's performance.

In August, three CAP Partners, NAFEZA, Niiwanane and ANDA, that started GBV screening in communities, screened 13 individuals, identified 11 victims and referred them to services. Of the 11 victims four (36%) are below age 15 and all are women. Four of these women have been abused physically, and 7 were abused sexually.

Table 10. Nature of Identified GBV Cases and Age of Victims

Age (yrs)	PGBV	SGBV
<10	1	
10-14		3
15-17		2
18-25		2
>25+	3	
Total	4	7

With CAP Mozambique assistance, Partners:

- *Mapped services and build relationships with referrals service.* Partners along with the USAID Gender Advisor visited referral facilities to ascertain that appropriate services are provided. In the case of ANDA, the USAID Gender Advisor and CAP convened a meeting with ANDA, CHASS SMT and other local partners and to produce an action plan to ensure that timelines and objectives of community and clinical activities aligned. The action plan was fully executed during this reporting period.

⁵ Definition of GBV Indicator 6: Number of persons screened for GBV (community screening)

- *Developed a GBV screening question guide.* Partners introduce GBV-related topics in the communities via debate sessions. Household visits follow the sessions. To gain access and not raise suspicion with potential perpetrators, an *activista* will typically visit a family three or four times to discuss a number of issues raised in debate sessions, including SRH and HIV. GBV is the last issue to be addressed after a certain level of trust has been established. To assist the *activista* in conducting this sensitive interview and record the results, CAP and HPP helped Partners develop a GBV screening question guide. Each organization developed its own guide and is currently piloting it (*See Annex 24 for a sample guide.*)
- *Developed a response protocol.* CAP and HPP helped Partners develop an organizational GBV-response protocol. The response protocol identifies roles and responsibilities of Partners', family and community stakeholders once a potential victim has been identified. It also guides the organizations' response to sexual and physical GBV. The response protocol will be applicable for victims identified through screening and in self-reported cases. (*See Annex 25 for an example of response protocols for ANDA and Niiwanane.*)
- *Documented experiences.* Partners are piloting models on how to integrate GBV screening in HIV Prevention and OVC projects. It is important to document the activities well. CAP is assisting Partners to record experiences during every step of the process—household visits, referrals and delivery of healthcare services, interaction with family and community, involvement of other authorities, and outcomes.

Partners are using marginally different models. In early FY15, we will convene Partners to share experiences and analyze results.

Examples of How Partner Responses to GBV Issues Help Survivors

Niiwanane accompanied a victim to the *Hospital Psiquiatrico*, the referral site for GBV victims. The victim received good care in the facility but the medical staff advised the victim not to take the case to the police. Niiwanane relayed this incident to the hospital management and the clinical partners supporting the hospital, ICAP, to ensure that all staff support victims in seeking justice.

ANDA reports that as a result of the debate sessions on GBV and interaction with communities and community leaders, families are beginning to denounce GBV. At the moment, ANDA only screens among OVC beneficiaries but communities have reported two cases as well that ANDA is following up. The collaboration with the hospital and police is working well. Two perpetrators have been arrested and are awaiting sentencing.

NAFEZA's counselors decided to address all family members on SRH and HIV collectively during the first two-three visits to gain trust and identify vulnerable family members. Only during the third or fourth visit do they address the most vulnerable members of the family individually about GBV. This approach seems to work well.

All three partners find the response protocol and questionnaires helpful.

We previously reported that the midline evaluation revealed several positive outcomes of our support around GBV prevention. Notably, the participatory method used with beneficiaries and community leaders appears to have positively affected behaviors. In Nampula and Zambezia, male leaders proudly reported their own changes in behavior around gender equality. While we are pleased with the positive results, we note that the focus of the study was on CAP Mozambique's capacity building work, not GBV, so it was not explored deeply. When designing the terms of reference for the endline prevention evaluation, we considered how to capture and, hopefully, validate this information. Some questions were included in the survey tool and focus groups formed to deepen the analysis on these questions. The results of the evaluation are expected in November.

IX. Monitoring and Evaluation (M&E)

A. KEY ACHIEVEMENTS: M&E COMPONENT

During the current reporting period, CAP Mozambique:

- Provided TA to 11 Partners to help them finalize quarterly reports and incorporate new indicators and tools for collecting, compiling and reporting data for these indicators (referrals, completed referrals, economic strengthening, food and nutrition, searching for individuals that have abandoned treatment, and GBV screening);
- Facilitated two data-verification visits with partners in Maputo province;
- Provided support to four partners to extend grants to include additional responsibilities to report new indicators linked to scope of award changes; and
- Conducted monitoring and TA visits with five Partners.

B. SPECIFIC ACTIVITIES: M&E COMPONENT

1. Technical Assistance to Partners in M&E

We continued to provide TA to all partners to enhance data collection and quality data reporting. Grant extensions will necessitate that partners make adjustments as described below.

a. *Introducing New Indicators*

In line with our Annual Work Plan (AWP) for FY14, we helped our Partners align their projects with new and ongoing PEPFAR priorities. Although we trained Partners in the previous reporting period, the number and complexity of new activities, which translates into increasingly complex data collection and reporting, required additional TA to ensure quality.

In this period, the M&E specialist provided TA to all Partners to reinforce the definitions and data collection/reporting requirements of the new indicators. The M&E specialist worked with each Partner during monitoring visits as well as through comments when reviewing Partner quarterly reports. With new indicators, the M and E specialist spent approximately two days with each partner orienting them to the new definitions and responding to calls with questions when partners were preparing the reports. In addition, a second visit of one day was required with

some partners. This does not include the annual data verification visits, which are two-three days per visits.

The introduction of new indicators for Partners presented a number of challenges: new tools had to be designed and shared immediately to capture results that were already in process in the communities. Because these new indicators were introduced mid-stream, the timing also created a bit of turbulence for Partners' staff less experienced with capturing data when programmatic shifts during take place during project implementation. Even more experienced Partners struggled. While several have risen to the challenge, others are still struggling with the new reporting requirements.

GBV Screening

During the first six months of FY 14, three CAP Partners developed GBV screening questionnaires and response protocols, recruited staff and developed M & E tools. Community based GBV Screening commenced in this reporting period in July and August 2014. CAP Mozambique created a summary form for partners and provided TA support on how to appropriately gather data. GBV screening is challenging primarily due to sensitivities surrounding data collection on such a sensitive subject. Although the last quarter was the first time that CAP Partners reported against this indicator, no significant challenges were reported in the use of the summary form or ability to report accurately.

Referrals and Completed Referrals

Although CAP has provided intensive TA to partners in the use of the referral guide (an estimated three TA visits to each partner) and made sufficient copies available to Partners (and their subpartners), a few Partners—HACI and AMODEFA/IBFAN—still struggle to effectively register and report the referrals and have referrals completed by project staff. Both of these Partners have sub-partners who implement and are responsible for data collection. We have provided TA to these organizations on the use of the forms, as well as how to support their partners to use them. Before using the referral guides, partners are encouraged to meet with the health facilities to discuss the use of the forms. To mitigate resistance if clinic management and/ or staff are not keen to use the forms, the letter in which MISAU officially approves the form is shared. The degree to which the referral guide is used depends on the communication between the partners and their sub-partners and collaboration from the health facilities. CAP Mozambique continues to seek methods for increasing effective reporting on referrals and is considering exchange visits on this topic

ART Defaulters/Lost to Follow-up (*Busca Activa*)

CAP Partners began reporting on tracing ART Defaulters for the first time during this reporting period. We created summary sheets for Partners to aggregate their data and provided TA to Partners on site as well as during quarterly reporting periods. ARV Lost-To-Follow-up (LTF) is particularly difficult because it must be closely coordinated with the health clinics that are providing lists to our community Partners for this activity.

Partners struggled initially with accurate reporting on the three indicators linked to community partners (T.ARV.17.01, T.ARV.18.01, and T.ARV.19.01), but improved over time. In reality, *Busca Activa* (BA) is problematic for a number of reasons, which

contributes to challenges in reporting: a) patients frequently give incorrect addresses, b) the distance between where the Partner sits and the site where BA takes place is at times far, c) sometimes a health unit provides lists that are not complete (for example, missing the ages of patients), and d) cases when the individual states that he does not know the person being sought by the *activista*, even when it is the patient himself who does not want to identify him/herself.

Various challenges described above need to be addressed in the clinical setting. However, CAP partners are contributing in the following manner: Evidence shows that one of the underlying cause of non-adherence is stigma and discrimination against PLHIV. Partners try to address this underlying cause via debate sessions with leaders and community members on HIV prevention. In addition to increasing knowledge on HIV and influencing individual behavior that may lead to a reduction in HIV infections, the debate sessions aim to contribute to creating an enabling environment that accepts and supports PLHIV. Other challenges are related to limited treatment literacy. We have recently added a session to the debate cycles on treatment literacy in order to contribute to behavior change of PLHIV on treatment and their communities. CAP has one partner – CCM Sofala – that is particularly successful in identifying and returning defaulters to treatment. Key aspects of their success include: results-based incentives for defaulter tracers, availability of means of transportation, communication support (credits for cell phones of defaulter tracers), commitment to truly assisting PLHIV in overcoming barriers to access treatment, and community's trust in CCM commitment and sincerity to help PLHIV. CAP has asked CCM to lead a debate with other CAP partners to share it success and discuss how they have overcome challenges.

OVC Care

To better capture the comprehensiveness of care provided by our OVC Partners, we helped them set up systems to better monitor the number of OVC care givers and OVC beneficiaries, adapted forms to monitor the mobilization of OVC and caregivers to HTC and their health services such as ante-natal care, sexual reproductive health, malaria treatment, vaccinations, weighing for under-fives, etc. In addition, we adapted forms to enable Partners to report on referrals provided to adults (in addition to OVC).

b. Data Verification

Each year, CAP conducts a full data-verification exercise with each Partner. Our M&E staff and Partner staff jointly review source documents and track information through the Partner's M&E system to the formal reports submitted to CAP on a quarterly basis. Any gaps in the system are discussed with the Partner, then TA is provided to improve performance. The M&E Team then tracks the Partner's progress in meeting data quality standards. In the current reporting period, data-verification visits were conducted with two CAP partners. Other partners received data verification visits in the previous reporting period.

The two partners engaged in data-verification exercises in this period (HACI and AMODEFA/IBFAN) continue to struggle to provide adequate support to their sub-partners in data collection and reporting. Both organizations are grappling with the amount of work it

takes to ensure quality data at the subpartner level and create the space to provide adequate TA to their partners to ensure an adequate level of quality. We recommended that each organization conduct its own internal data-verification exercises of sub-partners, but this has not happened. (See Annex 26 for a full report of all FY14 data verification exercises.)

c. On-going Monitoring and Technical Assistance

Revising quarterly narrative reports together with Partners is a key opportunity for us to both ensure quality data reporting and provide TA to Partners. The M&E Team monitors the consistency between the activities described in the narrative report and the quantitative results reported in the results table for each Partner.

Four Partners received cost extensions during this reporting period. With these cost extensions come new activities and the introduction of new indicators. CAP revised the quarterly report template for each of these Partners based on these new activities and provided TA on the collection, analysis and reporting of the required data.

We also continued regular monitoring visits during this period and provided TA to Partners in Nampula, Maputo, Manica and Sofala provinces.

X. Support to Non-Partner Organizations

In the prior reporting period, we selected six CHASS SMT and PCC sub-partners to receive a more intensive OD capacity building package. These organizations, and AMOG, HOPEM and ASF, are referred to as OD Clients, to more accurately describe the nature of support they receive. The support we provide to these organizations is described in section IV. *Organizational Development* of this report.

XI. Coordination with Mozambican Government

We collaborated with the government of Mozambique in several ways during this reporting period. Some CBCTS/Prevention Partners referred participants to government health services for counseling and testing. In other cases, partners collaborated with other NGOs that conducted community-based HTC and referred those who tested positive for HIV to the health systems for ARVs and other services. NAFEZA and Kukumbi collaborated closely with DPS in Zambezia to train DPS-accredited counselors for their HTC and HIV care and treatment defaulters tracing activities. Several partners have begun to trace HIV care and treatment defaulters and are part of ART committees. OVC Partners are using the MMAS minimum standards as a guideline. All Partners are using the MoH-approved, FHI 360-created referral form. OVC Partners interacted with several other government agencies and advocated for a range of services to meet the needs of their beneficiaries. As in the prior period, District Offices of Education enrolled children in school, INNAS provided basic food packages, and local authorities obtained national ID cards and birth and/or poverty certificates for children. ANDA continues to collaborate with the District Office of Agriculture in Manica to provide TA and materials to support groups creating community fields.

In addition, we supported ANDA's collaborating with the health, police and social action services in Manica District to develop a protocol for referrals for GBV services.

We participated in Beira's Health Fair (*Jornadas de Saude*) in June 2014. In addition, CAP Mozambique and our Partners continued to participate in coordination meetings convened by Government and Provincial chapters of the National AIDS Council (CNCS). CAP, as part of FHI 360, submits periodic reports to the Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS and DPE respectively), the governor's office and the Provincial AIDS Council (NCPS) in all five provinces where we work. We encourage Partners to submit quarterly reports to the provincial authorities as well.

CAP Mozambique staff members attend coordination meetings from the NCPS and Communications working group meetings with the CNCS whenever possible. We were present at a number of meetings planning the community response for Mozambique's HIV/AIDS proposal for the Global Fund and arranged for provincial partners and national level CNCS representatives to meet in Maputo during the Semi-annual partners meeting.

XII. Project Performance Indicators

A. PEPFAR TARGETS AND OTHER KEY INDICATORS

CAP Mozambique Partners have continued to demonstrate organizational growth and produce positive results in support of PEPFAR and Acceleration Plan objectives. Not only did CAP Mozambique Partners exceed nearly all FY14 PEPFAR targets, they did so with quality and integrity. To more closely mirror the Annual Performance Results (APR) reporting to USAID/PEPFAR, this section describes results for the full fiscal year. Tables 12-22 provide results by quarter. In FY14, our Partners achieved the following results and more:

- Reached 7,416 individuals with HIV/AIDS general and abstinence/fidelity prevention messages;
- Reached 7,650 OVC and caregivers with services, which is more than the last two fiscal years combined;
- Reached 29,788 priority populations with HIV/AIDS prevention messages, including 2,929 truck drivers;
- Reached 30,445 individuals with an intervention or service that explicitly addresses GBV and coercion (GBV Indicator 1) and 5,917 individuals with an intervention or service that explicitly addresses male norms related to HIV/AIDS (GBV Indicator 4);
- Exceeded all CAP capacity building targets by considerable amounts, greatly expanding the number of organizations receiving TA/training and contributing to the organizational growth of these institutions;
- Exceeded all but two PEPFAR targets (condom outlets and GBV 4), increasing the quality and quantity of services provided to Mozambicans;
- Provided HTC services to a total of 3,989 individuals and mobilized an additional 17,034 to be tested by partner institutions;

- All 11 Partners demonstrated growth in two or more areas of organizational and technical capacity;
- Seven of 11 organizations demonstrated improvement in Financial Health Check scores, with planning and budgeting and internal controls showing the greatest growth;
- All five CBSCT/ Prevention Partners demonstrated an increased capacity to implement social and behavioral change communication interventions;
- All four OVC Partners demonstrated increased capacity to provide quality OVC care for OVC and their families, with overall increased scores ranging between 24% and 254%; and
- ANDA, OPHAVELA and NAFEZA were recommended as candidates for transition awards with certain caveats that USAID should consider as pre- or post-award conditions—the highest number of organizations that have graduated during a single fiscal year.

These and other achievements are detailed in the following sections.

CAP Mozambique is not a direct implementer and reaches targets through its sub-partners. We base targets on the following two sources of information: 1) Partner-generated target estimates based on the initial project design process; and 2) our assessment of Partner capacity. We then refine targets as additional and/or more precise information becomes available. In order to meet PEPFAR deadlines, we must receive partner data a minimum of five weeks before our report is due to USAID. Therefore, the reporting year for sub-partners is September 1, 2013- August 31, 2014.

The targets illustrated in the table below are those CAP presented in its AWP submitted September 2013, and the targets assigned to CAP Mozambique by the mission in March 2014. As USAID only provided CAP Mozambique with targets for two project indicators, the majority of the results in this section are compared against the targets developed by CAP Mozambique – with the exception of these two USAID targets.

Table 11. Provisional Targets Proposed to and Assigned by USAID

Indicator	Targets in approved Workplan Sept 2013	Targets assigned by the Mission March 2014
P.SBRP.03.03: Number of Key Population reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	500	N/A
P.SBRP.02.03: Number of intended target population reached with individual and/or small group level HIV preventative interventions that are primarily focused on <u>abstinence and/or being faithful</u> , and are based on evidence and/or meet the minimum standards	4,600	N/A
SS-HRH.02: Number of health care workers who successfully completed an pre-service training program	880	N/A
P-SBRP.05: Number of targeted condom service outlets	85	N/A

Indicator	Targets in approved Workplan Sept 2013	Targets assigned by the Mission March 2014
P-SBRP.04: Number of mass media spots delivered	9	N/A
P.SBRP.07: Number of each priority population reached who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period	20,800	12,525*
C-CCC.02: Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	5,200	5,470
C-CCC.03: Number of clients receiving home based care services	20	N/A
P.GBV.01 - Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	17,590	N/A
P-GBV.04 - 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	7,700	N/A
P-GBV.06 - Number of people screened for GBV (community screening)	0	N/A
P-CT-01 – Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	2,178	N/A

* The target 12,525 was assigned to CAP by USAID in March 2014 for the indicator P.SBRP.01.03: Number of intended target population reached with individual and/or small group level preventative interventions that are based on evidence and/or meet the minimum standards. CAP was informed on October 8, 2014, that this indicator will not be included in the APR, and that all results that should have been reported under that indicator should be reported under P.SBRP.07.

1. Prevention

Table 12 illustrates the annual Prevention targets and results for the current fiscal year. Unless otherwise indicated, the targets included in the table below are those set by CAP Mozambique in its AWP submitted September 2013.

Table 12. Annual Prevention Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
P.SBRP.03.03 - Number of Key Populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	500	110	22%**	55	33%**	30	39%	100	59%

P.SBRP.02.03 - 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	4,600	2,426	52.7%	2,405	105%	0	105%	2,585	161%
P-SBRP.05 - Number of targeted condom service outlets	85	34	40%	0	40%	0	40%	45	93%
P-SBRP.04 - Number of mass media spots delivered	9	51	567%	18	767%	30	1,100%	7	1,178%
P.SBRP.07: Number of each priority population reached who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period	12,525*	14,761	117.9%	2,610	138.7%	5,635***	184%	6,782+	238%

* USAID Target

** In March 2014, USAID revised the definition for this indicator to no longer include Bridge/Mobile populations. Since this is a group CAP Mozambique considered when developing this target, the target and associated percentages reached are no longer relevant.

*** For APR 2014, USAID included a new indicator for priority populations that encompasses the Truck Drivers originally recorded under the MARP indicator. The results here include General Population and Truck Drivers, per USAID guidance.

+The results reported for Q4 include General Population prevention, and truck drivers reached from October 1, 2013 – September 30, 2014, as there was no place to report on these individuals in the prior reporting period.

Overall, CAP Mozambique performed quite well on its Prevention/GBV/HTC targets for fiscal year 2014, far exceeding targets in all but two categories (condom outlets and GBV norms of masculinity).

In April 2014, USAID/PEPFAR changed the definition of the former Most-At-Risk Populations (MARP) indicator (P.SBRP.03.03) to a new Key Populations designation. This change omitted certain target populations that are not considered Key Populations by USAID/PEPFAR. For CAP Mozambique, this meant that Bridge/Mobile Populations (i.e, Truck Drivers) could no longer be counted for this indicator. These individuals are counted under a new USAID/PEPFAR indicator (P.SBRP.07). Therefore, it is not possible to say that CAP Mozambique did not meet its target of 500 for the Key Populations indicator (see table above), because when the target for that

indicator was developed, Bridge/Mobile populations were included in that indicator. CAP reached 295 sex workers in FY14, which is reported in indicator P.SBRP.03.03 above. CAP Mozambique reached an additional 2,929 Truck Drivers this year, which is reported below on P.SBRP.07.

In the area of HIV prevention messaging focusing on abstinence and fidelity, CAP Mozambique reached 161.2% of its annual target. CAP Mozambique's target for FY 2014 was 4,600; we reached 7,416 individuals. CCM-Sofala is the Partner that contributes to results on this indicator and continues to perform strongly in Sofala province. In late 2013, when we began providing technical assistance to CCM-Sofala for its grant extension, the CCM-Sofala design was altered to reduce costs and increase efficiency. In the past, CCM-Sofala had trained new *activistas* in each community for each new cycle. Following the project planning for the extension, CCM-Sofala provided means of transport to existing *activistas* to travel to other communities and facilitate prevention sessions. This change in design began in December 2013. Not training new *activistas* saved time and meant more prevention cycles could be completed than previously anticipated.

CAP Mozambique reached 1,178% of its annual target for mass media spots. The target was nine media spots; we reached 106. The higher volume was due to unexpected contributions from CCM-Sofala, who is now broadcasting prevention debates on radio stations in Sofala province. CAP Mozambique reached 93% of its annual target for condom outlets. The target was 85; we reached 79.

During this fiscal year, changes were made to the former General Prevention indicator. The former General Prevention indicator (P.SBRP.01.03) was omitted from reporting on October 8, 2014, although this indicator was included in the PEPFAR Guidance for APR 2014. Following USAID guidance, we are reporting both its General Prevention and Truck Drivers (former MARP) results under this new indicator for Priority Populations. USAID did provide a target to CAP Mozambique for Indicator P.SBRP.01.03 in the amount of 12,525 individuals for FY14. CAP Mozambique's own target for P.SBRP.01.03 was 20,800 individuals.

CAP Mozambique reached 29,788 individuals with prevention messages under new indicator P.SBRP.07.01 (Priority Populations). This total includes 2,929 Truck Drivers and 26,859 other Priority Populations. Truck Drivers are reached through Partner ANDA, who works with CSW and Truck Drivers in Manica. The volume of Truck Drivers that ANDA works with has increased over time. Contributions to other Priority Populations come from Partners in Sofala Province (AJULSID, CEDES, and ECoSIDA), Nampula Province (N'weti and Ophavela), Zambezia Province (Kukumbi, NAFEZA, and AMME), and Maputo Province (ECoSIDA). In the second half of FY14, NAFEZA increased the number of individuals reached through its interventions, and Ophavela more than doubled the number reached in targeted districts in Nampula. Overall, Partners not only demonstrated stronger performances by reaching more individuals, but also introduced testing and counseling, referrals for health services, and GBV messaging into their interventions.

2. Gender-Based Violence (GBV)

Table 13 illustrates the Annual GBV Targets and results for the current fiscal year. Unless otherwise indicated, the targets included in the table below are those set by CAP Mozambique in its AWP submitted September 2013.

Table 13. Annual GBV Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
P-GBV.01 - Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	17,590	13,834	78.6%	4,653	105.1%	5,715	138%	6,243	173%
P-GBV.04 - 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	7,700	5,590	72.6%	0	72.6%	0	72.6%	327	77%
P-GBV.06 - Number of people screened for GBV (community screening)	0	0	0	0	0	0	0	13	N/A

In the area of GBV, CAP Mozambique reached 173.1% of its annual target. Our target for GBV messaging was 17,590 individuals; we reached 30,445. This is due to many factors, including: a) unexpected results from N'weti's grant that were reported in the first quarter of this fiscal year (we expected to report them last fiscal year), b) higher numbers of cycles completed by Partner CCM-Sofala due to the reduction in training time of *activistas*, and c) continued strong performance by our Zambezia Partners in both prevention and GBV.

CAP Mozambique reached 76.84% of its annual target for GBV messaging linked to norms of masculinity. Our target for this indicator was 7,700 individuals; we have reached 5,917. It was expected that CAP CBSCT/Prevention Partners, as well as some OVC Partners identified to begin prevention and GBV messaging, would start reporting on this indicator in the last fiscal year. Due to the time necessary to train Partners in content matter, recruit appropriate staff, and launch these activities, lower than anticipated numbers were reached. CAP Partners implement cycles of sessions that are based on a set curriculum, and were only able to integrate the new GBV materials once a new cycle was initiated. GBV activities have been initiated by many Partners, but these cycles were (or will be) completed after the end of the current fiscal year. The contributions for this year's results come from N'weti and two OVC Partners that recently launched prevention/GBV sessions in their target communities—Niiwanane and ANDA. CAP Mozambique did not have a target for GBV Screening. This is a new activity for CAP, and we reached 13 individuals through three Partners—Niiwanane, ANDA and NAFEZA.

3. HIV Testing and Counseling (HTC)

In the area of testing and counseling, CAP Mozambique far exceeded its target for the indicator (2,178) by testing and counseling 3,989 individuals. Contributions for this indicator came from ECoSIDA, ANDA and CCM-Sofala. Several CAP Partners mobilize community members and project participants to receive counseling and testing services provided by either a health unit or another USG Implementing Partner. They mobilized 17,034 individuals for testing and counseling in the last fiscal year.

Table 14. Annual HTC Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
P-CT-01 – Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	2,178	1,975	90.7%	112	95.8%	1,229	152.2%	673	183.1%

4. Anti-Retroviral Therapy (ART)

CAP Partners began reporting on tracing ART Defaulters for the first time in this reporting period. ARV LTF is particularly difficult because it must be closely coordinated with the health clinics that are providing lists to our community Partners for this activity. Other challenges include: a) patients frequently give incorrect addresses, b) the distance between where the partner sits and the site where BA takes place may be great, c) instances when the health unit provides lists that are not complete (for example, missing the ages of patients), and d) cases when the individual found states that he does not know the person being sought by the *activista*, even though it is the patient himself who does not want to identify him/herself.

Niiwanane, ANDA, Kubatsirana, CCM-Sofala, Kukumbi and NAFEZA worked through these challenges, actively seeking out 189 defaulters in the past six months. Of the individuals sought, 152 were found (this includes those who moved away or died). There were 109 individuals referred to ART; 107 returned to treatment.

Table 15. Results for the Current Fiscal Year in ART Lost to Follow-up

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
ART17.01: # ART defaulters or lost to follow-up actively sought during reporting period	0	0	N/A	0	N/A	29	N/A	160	N/A
ART18.01: # ART defaulters or lost to follow-up found during reporting period	0	0	N/A	0	N/A	25	N/A	127	N/A
Number of individuals referred to ART (CAP Indicator)	0	0	N/A	0	N/A	8	N/A	101	N/A

ART19.01: # ART defaulters or lost to follow-up who returned to treatment during the reporting period	0	0	N/A	0	N/A	7	N/A	100	N/A
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5. Orphans and Vulnerable Children (OVC)

CAP Mozambique reached 139.9% of its annual OVC target. The target was 5,470; we reached 7,650 individuals. A small portion of this result is linked to 295 adults over the age of 18 that were reported this fiscal year and were not included in the original target for this indicator, which originally did not allow for reporting of adults. Other contributions to exceeding the target include increased performance and quality of reporting by HACI and increased numbers of OVC served by Niiwanane and ANDA. Of the 7,650 OVC reached this year, PPF reached 422 OVC.

The comprehensiveness of CAP Mozambique's OVC interventions is illustrated through the individuals reached with multiple OVC services in the table below. Interventions are carefully designed to ensure that OVC and their families will receive quality and comprehensive care, either through direct services or through referrals to institutions located in the community.

Table 16. Annual OVC Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
C-CCC.02 - Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	5,470*	4,775	87.3%	1,137	108.1%	706	121%	1,032	139.9%
Education and/or Vocational Training	-	3,381	-	1,111	-	816	-	692	-
Psychosocial, Social and/or Spiritual Support	-	2,393	-	1,539	-	900	-	579	-
Legal and Protection Services	-	2,559	-	1,177	-	856	-	502	-
Food and Nutrition	-	2,438	-	1,113	-	573	-	556	-
Economic Strengthening	-	748	-	523	-	109	-	728	-
Shelter and Care-giving	-	552	-	170	-	281	-	111	-
Health Care Referral	-	2,749	-	960	-	1,057	-	835	-

* USAID Target.

6. Home-Based Care

CAP Mozambique's proposed target for this activity is 20. One of our Partners, Kubatsirana, is conducting home visits **in Manica province** with individuals that are trained in palliative care, but these clients are not being counted at this time because the *activistas* did not have medical kits with them to provide clinical services to these individuals.

Table 17. CAP Results in HBC

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
C-CCC.03.03 - Number of individuals receiving home-based care services	20	0	0%	0	0%	0	0%	0	0%

7. Food and Nutrition

CAP Mozambique did not have a target for this activity, but in addition to the Programa Para o Futuro (PPF) project, CAP Mozambique OVC Partners provided food and/or nutritional services to communities. Agricultural extension workers trained OVC and their families on best practices for planting and harvesting, how to nutritionally supplement existing diets, and how improve hygiene practices. There were 4,634 individuals reached through CAP and its Partners in this fiscal year.

Table 18. CAP Mozambique Food and Nutrition Indicator

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
C-FOOD-01 - Number of eligible clients who received food and/or other nutrition services	-	2,438	-	1,131	-	592	-	473	-

8. Human Resources for Health (HRH)

CAP Mozambique reached 148.4% of its target for *activistas* trained for FY14. The annual target was 880; we reached 1,306. CCM-Sofala, Kubatsirana, LDC, and ECoSIDA contributed to this high-than-expected result due, in part, to their enhanced training for *activistas* in nutrition, savings and loan activities, GBV, masculinity norms, HIV treatment literacy, SRH, HTC, HIV defaulters tracing and CSI re-application. Some of these trainings were not included in the original calculation for this target and were instead introduced at a later date to meet the needs of the communities. CAP Partners contributing to this indicator include HACI's sub-partners, Niiwanane, ANDA, AMODEFA/IBFAN, Kukumbi, and CCM-Sofala.

Table 19. Annual HRH Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
SS-HRH.02 - Number of community health and social workers (CHSW) who successfully completed a pre-service training program	880	305	34.7%	148	51.5%	236	78%	617	148%

9. Other Health Indicators

The indicator “Number of people referred to health services by community-based organizations” includes individuals mobilized by Partners to be tested for HIV/AIDS. CAP Mozambique has a number of Partners mobilizing session participants and community members for HIV testing. They include CCM-Sofala, Kukumbi, NAFEZA, and Ophavela. Some of these Partners also refer to other health services during prevention sessions. In addition, ECoSIDA, CCM-Sofala, and ANDA contributed to this indicator when they referred individuals for treatment following receipt of positive test results. Our OVC Partners also contributed to this indicator through referrals for a variety of health issues for OVC and prevention, including malaria, general illness, HIV testing, and others. CAP Mozambique surpassed its annual target for this indicator by more than 7,000%.

Table 20. CAP Mozambique Results on Other USAID Health Indicators

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
Number of people referred to health services by community-based organizations	3,759	6,068	161.4%	4,739	287.5%	11,772	6,006%	6,621	7,768%
Number of referrals from community-based organizations known to be completed	2,751	2,620	95.2%	672	119.7%	560	140%	384	154%
Number of individuals reached through	33,000	22,905	69.4%	7,006	90.6%	6,371	110%	10,499	142%

USG-funded community health activities									
Number of direct participants in savings and loans groups supported by PEPFAR	0	0	N/A	0	N/A	44	N/A	666	N/A

CAP Mozambique has surpassed its annual target for completed referrals, having reached 154% of this target. Completed referrals are only reported when our Partners receive documented evidence that a service has been provided. This might include a receipt from a health clinic, a prescription for medicine, proof of school registration, copies of poverty certificates, copies of identification documents. Our Partners also reported completed referrals when there was proof that individuals that were referred to testing were actually tested. This jump in results for completed references is evidence of the improved relationships Partners have created with service providers in their communities, as well as the success of their advocacy efforts in obtaining documentation to prove referrals were completed. It is also the result our TA’s emphasis on using locally available services to meet the needs of the children and on the new data collection forms to record and report the referrals, thereby enhancing M&E. The number of health referrals would have been higher in this period; however, a number of our Partners have started providing testing and counseling services directly, thereby reducing the number of individuals referred for this service.

The number of individuals reached through USG community health activities includes individuals reached with OVC care, prevention activities (general, abstinence/fidelity, key populations, and bridge/mobile populations), HBC services, and men/women reached by home visits linked to HIV/AIDS and safe breastfeeding practices. By the end of this fiscal year, CAP Mozambique reached 142% of its target for the period.

The indicator “Number of direct participants in savings and loans groups supported by PEPFAR” includes all of the participants in savings and loans groups conducted by Niiwanane, Kubatsirana, ANDA and HACI sub-partners. Of the 710 individuals reached through this activity, 159 individuals (22% of the total caregivers/PLHIV) are also reached with Partners’ comprehensive OVC care package through the CAP-funded project. By design, this activity engages a high proportion of community members to reduce stigma and to ensure a diversity of economic levels in the group. The goal is to have 30% of direct project participants be caregivers or PLHIV.

10. Capacity Building

CAP Mozambique exceeded all of its capacity building targets for the current fiscal year, including number of CSOs using USG assistance to improve capacity (197%); number of Mozambican CSOs contributing to the health system (155%); number of individuals trained (154.2%); number of organizations demonstrating increased capacity in 2 or more areas (138%); number of meetings facilitated to share experiences (150%), and number of indicators assessed

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by a data quality audit (120%). The target dollar value of program funds obligated annually was \$6.3 million, but our highest value of funds obligated to organizations in this fiscal year was \$5.9 million. The lower-than-expected result is primarily due to the fact that ECoSIDA did not continue implementing activities under CAP Mozambique and a few other organizations (LDC and Kubatsirana) spent much less than expected.

The indicator “Number of Civil Society Organizations (CSOs) using USG assistance to improve internal organizational capacity” counts any CSO that participates in CAP institutional strengthening activities; financial management training; Intercambios; exchange visits; as well as grant recipients and subgrant recipients under umbrella awards that receive institutional capacity building. Through CAP’s new work providing institutional strengthening to non-CAP partners, results under this indicator have greatly increased. The indicator “Number of Mozambican CSOs using USG assistance to contribute to the health system” includes CAP grant recipients and subgrant recipients under umbrella awards (organizations providing grants, subcontracts, and transfer of goods).

Results reported under indicator “Number of organizations demonstrating increased capacity in two or more areas” are described in detail in the section below entitled *Organizational Change*,

Table 21. Annual Capacity Building Targets and Results for the Current Fiscal Year

These targets are based on the CAP AWP for FY14.

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
Number of CSOs using USG assistance to improve internal organizational capacity	29	33	113.8%	7	137.9%	2	145%	15	197%
Number of Mozambican CSOs using USG assistance to contribute to the health system	20	31	155%	0	155%	0	155%	0	155%
Dollar value of program funds obligated to local organizations	\$6.3 million	-	-	-	-	-	-	\$5.9 million	93.7%
Number of individuals trained in institutional capacity building	709	147	20.7%	327	66.9%	252	102.4%	367	154.2%
Number of organizations demonstrating increased capacity in 2 or more areas	8	-	-	-	-	-	-	11	138%
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	10	0	0%	7	70%	2	90%	6	150%
Number of indicators assessed by a data quality audit	5	1	20%	5	120%	0	120%	0	120%

11. Graduation

CAP facilitated its second graduation process of the fiscal year (July-August 2014) to identify and recommend organizations to move from the *Up-and-Coming* level to *Advanced*, as well as from *Advanced* to *Recommended for direct USAID funding*. We examined four partners (Ophavela, ANDA, HACI and NAFEZA) based on organizational, programmatic and financial management criteria agreed upon with USAID. We reviewed data from assessments, field reports, legal documents and progress reports, conducted site visits and interviews, and held internal analysis meetings to gather data creating as complete a picture as possible of each organization. Ophavela was reviewed for the first time. For ANDA and HACI, this was a reassessment, as they were previously reviewed in August 2013 and deemed not ready at that time. NAFEZA was reassessed on the key financial management points that prevented them from graduating in February 2014. Based on this evaluation process, CAP Mozambique determined that:

- ANDA, NAFEZA, and Ophavela are recommended as candidates for transition awards.
- Hope for Africa’s Children Initiative (HACI) is not yet ready to graduate to either the *Advanced* stage or to a transition award.

In 2013, USAID indicated its intention to provide or organize focused TA for direct funded local organizations. Given this new orientation, it became possible for us to recommend for direct funding organizations that previously would have been considered *Advanced*. Now, those organizations that graduate to *Advanced* also are recommended for direct funding. The same three organizations are counted in both indicators below.

For more information about the CAP Mozambique graduation evaluation process and results, please refer to the CAP Mozambique Partner Graduation Report in Annex 4. (*Refer to SAR 7 for a detailed description of the graduation process and criteria.*)

Table 22. Annual Graduation Targets and Results for the Current Fiscal Year

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
Increased number of organizations with strong enough systems to graduate from the first level of CAP grants to the advanced level	1	0	0%	0	0%	0	0%	3	0%
Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding	2	0	0%	0	0%	0	0	3	150%

B. ORGANIZATIONAL CHANGE

Every six months, CAP Mozambique reports on its output indicators related to capacity-building activities. Each year, we report on one of our key outcome indicators—*number of organizations demonstrating increased capacity in two or more areas*.

We selected 11 organizations to be evaluated against this indicator for FY14. These organizations were chosen after we had conducted more than one follow-up evaluation of the technical and/or organizational capacity of each organization. This generated the baseline and follow-up data necessary to be able to measure change in two or more areas. These assessments are conducted roughly on an 18 month basis, so it is not possible to evaluate all of the partners every year. Other Partners will be evaluated in FY15 and reported on in October 2015. The total does not include OD Clients, who have only had a baseline assessment to date.

The data for measuring increased capacity presented in Table 23 and the discussion below were derived from the following six assessments:

- SBCC Prevention Assessment;
- Report Writing Assessment;
- OVC Care Assessment;
- Financial Health Check,;
- Grants Management Assessment, and
- POAP.

This last tool assesses progress in multiple institutional areas. The table below demonstrates all of the positive areas of change for each of the 11 Partners evaluated. Although ECoSIDA and LDC are no longer CAP grant recipients, they executed awards under CAP through December 2013 and July 2014, respectively, and therefore are included in this assessment of organizational change.

Table 23. Areas of Positive Organizational Change for Each of the 11 CAP Mozambique Partners Evaluated

	External					POAP																													
	Prevention Programming	OVC Programming	Narrative Report Writing	Financial Health	Grants Management	Vision	Mission	Values	Member Management	Audits	Leadership	Information Technology	Internal Procedures	Technical Competence	Governance	Archival System	Human Resources	Monitoring	Capacity Building of Staff	Implementation	Project Planning & Design	Budget Planning	Reports	Assets	Legal Statutes	Performance Evaluations	Analysis	Beneficiaries	Public Relations	Partners	Transparency	Access Resources Train Part	Shared Objective	Members & Accountability	
ANDA	-				-																														
CCM-Sofala		-			-																														
ECoSIDA		-		*	-																														
HACI	-																																		
IBFAN	-	-		-	-																														
Kubatsirana	-	-			-																														
KUKUMBI		-			-																														
LDC	-				-																														
NAFEZA		-			-																														
Niiwanane	-				-																														
OPHAVELA		-			-																														

Note: The table above divides the externally-conducted CAP assessments of organizations, and the POAP self-assessment. Those assessments that do not apply to that organization (for example, an OVC assessment does not apply to an organization that implements prevention activities) are indicated with “-” in the box for that assessment. If the organization did not receive an assessment in that area in the current reporting period, this also is indicated by “-”.

*Due to discrepancies discovered in the baseline application of the Financial Health Check with ECoSIDA, it was not possible to determine the organization’s change in financial health with the follow-up assessment.

CAP Mozambique counts each of the areas included in the table above as an area of change. For example, if an organization demonstrates change in two or more areas within the POAP, it is counted toward this indicator. If an organization demonstrates change in one area of the POAP, and one external assessment, the organization is counted. However, we do not duplicate the technical areas between technical assessments and the POAP. For example, if an organization improved in the SBCC Technical Assessment, CAP Mozambique assumes that this improvement is captured in the technical portion of the POAP (technical competence, planning/project design, monitoring/evaluation, implementation), and does not duplicate these areas for reporting purposes.

As demonstrated by the table, all 11 of the Partners evaluated in this reporting period demonstrated positive change in at least two technical or organizational capacity areas. In fact, all Partners except one have demonstrated change in six or more areas, and four partners have experienced improvements in 15 or more. It is particularly notable that eight organizations demonstrated improvement in two or more of the external assessments. The one partner that did not demonstrate growth in more than two areas was Kubatsirana; this is a result of the leadership challenges the organization has faced over the past year.

In the sections following, we provide more details about organizational change of these 11 Partners in the following six areas: Prevention Programming, OVC Care Capacity, Report Writing Capacity, Financial Health, Grants Management, and Organizational Development capacity.

1. Improvement in Quality of Prevention Programming

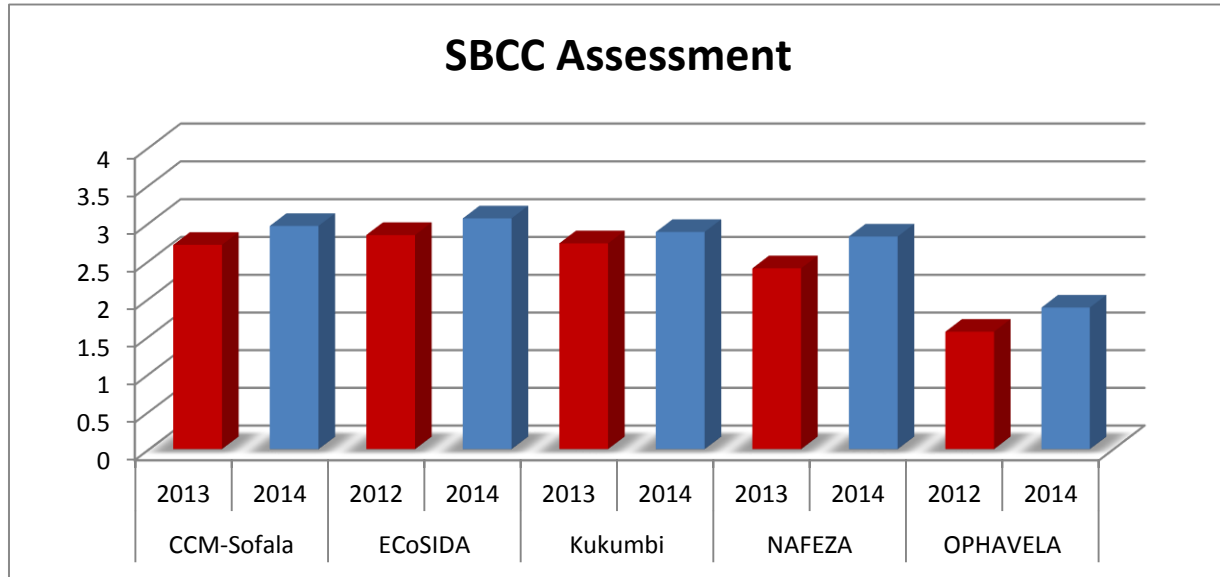
Prevention is the technical area in which CAP Mozambique has been working the longest. Five of the eleven partners being assessed for organizational change in this reporting period are CAP Prevention Partners. All five of these partners demonstrated improvement in technical capacity to implement behavior change interventions. Table 24 and Figure 3 below demonstrate change in SBCC capacity measured over the current reporting period.

Table 24. Change in SBCC Capacity Measured over the Current Reporting Period

Grant Recipient	Date of Assessment	Score*	Date of Assessment	Score	Change	
CCM-Sofala	JUN 2013	2.71	JUN 2014	2.96	9.23%	Improved
ECoSIDA	JUN 2012	2.84	MAY 2014	3.06	7.74%	Improved
Kukumbi	JUN 2013	2.73	JUN 2014	2.88	5.49%	Improved
NAFEZA	JUN 2013	2.40	JUN 2014	2.82	17.5%	Improved
OPHAVELA	JUN 2012	1.56	MAR 2014	1.88	20.51%	Improved

*Maximum possible score is 4.0

Figure 3. Change in SBCC Capacity Measured over the Current Reporting Period



CCM-Sofala’s overall score increased by nearly 10% from 2.71 to 2.96 (out of a possible maximum of 4). The most significant improvements were noted in CCM-SOFALA’ capacity to negotiate collaborative arrangements with other service providers and to incorporate new activities into existing projects, including collecting and reporting on new indicators. Figure 4 below illustrates the evolution of CCM-Sofala’s SBCC capacity over time

NAFEZA’s overall score increased by 17.5% from 2.40 to 2.82 (out of a possible maximum of 4). The most significant improvements were noted in NAFEZA’s capacity to:

- Manage and use data – NAFEZA has understood the importance of quality data to demonstrate organizational achievements and to take programmatic decisions. As a results, it intends to improve the collection, analysis and verification of data of all its projects by applying the same rigor as required by CAP;
- Negotiate partnerships with government counterparts; and
- Analyze organizational structure, identify weaknesses, develop job descriptions with clear objectives and selection criteria, and conduct a transparent recruitment process.

Kukumbi’s overall score increased by nearly 6% from 2.73 to 2.88 (out of a possible maximum of 4). Kukumbi improved its internal and external communications. The organization appreciated the importance of participating more frequently in meetings convened by Government and is sharing project results with field staff. Kukumbi did not participate actively in the SBCC training. It will be challenging for the organization to apply SBCC approaches in future projects.

Ophavela’s overall score increased by 20.5% from 1.56 to 1.88 (out of a possible maximum of 4). Ophavela’s capacity to supervise staff and monitoring quality of implementation has grown substantially. The organizations is still struggling with data management and reporting.

ECOSIDA's overall score increased by nearly 8% from 2.84 to 3.06 (out of a possible maximum of 4). ECOSIDA significantly improved its ability to ensure quality of project activities by improving the way implementation is monitored. The organization has also demonstrated it understands SBCC theory and is able to apply it to proposal design. ECOSIDA should improve its research capacity.

CAP Mozambique conducted full SBCC capacity analyses for each of the evaluated Partners. These analyses included the Partner organization's scores on the baseline assessment, follow-up assessments, CAP Mozambique training and TA inputs, and an analysis of change. A sample of this analysis for NAFEZA is included below in Table 25. (See Annex 22 for complete analysis of SBCC capacity for the evaluated Prevention Partners.)

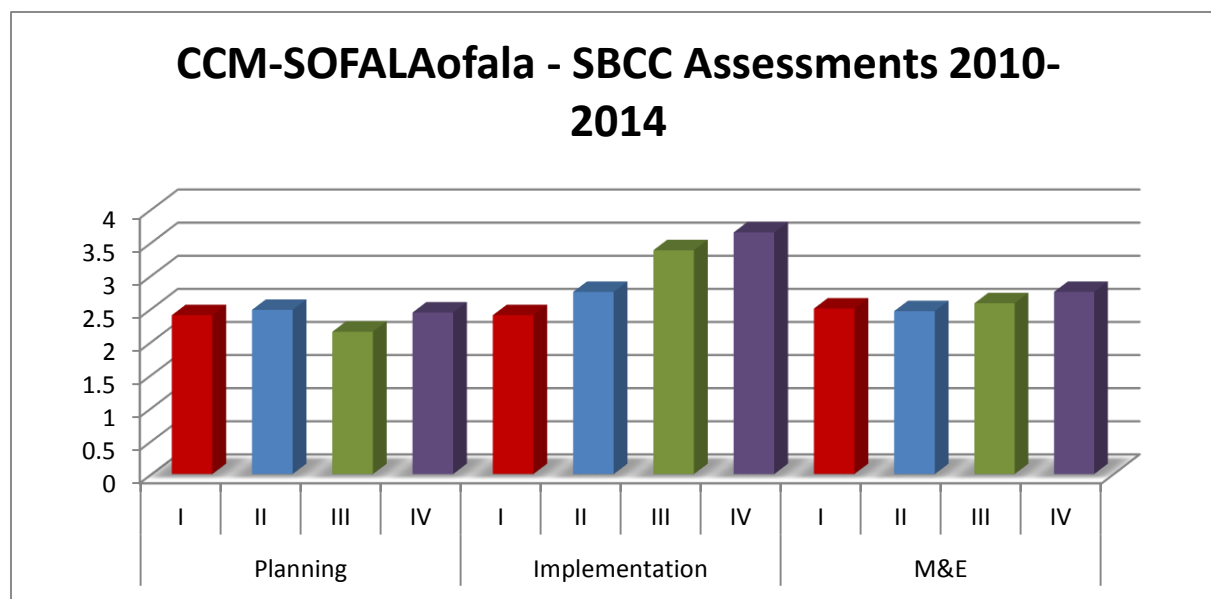
Table 25. Complete SBCC Capacity Analysis for NAFEZA

NAFEZA SBCC Capacity Analysis					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.19	2.54	15.98%		
Theory-Driven Planning & Design	2.00	2.00	0%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	The majority of NAFEZA's team for the CAP award was recruited after this TA was provided. No growth was recorded for this indicator.
Collection and Use of Data	2.00	2.50	25%	TA on use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	The team is increasingly using data to take programmatic decisions.
Negotiation and Strategic Partnership	2.00	2.67	33.5%	TA on strategic partnerships during preparation of proposals. TA to establish partnerships for HTC, GBV and HIV defaulters tracing.	NAFEZA is routinely approaching potential partners during proposals development if they believe that this will result in better project achievements. NAFEZA established partnerships with DPS and SCIP for HTC mid-way during implementation of CAP award.
Development of Strategies	2.75	3.00	9.09%	TA during project expansion to develop an implementation strategy that responded to formative research results.	NAFEZA expanded project activities and was able to design strategies to reach new targets groups.
Component 2: SBCC Program Implementation	2.71	3.40	25.46%		
Implementation of Communication Strategies	2.00	2.63	31.50%	TA to develop messages on new topics and adapt debate session manuals to correspond to findings of community consultation and desk review. TA to development and implementation of social mobilization activities.	NAFEZA is able to design a communication strategy as well as adapt existing strategies to emerging or changing situations. NAFEZA implemented and reported on community consultations on GBV in preparation of the integration of new topics in debate session manuals.

NAFEZA SBCC Capacity Analysis (continued)					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Strengthening of Staff Competencies	2.60	3.20	23.08%	Training in facilitation skills and social mobilization, and on-going TA during monitoring visits to reinforce learning. TA to expand staff capacity to conduct HIV defaulters tracing, HTC and GBV screening.	NAFEZA is effectively implementing supervisory structures and strategies to identify and address staff capacity needs. NAFEZA has successfully integrated HTC, HIV care and treatment defaulters tracing and GBV screening interventions.
Component 2: SBCC Program Implementation	2.71	3.40	25.46%		
Implementation Structure	2.25	3.75	66.67%	TA on recruitment, including developing selection criteria, job descriptions, and outlining supervision and reporting obligations.	NAFEZA applied good and transparent recruitment practices for various post, including developing job descriptions with clear selection criteria to select the most competent candidate.
Supervision of the Quality of SBCC Service Delivery	4.00	4.00	0%	TA during routine visits to monitor efficient application of supervision tools aimed at improving facilitation skills and better transfer of information to beneficiaries.	NAFEZA is routinely supervising and verifying data collection, recording and reporting in order to generate valid data.
Component 3: SBCC Monitoring & Evaluation	2.25	2.42	7.56%		
Frameworks and Mechanisms	3.25	3.75	15.38%	TA to adjust monitoring systems to include new indicators. TA to correct application of monitoring tools. TA to review data presented in quarterly reports.	NAFEZA's is correctly using data collection tools and reports good quality data.
Use of Research to Measure Impact	1.00	1.00	0%	TA on data analysis to better understand the participation of men and women in the debate sessions	The team had not the opportunity to put into practice the knowledge learned on data analysis over implementation of activities, and also they are not clear on how to implement such activity.
Utilizing and Communicating Results	2.50	2.50	0%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora; TA to develop fact sheet for resource mobilization. Workshop on resource mobilization.	NAFEZA routinely reports to the Government. The organization understands the importance of sharing data with field level staff and is planning on putting mechanism in place to do this. NAFEZA developed a resource mobilization strategy based on organizational strengths, project results and a gap analysis funding available to implement its strategic plan.
TOTAL SCORE	2.40	2.82	17.50%		

Figure 4 below illustrates CCM-Sofala’s change in SBCC capacity over the period of four years, and the application of four separate SBCC assessments. At times in the organization’s life when it is not practicing certain skills (such as applying formative research to project design for new proposals), scores in that area dip slightly. However, the organization has shown steady growth over time, with global assessment scores increasing each year.

Figure 4. CCM-Sofala’s SBCC Capacity Change over Time



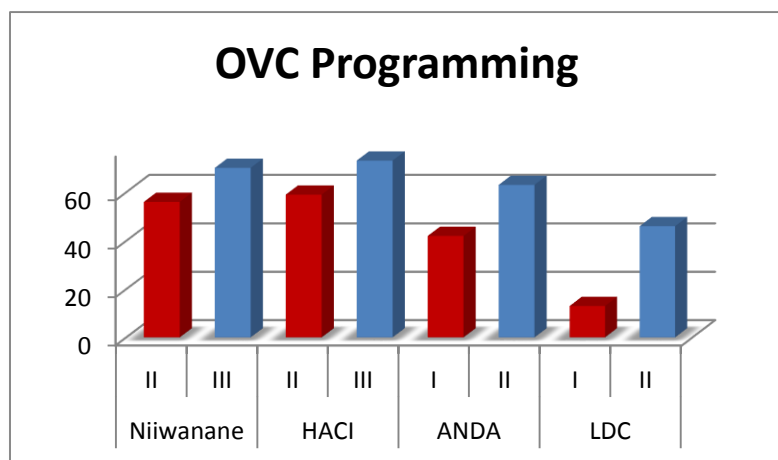
2. Improvement in OVC Care Capacity

Four of the 11 partners were evaluated for change in OVC care capacity in FY 2014, and all four demonstrated improvement. Table 26 and Figure 5 below demonstrate change in OVC care capacity measured over the current reporting period.

Table 26: Change in OVC Care Capacity Measured over the Current Reporting Period

Grant Recipient	Date of Assessment	Score	Date of Assessment	Score	Change	
ANDA	JUL 2013	42	JUN 2014	63	50%	Improved
HACI	MAR 2013	59*	JUN 2014	73*	24%	Improved
LDC	NOV 2012	13	MAR 2014	46	254%	Improved
Niiwanane	MAR 2013	56	JAN 2014	70	25%	Improved

Figure 5: Change in OVC Capacity Measured over the Current Reporting Period



ANDA’s overall score increased by 50% from 42 to 63 out of a possible maximum of 72. The most significant improvements were noted in ANDA’s capacity to:

- Design projects, in particular the use of data to inform project design and integration of MMAS guidelines;
- Support OVC, in particular the application of the Child Status Index, maintain

beneficiary archives and establish and maintain referral networks with other institutions; and

- Manage and report data, in particular the use recording and reporting of quantitative data and presentation of success stories.

LDC’s score increased from 13 to 46 out of a maximum of 72. The most significant improvements were recorded in LDC’s capacities to support OVC, to assess client satisfaction via CSI applications and to manage and report data.

HACI’s overall score increased by 23%, from 59 to 73 out of a maximum of 78.⁶ Although HACI’s systems are not used consistently, it has significantly improved its capacity to manage and report data as a result of intensive TA that prompted HACI to:

- Reallocate staff duties based on an LOE analysis so that data verification, analysis and reporting became a shared responsibility; and
- Revise subpartners data reporting cycle to allow more time to verify data before having to report to CAP

A sample of the OVC analysis for Niiwanane is included below in Table 27. Complete OVC capacity analysis for all OVC partners evaluated in this reporting period is located in Annex 27.

⁶ HACI’s technical assessment is conducted using the first version of the technical assessment tool developed by CAP that had a total score of 78 points. After the second application with HACI, the tool was revised and the total score became 72 points. To measure change against a baseline, CAP continues to apply the first version of the technical assessment tool with HACI.

Table 27. Complete OVC Capacity Analysis for Niiwanane

NIIWANANE					
Evaluation Category	Midline Score 2013	FUP Score 2014	Change	TA Provided	Analysis/Results
1. OVC project design					
1.1 OVC Project Design	17	18	6%	TA to introduce new project activities	Niiwanane is able to design and integrate new project activities rapidly and without difficulties. The organization is also able to independently review project results, identify challenges and formulate solutions.
2. OVC program standards					
2.1 Availability of skilled personnel to provide OVC care	14	15	7%	TA developing Job descriptions, evaluating candidates, interview guide and documenting selection process	Niiwanane demonstrated the ability to apply proper recruitment processes through the recruitment of various new staff members. Niiwanane selected qualified staff based on predetermined selection criteria. The organization also expanded its selection techniques by observing applicants interact with Niiwanane's target group prior to final selection.
2.2 Availability of appropriate processes to support OVC care	15	24	60%	TA on Application of CSI for assessment of OVC needs, prioritizing needs and developing care plan for each OVC TA for establishment of a referral network	Niiwanane has improved its ability to apply the Child Status Index and develop good quality care plans for each child. Relationships with other service providers have improved significantly. Beneficiaries more easily gain access to services, particularly health care and education. Niiwanane integrated household economic strengthening activities and mobilized communities to form savings and loan groups. Niiwanane was able to integrate a large percentage of beneficiaries in the groups.
2.3 Processes used to determine client satisfaction	4	6	50%	Training /TA how supervise field activities simulated using tools developed by CAP	Niiwanane is applying supervision tools consistently and conducting frequent monitoring visits which has improved activists ability to deliver high quality care to beneficiaries
2.4 Availability of adequate data management and reporting system for OVC services	6	7	17%	Training / TA data management and reporting	Niiwanane is beginning to independently develop M&E tools to facilitate data analysis. Niiwanane continues to analyze data on a quarterly basis. The activists are involved with the aim to improve their work.
TOTAL SCORE	56	70	25%		

3. Improvement in Quality of Report Writing

We evaluated 10 Partners on their report writing capacity in this reporting period. Since ECoSIDA's grant ended in December 2013, there were an insufficient number of quarterly reports from ECoSIDA in this year to measure change and, therefore, ECoSIDA was not evaluated. Grant recipients are required to submit quarterly narrative reports on project progress. We assess the quality of report content based on the accuracy of reporting on grant targets, the analysis that complements these targets, and information on how the organization will feed the M&E data into program implementation. We provide written feedback on each of these reports. Those Partners who demonstrate difficulty incorporating the feedback receive a TA visit.

Using our Report Writing Assessment Tool, CAP Mozambique compared scores attributed to an analysis of grant recipient quarterly reports from one period to a period one year later. Typically, quarterly reports submitted for the June–August 2014 period (assessed in September) are evaluated. However, to support the CAP graduation process, any organization identified to be assessed for graduation is evaluated in May so that results are used during the graduation process from July–August each year. The results of the report writing analysis are reflected in Table 28 and Figure 6.

Table 28: Report Writing Assessment

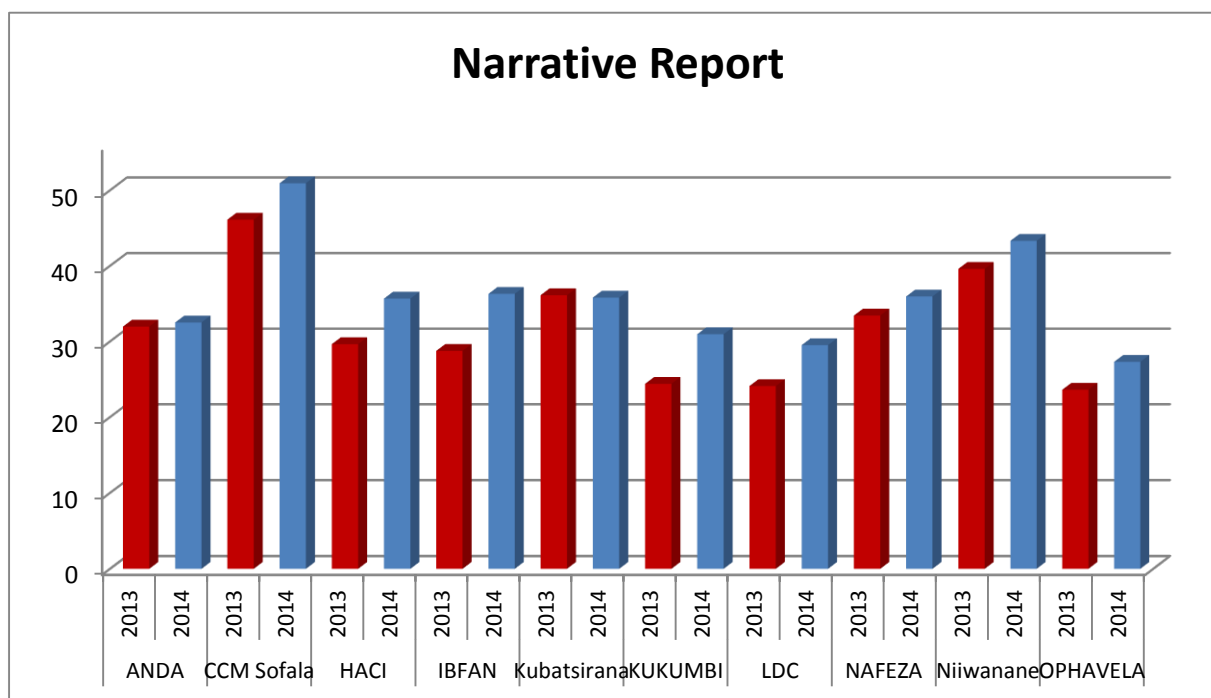
Grant Recipient	Date of Assessment	Score	Date of Assessment	Score	Change
ANDA (KP)*	September 2013	34.6	May 2014**	29.33	Declined
ANDA (OVC)*	September 2013	29.33	May 2014**	35.68	Improved
CCM-SOFALAofala	September 2013	46.11	September 2014	50.93	Improved
HACI	May 2013**	29.64	May 2014**	35.67	Improved
IBFAN	September 2013	28.75	September 2014	36.3	Improved
Kubatsirana	September 2013	36.12	September 2014	35.8	Declined
KUKUMBI	September 2013	24.4	September 2014	30.96	Improved
LDC	September 2013	24.1	May 2014+	29.51	Improved
NAFEZA	September 2013	33.43	September 2014	35.95	Improved
Niiwanane	September 2013	39.6	September 2014	43.31	Improved
OPHAVELA	September 2013	23.62	September 2014	27.3	Improved

* ANDA has two concurrent grants with CAP. Project activities and reports are managed by separate teams within the organization. The average score for the two ANDA projects are: September 2013 (31.97 points) and September 2014 (32.51 points), resulting in an overall improvement for the organization.

** CAP Mozambique typically evaluates report writing each September. However, to support the CAP graduation process, any organization identified to be assessed for graduation is evaluated in May so that results are used during the graduation process from July – August each year.

+ LDC was evaluated in May 2014 because their grant with CAP ended soon after that reporting period.

Figure 6. Changes in Report Writing Capacity over Time



Since CAP Mozambique began measuring change in report-writing skills, we have noticed that scores on partner Report Writing Assessments fluctuate frequently from one period to the next. It is difficult to see an improvement over time in report-writing skills and more common to see variations from report to report. This is due to factors, including a) different people preparing the report each period (either due to staff turnover or availability of personnel, b) other priorities arising during reporting period, c) new activities and/or indicators increasing/decreasing the complexity of reporting, and/or d) phase of implementation of the grant award (increasing/decreasing complexity).

4. Improvement in Financial Health

CAP Mozambique evaluated 10 partners on Financial Health, of which seven demonstrated improvement and three demonstrated declines in their overall scores since the last application of the assessment tool. It was determined that an accurate assessment of IBFAN’s financial health is not possible at this time, since the organization still depends upon the staff and systems of AMODEFA. IBFAN, therefore, was not evaluated on financial health.

Figures 7-8 below illustrates changes in financial health for CAP Mozambique Partners. The financial health evaluations included analysis of six categories of financial health for each of the assessed Partners. (See Annex 17 for financial health check results disaggregated by category.)

Figure 7. Changes in Financial Health for CAP Mozambique Partners After Three Assessments

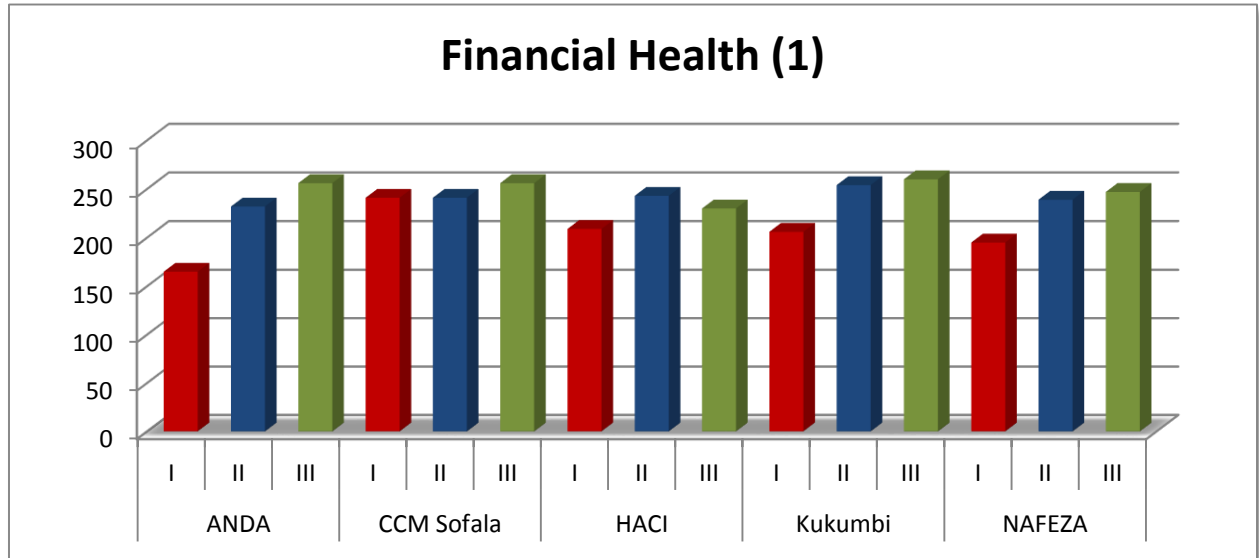
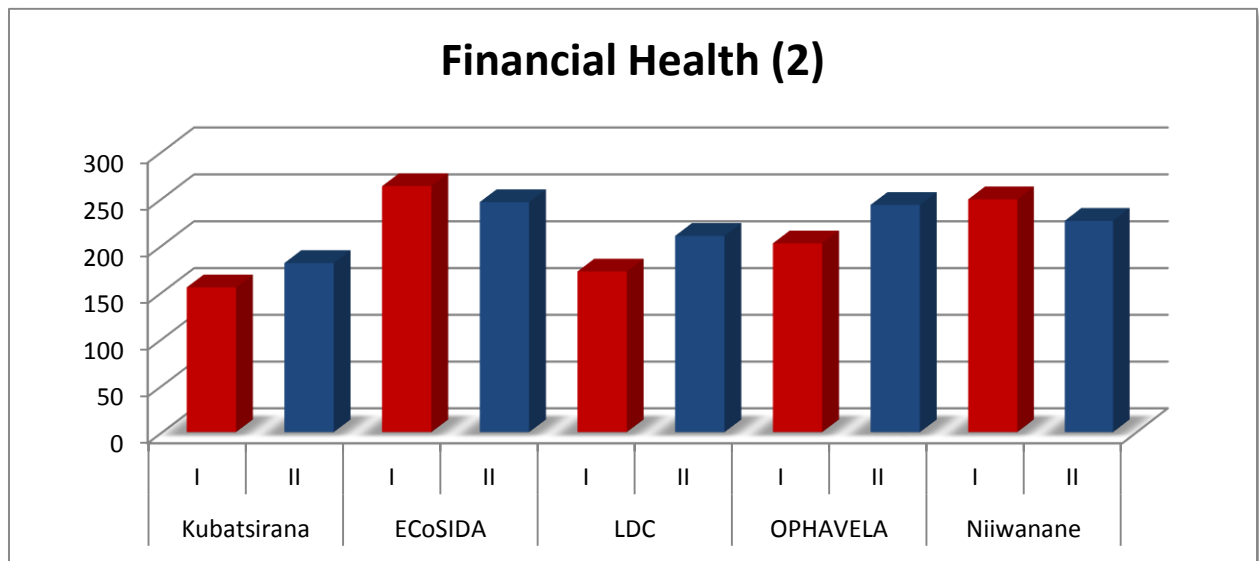


Figure 8. Changes in Financial Health for CAP Mozambique Partners After Two Assessments



ANDA has increased its score in financial health at each application of the assessment (2012 Score: 165, 2013 Score: 232, 2014 Score: 256). ANDA has moved from a medium risk to a low risk overall. In addition to having a strategic plan, ANDA is now developing an institutional budget that will help it identify gaps in funding for operational costs. Prior weaknesses in human resource management have been successfully addressed and policy and procedures manuals developed.

CCM-Sofala improved its financial health in this last application of the assessment tool, having maintained its score in the prior assessment (2012 Score: 241, 2013 Score: 241, 2014 Score: 241).

255). CCM-Sofala's financial health has maintained its rating as low risk since CAP began applying the tool. Reasons for the organization's increase in this last application include: CCM-Sofala has recently approved its strategic plan; following the MANGO training, the organization decided to purchase accounting software; internal controls (particularly in the area of asset management) and procurement practices have improved, and as has its ability to develop proposal budgets.

ECoSIDA's score declined with the second application of the Financial Health Check, though the organization maintains a low risk rating overall (2012 Score: 263, 2014 Score: 246). However, the decrease in score cannot be attributed to a decline in financial management or capacity on ECoSIDA's part. Rather, discrepancies were noted in the 2012 assessment at the time of analysis between the two assessments, revealing that scoring in the original assessment had been inflated. Our assessment is that ECoSIDA did not necessarily decline in financial health, but rather the first assessment cannot be considered a reliable baseline of the organization's capacity in this area. This is further described below.

HACI has shown improvement since the baseline, although the organization score did decline in the most recent application of the Health Check (2012 Score: 209, 2013 Score: 243, 2014 Score: 230). HACI's financial health declined because it doesn't have an organizational budget, the Board of Directors only reviews financial reports during the annual General Assembly, the organization is not 100% compliant with the terms of its agreement, and on more than one occasion, the organization has not followed proper procedures which has resulted in reimbursement of funds.

Even though Kubatsirana's financial staff was replaced, the organization demonstrated improvement in its financial health (2013 Score: 155, 2014 Score: 181). The following areas show signs of improvement: archive system, development of an institutional budget, and increased engagement by Board members in the review of financial information after participating in MANGO training.

Kukumbi continues to demonstrate improvements in financial health and demonstrates the lowest financial risk of all of CAP's Partners (2012 Score: 206, 2013 Score: 254, 2014 Score: 260). In the past year, Kukumbi developed a strategic plan and organizational budget, is in the last stages of developing a chart of accounts, and management has demonstrated progress in analyzing financial reports for decision-making.

LDC demonstrated improvement in financial health (2013 Score: 172, 2014 Score: 210), though they remain in the medium risk category and were one of the weakest CAP Partners. The organization's Board of Directors is now more involved in the analysis of financial reports, the board reviews the Executive Director's timesheets, the organization has a strategic plan and budget, reports have improved, overall knowledge and practice in financial management is better, and several basic accounting practices have improved.

Nafeza has improved with each subsequent financial health check, moving recently into the low risk category (2012 Score: 195, 2013 Score: 239, 2014 Score: 247). NAFEZA has drafted an institutional budget that includes operational costs and a consolidated budget that will enable

them to identify gaps in funding (this has been an issue in the past). The organization has improved its internal controls, submitted a draft chart of accounts for our review and improved on the timely payment of fiscal obligations.

As with ECoSIDA, we also do not consider that Niiwanane’s capacity has reduced. Upon analyzing the change in scores, we identified that some of the 2011 scores were incorrectly assigned, resulting in an inflated score. Given that we identified the problem with two organizations, we reviewed prior assessments and determined that these were isolated incidents and does not indicate a more serious problem. For this year’s assessments, we have since re-trained staff, provided more precise guidelines for scoring, and a senior-level staff person has carefully reviewed all health checks conducted this year to reduce subjectivity.

Ophavela’s score increased significantly between the two applications of the Financial Health Check (2013 Score: 202, 2014 Score: 243), moving into the low risk category. OPHAVELA budgets are now approved by its Board of Directors, consistent use of accounting codes are applied, accounting practices have improved, adequate coverage exists for operational costs, and the organization is implementing better internal control practices.

5. Improvement in Grant Management

We provide training and TA to one umbrella organization, HACI. We facilitated a baseline Grants Management Assessment with HACI in 2010, midline in 2012, and follow-up assessment in 2014. Table 29 below illustrates HACI’s progress over time on the assessments five components: staffing, solicitation/selection, pre-award/award, post award, and grants manual. (See Annex 5 for a full report on the follow-up assessment.)

Table 29. HACI’s Grants Management Progress Over Time

Evaluation Category	Baseline Scores 24.05.2010	Midline Scores 14.08.2012	Follow-Up Scores 21.07.2014
Staffing	0/3	3/3	3/3
Solicitation/Selection	44/82	80/82	80/82
Pre-Award/Award	54/71	67/71	67/71
Post Award	34/56	29/56	43/56
Grants Manual	0/104	14/104	71/104

CAP’s capacity building support to HACI occurs in function of each stage of HACI’s grant process. For example, in the first year of HACI’s umbrella grant award, the organization launched its grant program, facilitated a selection

process, provided technical assistance with sub-grantees to develop proposals and budgets, and submitted final packages to CAP for approval. In the second phase of the project, HACI hired additional staff, formalized its selection process, awarded grants, and initiated development of its grant management manual. This is where the differences are highlighted between the baseline and midline Grants Assessment in the table above. In this third phase, HACI developed experience managing the implementation of their grantees and greatly improved its Grants Manual.

6. Improvement in Organizational Development (OD) Capacity

OD is measured through the POAP self-assessment, which concentrates on the following areas (which are further broken down into subcategories): governance, management, human resources, financial resources, external relations, and technical capacity. CAP Mozambique was able to facilitate follow-up POAP assessments with all 11 organizations evaluated in the reporting period.

Table 29 above demonstrates all of the areas in which these 11 organizations demonstrated positive change that were also areas that CAP provided TA or training. If an organization demonstrated change in a component that CAP did not provide any assistance, it is not recorded here. The assumption is that the organization had the internal resources to improve or sought assistance from another donor or provider. CAP Mozambique is only presenting positive results that can at least partially be linked to CAP capacity-building interventions.

The tables in Annex 8 include complete POAP analysis for each relevant Partner, including the scores from both POAP assessments; the technical assistance provided by CAP Mozambique to the Partner; and the results of technical assistance. These tables illustrate all changes (positive, negative, or neutral) linked to capacity areas that received CAP Mozambique inputs. Due to the volume of information presented, these tables are provided in the Annex. To demonstrate the type of information presented in the tables, we provide a small sample of the analysis done for ANDA in Table 30 below. This is not the full POAP analysis, but rather a selection of some capacity areas for illustrative purposes only.

Table 30. Small Sample of Full POAP Analysis for ANDA

ANDA				
Capacity Area	POAP I Score 2012	POAP II Score 2014	TA Provided	Results of TA/Training
Legal Statutes	3	3	CAP reviewed ANDA's draft Statutes and provided TA on the steps to complete the final stage of the registration process.	ANDA finalized its Statutes and approved them in the December 2012 General Assembly. The Statutes were submitted for publication in the official gazette (<i>Boletim da Republica</i>). While waiting for the publication ANDA disseminated the Statues for enforcement.
Values	3	4	Create common understanding and agreement among members and staff of the meaning of ANDA's institutional Values.	The meaning of each of the ANDA's seven institutional values was explained and all relevant stakeholders in the organization can talk about them.
Leadership	3	4	TA provided on the roles and responsibilities of Governing Bodies and Executive.	ANDA has clearly defined roles and responsibilities for the Governing Bodies and Executive. The Fiscal Council and the Board of Directors each have work plans

			<p>TA provided to support the planning processes for the Board of Directors and Fiscal Council.</p> <p>Leadership Mentoring Initiative.</p>	<p>that they are complying with (evidenced through minutes of meetings).</p> <p>Members of the governing bodies use their own resources and time to support organizational activities. For example, they help in translating documents free of charge, contribute to food costs, and use their own transportation to observe project implementation.</p> <p>Impact of LMI will be assessed after the time of this writing.</p>
Human Resources	3	3	<p>TA given during revision of HR PP to define clear steps and documentation of hiring procedures; to structure and define contents of code of conduct; and to develop an excel matrix with formulas for liaising time sheet with salaries and sharing salary costs between different donors.</p>	<p>ANDA has adopted new hiring procedures based on the HR Policies and Procedures and local Labor Law.</p> <p>ANDA still needs to improve the documentation and archival of complete dossiers for staff members.</p> <p>ANDA has adopted a singular contract, singular timesheet and singular pay bill for respective tax and social security deductions for each worker.</p>
Filing System	2	3	<p>TA provided to improve ANDA's filing system, including organizing and labeling several files.</p>	<p>ANDA files are now labeled and organized by project. There is a general file for letters sent and received. Each file has a visible identification of its contents, and the files are grouped by categories. Each category of files is stored in one part of a shelf.</p> <p>The physical and electronic files still need to be aligned and back-ups have to be created.</p>
Capacity Building	2	3	<p>TA provided to develop a staff capacity building plan, based on individual needs identified through staff performance assessments.</p>	<p>ANDA's Integrated Capacity Building Plan developed by CAP and ANDA based on POAP results and TA incorporates the capacity needs of Governing Bodies, the Executive and staff.</p> <p>The Governing Bodies and senior members of the Executive have received training and TA that is described above.</p> <p>Technical staff received training and TA on subject matters like SBCC, psychosocial support for boosting the project implementation quality. Supervisors cascade the knowledge from trainings to the supervisees during regular planning meetings.</p>

Performance Assessment	1	3	TA on management performance and provision of samples of appropriate tools (annual target definition and agreement between the supervisor and collaborator, performance assessment and review and renegotiation of targets)	<p>Based on TA provided, ANDA developed performance management tools. ANDA supervisors signed performance agreements with their staff. Each supervisor adopted and applied performance assessments on their staff, resulting in performance evaluations.</p> <p>ANDA's governing bodies have not yet signed a performance agreement with the Executive Director.</p>
Audits	2	3	Mango financial management training, Fiscal Council training and follow-up TA, including PP compliance review and Spot checks	<p>ANDA's Fiscal Council conducted two PP compliance reviews (May 2013 and Feb 2014). The Fiscal Council also conducted a financial spot check in March 2014 of a procurement process.</p> <p>ANDA's external audits are not regular due to lack of funds. ANDA is still encouraging its donors to finance external audits.</p>
Assets	2	3	TA on asset management and Inventory, including an assessment of current practices, sharing good practices and referencing asset management in Admin and Fin PPs.	<p>ANDA improved labeling and recording of equipment. An Asset Management for Private use Policy is being included in ANDA's Administrative and Finance Procedures Manual.</p> <p>Inventory is conducted regularly, and lists are on each office door.</p> <p>ANDA has its own propriety (office buildings, a training center, motorbikes and two cars).</p>
Analysis	2	4	TA provided on community mobilization and application of Child Status Index to assess individual needs and develop care plans.	<p>ANDA carried out four community needs assessments using the SARC methodology (semi-annual report questionnaire).</p> <p>They conducted a participative diagnosis in communities and jointly defined priorities. They also used Rapid Rural Appraisal methods – direct observation, thematic groups, aggregated in gender, interviews and secondary sources – to define project activities.</p> <p>ANDA is able to conduct assessments of individual OVC needs, analyse the results and prepare a six months care plan.</p>
Monitoring	3	3	TA on new indicators, namely household economic strengthening, HTC for OVC families, GBV screening and HIV defaulters tracing.	<p>ANDA submits good quality narrative reports and results tables. ANDA is using all data recording and reporting forms well but still needs some assistance with the introduction of new indicators. The organization is submitting success stories</p>

				using the right format and providing relevant Information.
Partnership with the government and Civil Society Organisation	2	2	TA provided on how to formalize partnerships through Memorandums of Understanding.	ANDA has signed MOUs with SDSMAS (District government service for Women and social affairs), Community Radio Macequece, Association Magariro, Reaching Agents of Change (RAC) Project/ Centro Internacional de la Papa (International Potato Center);
Beneficiaries	3	4	TA on the importance of accountability to beneficiaries provided	ANDA is reporting project results to beneficiaries.

With each POAP application, the organization chooses three to four areas of priority for subsequent CAP Mozambique TA. In addition, we may provide TA on issues that arise between POAP applications. It is not expected that an organization will demonstrate growth in every area during every reporting period, as organizational change can at times span a much longer period of time.

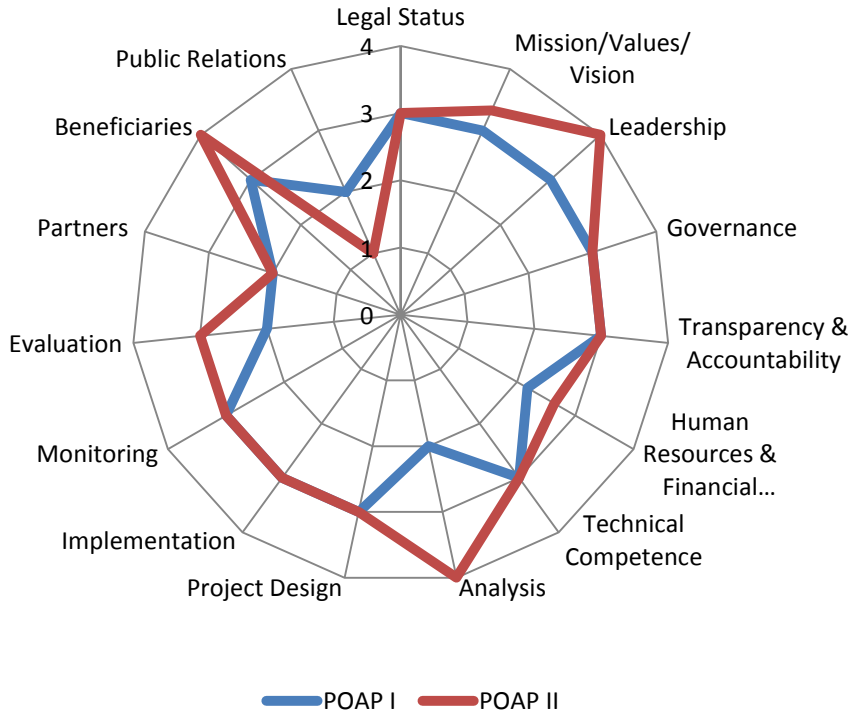
Organizations increasingly appreciate the value of referring to the official documents as evidence during the POAP process. In some cases, they find that meetings and decisions are not documented, that their practices, which seemed quite healthy, are inconsistent with their own statutes, or that their HR policies and procedures are outdated. They are relying less on assumptions, and some organizations are now being much more rigorous about how they score themselves. For example, in a recent Kubatsirana POAP, the Board members would not allow the ED to inflate the scores, and used project documentation to make their case. This evolution is not uncommon. The tradeoff between objective results and learning/ownership is an accepted consequence of the self-assessment process. We have included external assessments of certain aspects of the organization and insisted on evidence, to enhance the objectivity of the tool. However, the power of the POAP rests as much in the process, as in the actual scores. For the purposes of analysis, this means that over time scores in certain areas may actual drop—even though the organization is in fact growing—because the latter score is based solidly on evidence rather than perception or because they have a deeper understanding of that particular category.

The web graphs below illustrate change in all of the key POAP categories, not only those that demonstrated positive growth based on CAP Mozambique’s TA interventions. Due to the amount of information included in the POAP, for illustrative purposes all administrative and financial management capacity areas have been combined into one category (Human Resources and Financial Management), and the Mission, Vision, and Values categories have been combined. An average score was taken to illustrate changes between POAPs. Additional details regarding the change in each data point can be found in Annex 8. The change demonstrated covers approximately an 18-month period.

The number of Capacity Areas included in each web graph is dependent upon the type of organization assessed. Umbrella organizations and networks have additional capacity areas included in their POAP as a function of their role within civil society. HACI has 18 capacity areas due to its role as an umbrella organization. NAFEZA and IBFAN both have 19 capacity

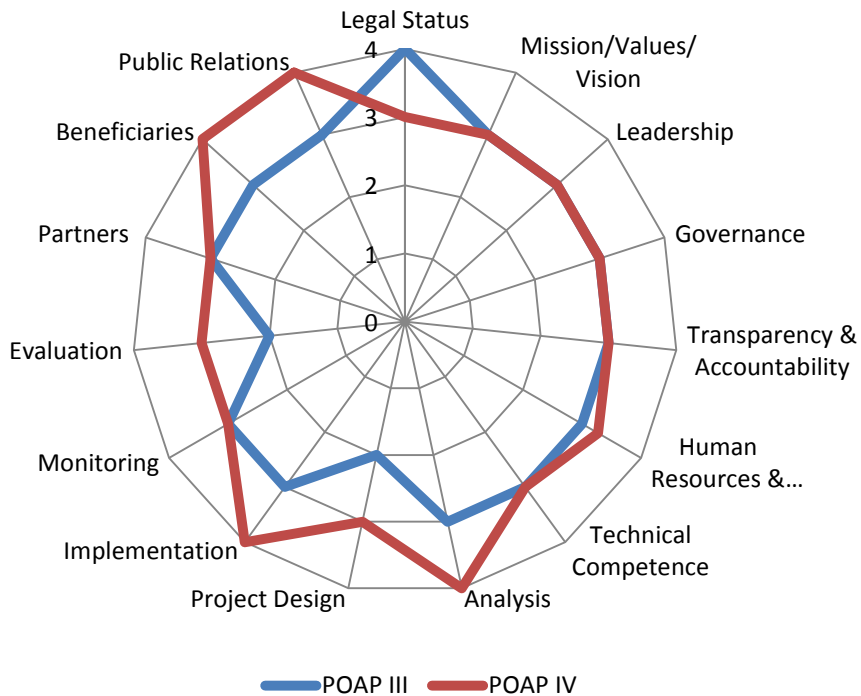
areas due to their role as networks. All other organizations have 15 capacity areas reflected in the web graphs below.

ANDA



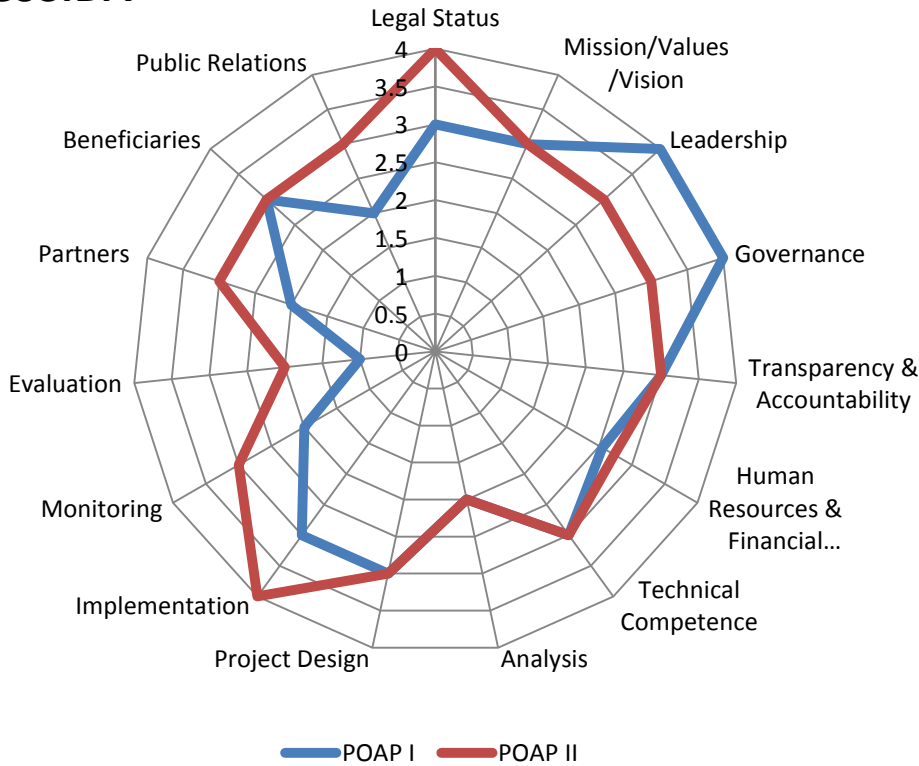
ANDA increased its scores in multiple institutional areas between the baseline and first follow-up POAP. The majority of ANDA's advances were in financial and administrative management, which makes sense due to the concentration of CAP TA to the organization in these areas. ANDA also jumped in its analytical ability, leadership capacity, and values.

CCM-Sofala



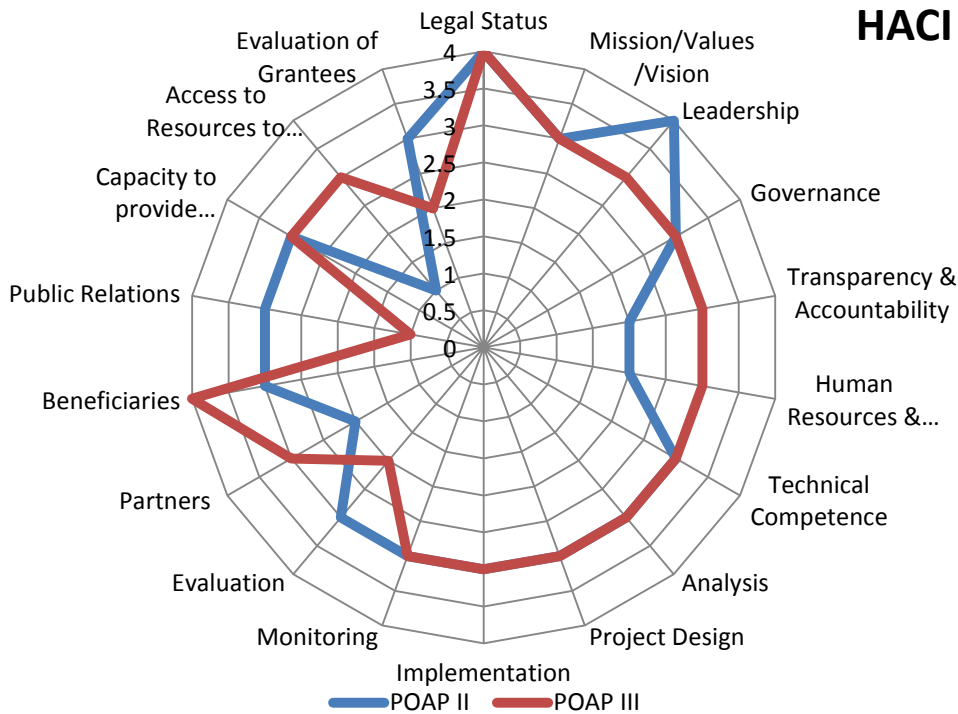
CCM-Sofala increased in several categories in its fourth application of the POAP. The exciting part about working with CCM-Sofala is that the gains made at the provincial level are noticed at the national level, and results in positive changes for the organization overall. CCM-Sofala's changes were focused on programmatic capacity and external relations.

ECoSIDA

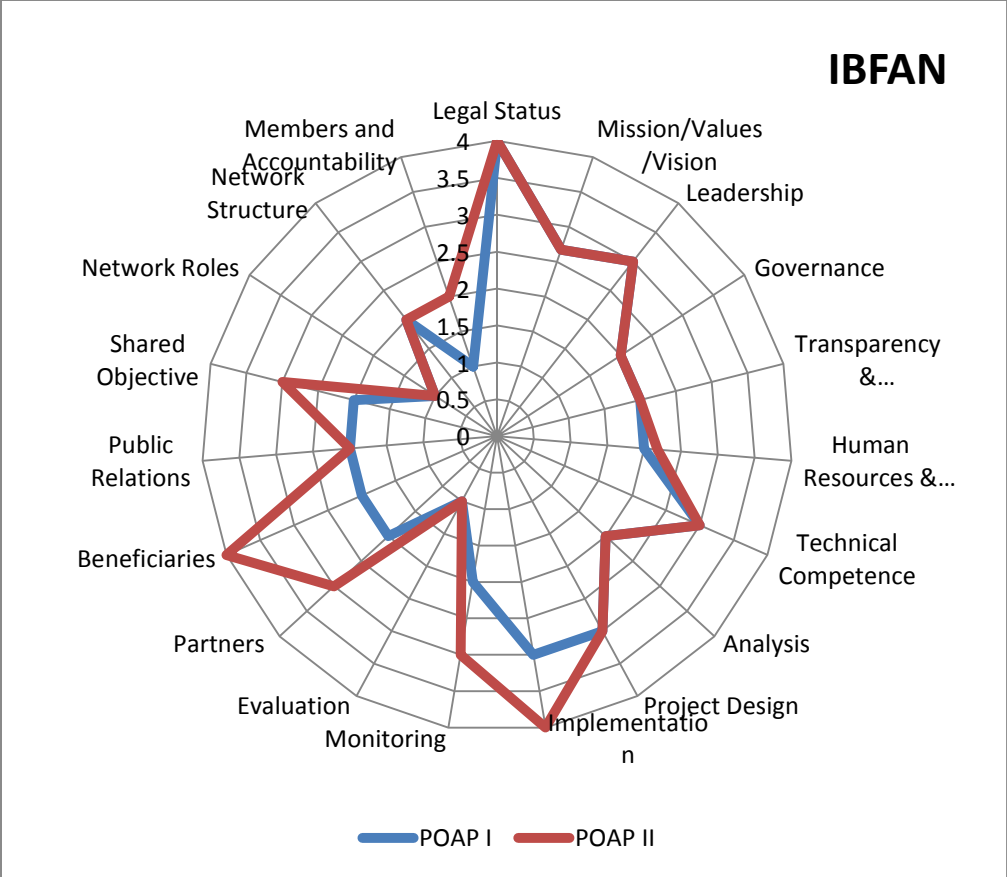


ECoSIDA's improvements were concentrated in three areas: financial/administrative management, technical capacity, and external relations.

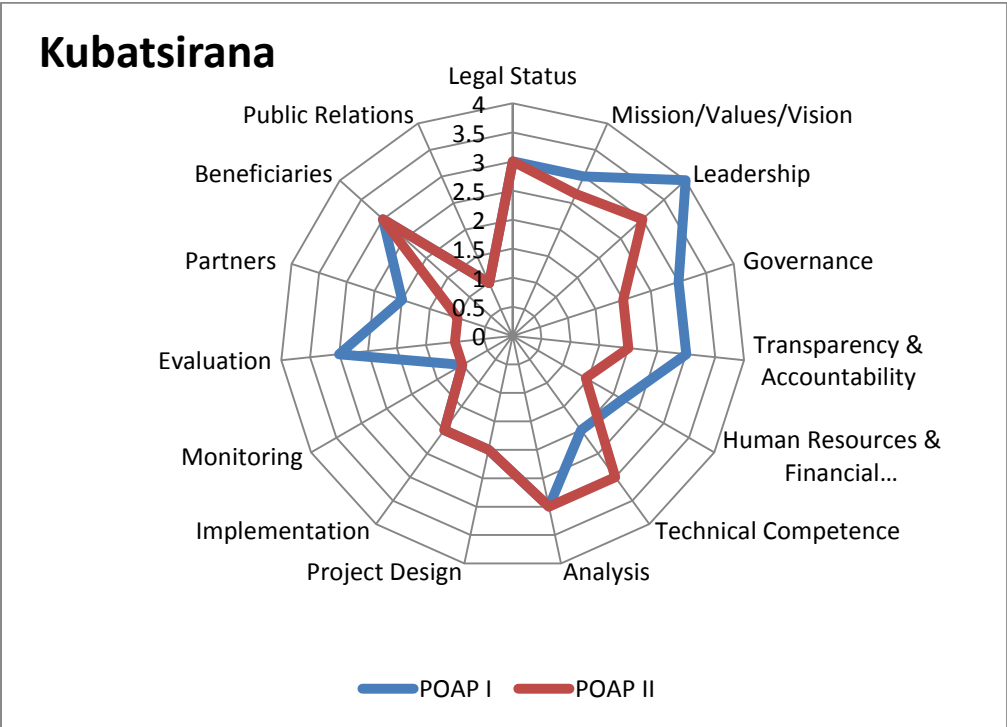
HACI



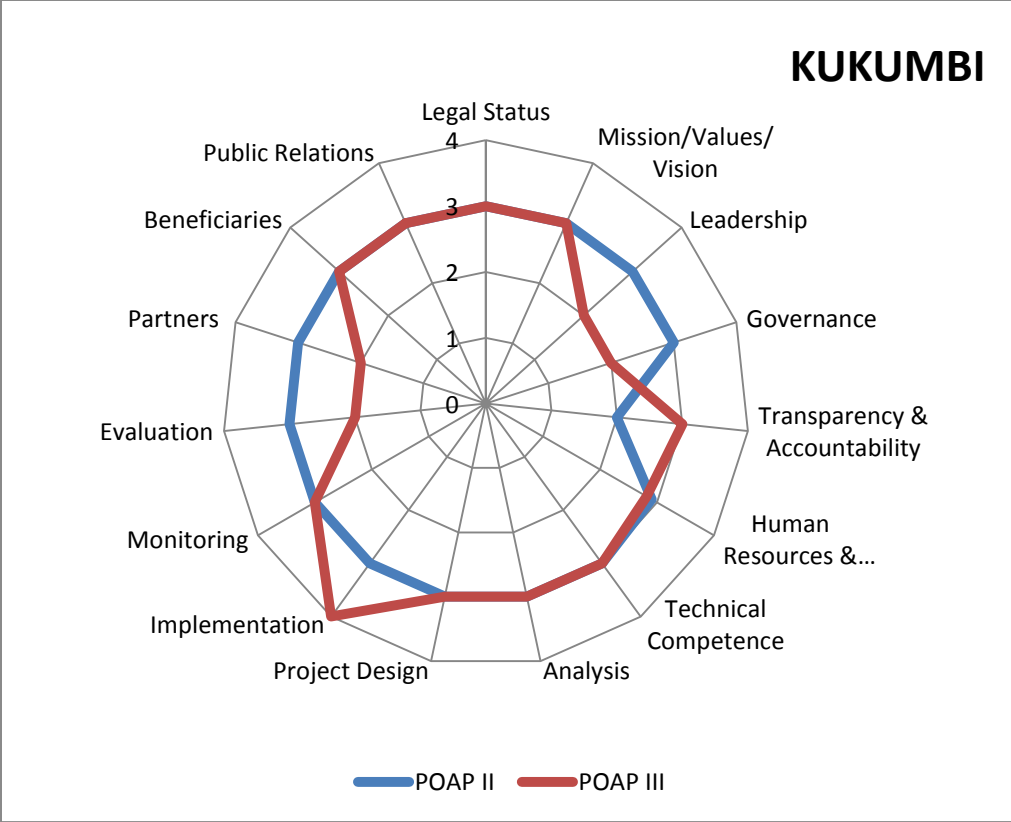
HACI demonstrated growth a range of components from financial/administrative systems to technical capacity to external relations with partners and beneficiaries.



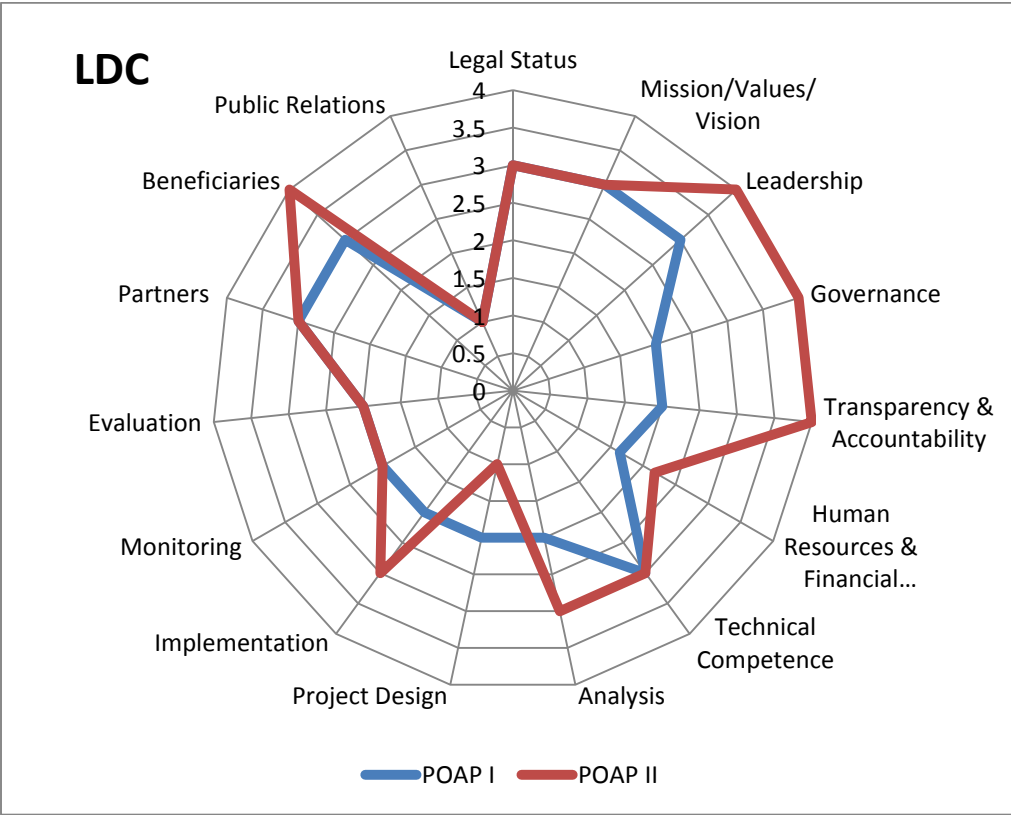
The organization demonstrated strongest growth in work with beneficiaries and implementation.



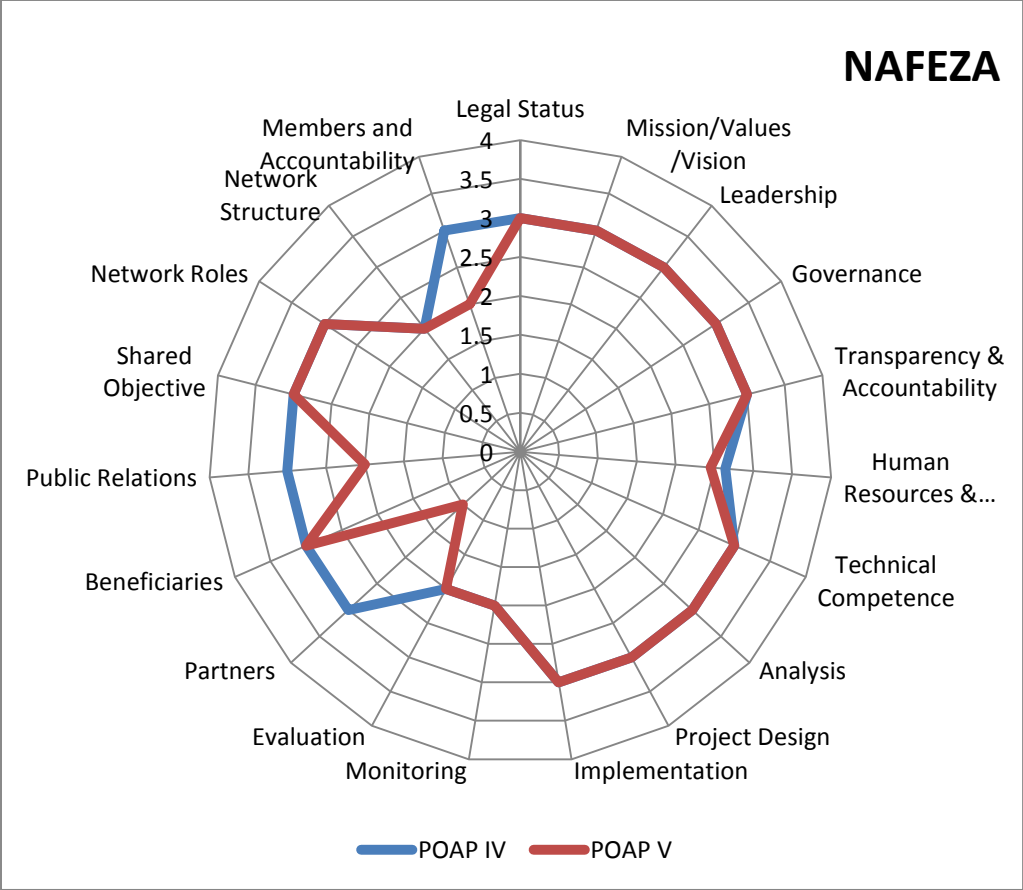
Kubatsirana only demonstrated growth in one area (Technical Competence), which is related to their leadership challenges within the organization. Considerable TA is being provided to Kubatsirana, so it is hoped that this situation will improve soon.



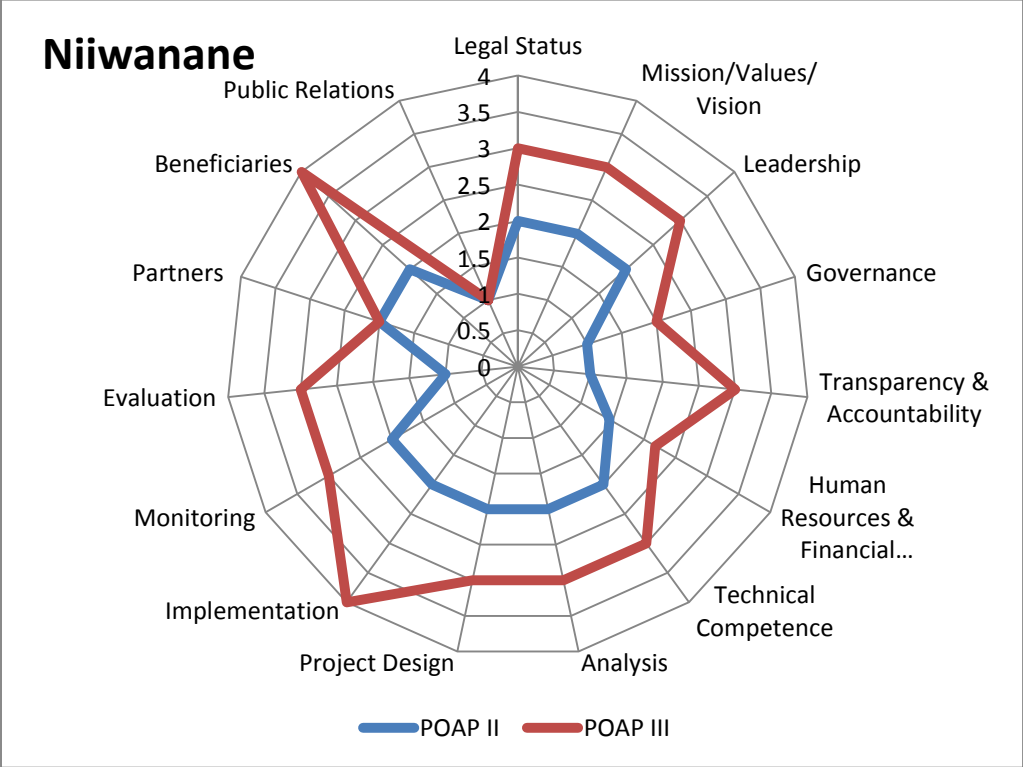
Kukumbi demonstrated outstanding growth in its last POAP, so it is understandable that growth would slow slightly with the last application of the POAP. That said, the organization continued to improve in 5 areas.



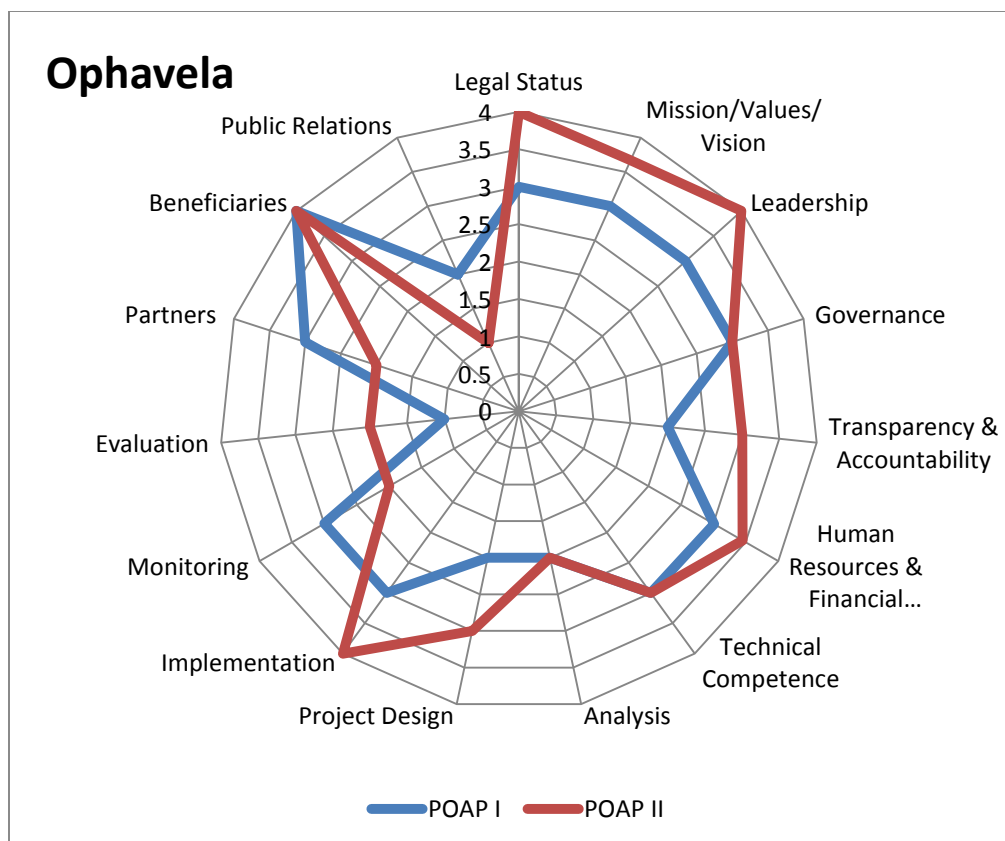
LDC improved in multiple POAP areas between the baseline and follow-up assessments. LDC's improvements span the organizational spectrum, but large gains were made in financial and administrative management and in governance.



NAFEZA participated in its fifth POAP this year, and it is encouraging to see that the organization continues to find ways to improve. Gains were noted in the administrative/financial management spectrum (performance evaluations, internal procedures, budget planning).



Niiwanane demonstrated growth in almost all areas with this third POAP.



Ophavela made solid institutional gains this period, demonstrating growth in most POAP areas.

C. QUALITATIVE RESULTS: SUCCESS STORIES

1. ANDA: Helping One Grandmother Find her way Out of Darkness

In 2003, the life of Magrete Secreta and her two grandchildren was turned upside down. Immediately following the death of her husband she was stripped of all of her worldly possessions. Per custom in Chinhambuzi (Manica Province) where Magrete lives, her husband’s relatives arrived on her doorstep to “take back” everything Magrete and her husband had worked so hard to accumulate during their marriage.

They took her house, her goats, and her chickens. She was left without home, food, or even cooking utensils to prepare the daily meal. Gone was everything she had built together with her husband, and everything she used to care for her two young grandchildren—youth she had cared for since their mother died of AIDS years before. Magrete was left destitute and depressed.

Although a local community leader took pity on Magrete and her grandchildren and found a place for them to stay, the family quickly moved back to her land – all that she had left – due to the poor conditions of the place where they were staying. There on the farm Magrete built a tiny cabana for her small family.

It was in this little cabana that ANDA (Associação Nacional para o Desenvolvimento Auto-Sustentado) found Magrete and her granddaughter and grandson in 2013, when the organization

was identifying families to participate in an OVC project funded by USAID/PEPFAR through CAP Mozambique. Magrete's economic situation had not improved much in the 11 years since her husband's death, and at 71 years of age with increasing responsibilities for her grandchildren, her emotional state had continued to decline. The family ate 1-2 times daily and the children did not have enough money to pay for school materials or uniforms, pay the fees for identification documents in order to sit for exams, and purchase miscellaneous items required throughout the school year. Since the local school was far from Magrete's farm, the oldest grandchild missed many days of school.

It was also discovered that Magrete was not receiving the social security payments she was entitled to, even though she had attempted to register through the government system multiple times. Magrete had high blood pressure, was of poor overall nutritional health, and depressed. She needed those social security payments for basic survival.

ANDA immediately stepped in to take action. The organization negotiated on behalf of Magrete and her family with local leaders and the new owner of Magrete's former home, and succeeded in winning back the portion of land where Magrete had successfully grown plants and fruits in the past. She was able to cordon off that land and use it for her personal use.

ANDA provided Claidi and Doroti, Magrete's grandchildren, with school supplies and uniforms, and secured identification documents for Claidi so that he could sit for his exams. ANDA staff members accompanied Doroti to school and helped her with her homework. ANDA succeeded in getting poverty status for both children, as well as finally getting social security benefits for Magrete. Magrete's family was slowly beginning to see the light after so many years.

ANDA visited the family on a regular basis to provide psycho-social support, homework support to the children, and just check in with the family. Magrete participated in the OVC project's agricultural demonstrations, where she learned to grow vegetables and other products to supplement the family's diet and increase the nutritional quality of their meals.

Magrete began participating in a savings and loan group sponsored by the project, which enable her to grow and sell vegetables. With profits from these sales, Magrete has constructed a small hut for the family, as well as a barn to store goods. The family is now eating three meals a day, and Magrete feels hopeful about the future. She even returned to grow fruit on her old land.

“Before ANDA came to help we only ate one or two times a day, which means that we were poor. Because of everything that happened in my life in the past, I was depressed. But ANDA helped me become hopeful again, and I am proud of the things I have done.”

Claidi now lives in Manica with a family that ANDA helped identify to take him in during the school year. The school near Magrete's home does not reach the 11th grade, so this was Claidi's only chance to study. Both children have identification documents, which creates more stability for them and allows them to participate fully in school. Doroti helps her mother with the farming, but attends school full-time.

“My life was so very hard before, and I was exhausted by all of the suffering,” says Magrete. “I was sad about how little I could do for my grandchildren. Now I feel better that I can provide them with food, an education, and a home that they can feel proud of.”

Note: ANDA received a grant from CAP Mozambique/FHI 360 in 2012 to provide services for OVC and their families in Manica district, Manica province. CAP Mozambique has also provided technical and organizational capacity building for ANDA and 38 other local organizations to strengthen the contribution these key stakeholders play in the fight against HIV/AIDS. ANDA is one of eight organizations that have “graduated” and been recommended for direct funding from USAID.



Caption: Magrete’s former house, in a state of major disrepair.
Consent: Written consent was received from Magrete to use this photograph.



Caption: Magrete’s new home, built with the profits of selling vegetables and participation in a savings and loan group.
Consent: Written consent was received from Magrete and Doroti to use their photograph.



Caption: Vegetables grown by project participants following the agricultural trainings.

Consent: Written consent was received from Magrete and Doroti to use their photograph.

2. “We Found Our Way” - Shingirirai Grows Into a Model PLWHA Association Manica Province, Mozambique

Shingirirai is an association of people living with HIV/AIDS (PLWHA) in Manica province, Mozambique. The story of its origins is similar to that of many other Mozambican associations – a group of people living with HIV/AIDS began conducting home visits to encourage others living with the disease to experience their lives to the fullest. Shingirirai means “encourage” in the local language, and is a fitting motto for the important work the more than 800 members of the association do in their communities.

However, while Shingirirai’s members had first-hand knowledge of how to help others living with HIV/AIDS, they struggled to understand how to effectively manage an association. Says Ezequiel Gomes, Shingirirai Program Manager, “We didn’t think discipline was very important, so staff members showed up whenever they wanted. Meetings were called without any planning. Our files were all mixed up, and our accounting processes didn’t follow any standard policies or procedures.”

Perhaps even more critical, Shingirirai had no clear organizational structure or management systems that clearly delegated responsibilities to staff. The association also did not have proper job descriptions, which led to conflicting functions within the team, and the elected board members were uncertain of their roles and responsibilities.

In 2012, FHI 360’s Community Care Project (PCC) selected Shingirirai to implement activities through its comprehensive community-based, family-centered approach in the district of Chimoio. As a community implementer for this integrated project, Shinguirai offers home-based care (HBC) for People Living with HIV (PLHIV), care and support for OVC, village savings and loan groups, referrals for pre- and post-partum women to PMTCT services, and more. PCC provides critical training and support in key technical areas such as beneficiary assessment, referral to health and other services, developing productive relationships with local health and social services, as well as community leaders. Shinguirirai has heartily embraced each new challenge and is committed to providing effective community services. PCC realized that passion and implementation support alone would only go so far and that stronger organizational systems would improve implementation and enhance sustainability.

PCC identified Shingirirai as a strong candidate to benefit from institutional strengthening support through CAP Mozambique. Through this unique partnership of FHI 360 projects funded through PEPFAR/USAID, Shingirirai engaged in a participatory institutional assessment and received training/technical assistance in key areas to support their institutional growth, while PCC continues supports their technical implementation growth.

Change didn’t necessarily come easy to Shingirirai. Even after receiving training from CAP Mozambique on roles and responsibilities for the association’s governance and executive functions, some of the association’s leaders found it difficult to adapt to their new roles. Board members would continue to give instructions to project staff, creating confusion and conflict with the instructions provided to the same staff by their supervisors. Assuming new roles meant giving up power and influence in addition to learning new ways of doing business. Change was

also expensive and time-consuming – Shingirirai hired two additional administrative staff to ensure appropriate segregation of financial duties and engage in an extensive exercise to gather all of the appropriate pieces of identification to complete human resource files.

“At first we thought these recommendations were just useless demands and we were too lazy to change,” says Rosa Magare, Shingirirai Executive Coordinator. “But now we know that being organized isn’t for CAP, but is for our own good. Thanks to CAP and PCC we got funding for two more projects, one from Dorcas AID and another from RAC/CIP (Reaching Agents of Change/International Potato Center).”

Donors are beginning to look to Shingirirai to implement more projects based on the growth they have achieved over the past few years. “We analyzed Shingirirai’s organizational structure and operational systems and concluded that there is a clear distinction between governance and executive functions, the association follows its policies and procedures, and they presented a good project proposal. In fact, although there is always room to improve, Shingirirai is stronger than the other associations that participated in our grant competition,” says Elias Mundam, RAC/CIP Officer.

Thanks to PCC’s technical support in developing relationships, Shingirirai is also playing a more visible and prominent role within civil society at the provincial level, participating in and leading technical and coordination meetings with government officials and other civil society organizations.

Shingirirai has now entered the second phase of participation in the PCC-CAP partnership for organizational strengthening, and is looking forward to formally approving its revised policies and procedures, defining a five-year strategic plan, and electing new governing bodies through a General Assembly. With these improvements, Shingirirai will become an even stronger force in improving the lives of those living with HIV/AIDS in Manica.

Note: Shingirirai is one of over 45 Mozambican civil society organizations that have received intensive capacity building support through the Capable Partners Program (CAP), implemented by FHI 360, in Mozambique. Supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID, CAP provides leading civil society organizations with intensive technical assistance in organizational development, and, for grantees, funding as well as support in program implementation and financial management. Through this support, CAP helps Mozambican civil society organizations expand their critical role in Mozambique’s HIV/AIDS response.



Caption: Shingirirai members marching for the cause.

Consent: Written consent was received from the first two individuals (the only ones recognizable) to use their photograph.



Caption: Program Manager Ezequiel Gomes with Administrator Marta Miquissene verifying the report for FHI 360/PCC project.

Consent: Written consent was received from both individuals to use their photograph.

3. PPF: Jamila Finds a New Future

Like many orphans, Jamila Viano Alberto Vilankulos has had to make many adjustments in life. The youngest of eight children, Sheila's father died shortly after she was born. Jamila explains, "When my father died we had huge problems. We had to pay rent for the house, even though it had been built by my mother's parents." Then when she was 10, her mother died, and Jamila went to live with her maternal grandparents in a turbulent neighborhood with a high level of crime, early marriage, poverty and high sales of alcohol. Her grandparents gave her love and emotional support, but they also produced and sold homemade alcoholic drinks that created an unhealthy environment for a young person.

When she was 17, Jamila entered Programa Para o Futuro (PPF), a component of the CAP Mozambique program that helps orphans and vulnerable children ages 15-17 gain the skills, knowledge and behaviors needed to transition into healthy and productive adulthoods. Funded through USAID/PEPFAR, PPF consists of a six month learning program, a three month internship, support from a professional e-mentor, and community service activities to enable PPF youth to share what they learned with their peers. The program's integrated curriculum builds employability skills, teaches information and communication technology, reinforces basic education skills, promotes healthy behaviors relating to reproductive health, nutrition, sanitation, and drugs/alcohol, and fosters gender equity.

She remembers the moment when PPF *activistas* visited her home to ask questions about her and her grandparents. She was struck with both fear and delight – perhaps here was a chance for her to become something more. Shortly thereafter, Jamila entered the PPF program, and was surprised by PPF's project-based learning methodology, where students work in small groups to learn new skills and knowledge by carrying out projects based on real situations in their communities. "I thought that I was going to wait to listen to what the professor said," explained Sheila. "I was not aware that my ideas and those of my colleagues were valid in the learning process. At the beginning, I was embarrassed, but later I was captivated because PPF opened a new way of being and thinking with groups of people."

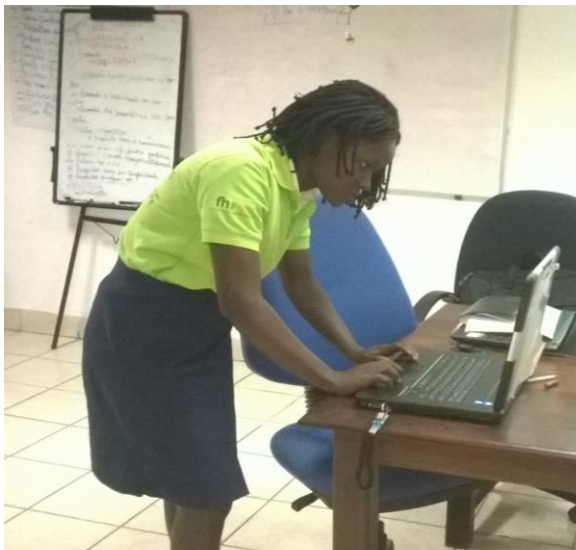
"In the first week, I was already impacted . . . we were introduced to talking about ourselves, talking deeply about the importance of personal hygiene, about how to use diverse learning materials in the classroom, about how to do simple things like how to clean the classroom and how to meet commitments to the program," says Sheila.

One important aspect of the program that positively affected Jamila was learning to use computers and modern technology to become a successful professional in the 21st century. Another important factor was learning "professional posture" – the way to behave in the workplace, and the way to speak to professionals. She remarked on the importance of her e-mentor, whom she says "was of great importance to me so I could learn about the challenges that exist in a professional life." During the internship that PPF arranged, she notes "I was praised for my performance, my way of being at the office and the language I used with my supervisors and clients. My success in the internship was due to what PPF taught me about professional posture and the way to communicate at work."

Jamila also learned about HIV/AIDS, drugs and alcohol, and stigma and discrimination. These topics touched Jamila deeply because they are so much a part of her daily life. The topic of stigma brought back very difficult memories: “I remember when my father’s family kicked us out of the house and our neighbors rejected us. I was angry and depressed whenever I thought about this experience; but when we discussed stigma during the learning session, I began to understand different facets of stigma and discrimination and how to confront different situations (in my own life),” said Sheila. In the past when she felt discriminated against, she used to respond with anger. Now, she talks with those individuals calmly, helps them see how their actions impact people in their community, and is usually able to change this negative behavior.

Before entering PPF, Jamila dreamed of becoming a hairdresser like other girls in her neighborhood. During the sessions about career plans at PPF, she discovered other possibilities. She decided to continue to study so she could have options. “I am going to be a good teacher like Kalida,” Jamila commented about one of the PPF facilitators. Jamila is currently in ninth grade in the pre-university school Samora Machel in the distance-learning program.

Today, Jamila feels good at home with her grandparents. She thinks PPF gave her important skills for living in the turbulent environment where her home is located. Her self-esteem is much higher, and she is now able to share what she learned with others. When Jamila participated in the replication sessions with youth in her neighborhood, she was able to turn what was a challenge in her life into an opportunity to help others as she talked to her peers from personal experience about negative impact of drugs and alcohol.



Caption: Jamila completing an assignment during class at Programa para o Futuro.

Consent: Written consent was received from Jamila and her legal guardian to use her photograph.

XIII. Major Implementation Issues

During this reporting period, there were several periods when political instability in Sofala Province prevented us from monitoring CCM-Sofala's activities. Fortunately, CCM-Sofala was able to continue its work as the community activities are facilitated by local *activistas*. CCM-Sofala has historically been a strong performer, so we are not worried about the quality of activities.

This reporting period has been particularly turbulent, as indicators and definitions are being discussed and adjusted on a rolling basis. While we understand the reasons behind the changes, the manner in which they have been implemented does have implications and costs. We describe this below to raise awareness, in hopes that the system can be adjusted in the future to allow for a more proactive approach to adjusting indicators. For CAP Mozambique to effectively implement changes to report on an indicator, definition or disaggregation, it requires that we understand, clarify and interpret the new information, update the data collection, data aggregation, and reporting tools at the partner level and at CAP, train partner staff, monitor training of *activistas*, verify use of the tools, monitor and often repeat training of application of the tools. When changes are announced with advance warning, as was done for GBV, it allows us sufficient time to plan the adjustments. As such we can determine the best time to introduce changes – for example, when *activista* trainings are already planned, when a modification or workplan adjustment is already programmed for an individual Partner, and/or when a TA visit is already scheduled – so that the incremental costs of the change are minimal. When changes are announced for activities already underway and results already being achieved, it creates much more turbulence. It can affect results (as with the change from most-at-risk-populations to key populations), is often disruptive, and means additional costs as staff, travel and resources must be mobilized quickly to change, re-train, or re-verify. In such periods of urgency, the priority becomes getting reliable data quickly, as opposed to building the capacity of organizations to make these adjustments on their own.

As part of our quality control systems, data and reports are reviewed a minimum of two times before being submitted. This means that quasi-final versions are prepared well in advance of the deadline. When changes and reporting requirements arrive at the last minute, it requires double-work, sometimes more, if we need to return to source data to provide the specificity needed with any level of accuracy.

XIV. Collaboration with other Donor Projects

We collaborated with other donors and USG-funded organizations implementing projects in a number of ways. CHASS SMT and SCIP Zambezia have provided training in treatment literacy for some CAP Partners, who also observed adherence and retention activities to learn about what was needed. Collaboration with SCIP Zambezia, SCIP Nampula, FGH or ICAP has either been difficult or dropped off as these other entities face budget cuts and new priorities for their counseling and testing activities. The partnership with UNICEF and VP Health, a private sector company, moved forward to allow CAP Partners to pilot new technology to facilitate the collection and analysis of CSI data. Since PATH has obtained funding from the Hilton Foundation for collaboration in FY 2015 on Early Child Development TA for CAP Mozambique OVC Partners, we are moving forward in developing an agreement. **PATH has started work in**

Maputo Province and intends to expand to Manica province. However, the work in Manica province still depends on USAID funding, which will be negotiated pending the outcome of COP 14 discussions. In addition, CAP Mozambique continues to collaborate with Tear Fund to support Kubatsirana through its current leadership crisis; we are supporting the organization-wide financial audit for Kubatsirana in collaboration with Tear Fund and other donors.

XV. Evaluation/Assessment Update

CAP and the subcontractor for the CAP Prevention Endline Survey, HIM, jointly obtained ethics approvals from the Mozambican Bioethics Committee and International Review Board to initiate the CAP Prevention Endline Survey. Field work began in July, with data entry initiating in September. Early in the next reporting period, analysis of the quantitative and qualitative results will begin, with a preliminary feedback session scheduled for October. The final report, expected in November, will be shared with USAID. We had hoped to have results this reporting period and expected that sub-contracting with a regional firm would bring better results in terms of deadlines. However, the subcontractor has presented several delays in the process. In the end, we decided it was more important to ensure quality, reliable data than to maintain the deadlines. So, the results will be analyzed for the next report.

XVI. Upcoming Plans

- Conclude agreement with Kukumbi and provide TA in starting-up an OVC award if USAID approval is obtained.
- Close-out CBSCT/ Prevention activities in line with guidance from the mission regarding future funding scenarios.
- Ensure that VSL groups established during this reporting period consolidate their learning and adhere to optimal practices, and support subsequent organic growth of VSL groups.
- Continue to strengthen Partners' ability to contribute to treatment adherence via HIV care and treatment defaulter tracing and supporting positive treatment behavior through debate sessions. CAP Mozambique will also explore ways to support formation of GAACs.
- Pilot electronic CSI tool to better analyze project impact and future planning for OVC interventions.
- Evaluate integration of GBV screening in HIV prevention and OVC interventions, report on findings and, if possible, expand the intervention.
- Focus Organizational Development support for Partners on remaining key aspects that need to be improved for sustainability and growth while working with OD clients to further strengthen more basic needs such as Policy and Procedures manuals and internal controls.
- Maintain momentum achieved in Fiscal Councils' development to consolidate emerging good practices such as internal Policy and Procedures compliance reviews, regular scheduling and documenting of meetings, implementation oversight and report reviews. OD clients will learn from being exposed to and interact with more mature Fiscal Councils.
- Continue to support Partners to develop and implement a structured and systematic approach to resource mobilization.

- Reinforce TA to Boards on reviewing salary policies.

XVII. Financial Information

See Annex 28 CAP Mozambique July - September 2014 Financial Information.

Total expenses April 1, 2014 – September 30, 2014:

Total projected expenditures October 1, 2014- March 31-2015: \$ 4,089,100

Projected expenditures amount does not include obligations that will be outstanding to partners as of April 30, 2015, only expenditures.

See Annex 29 CAP Mozambique July - September 2014 GBV Financial Information.

Total expenses April 1, 2014 – September 30, 2014:

Total projected expenditures October 1, 2014- March 31-2015:

Projected expenditures amount does NOT include obligations that will be outstanding to partners as of April 30, 2015, only expenditures.

CURRENT GRANTS										
Sub Partner Name: Local/Portuguese	Grant Number	Type of Organization	Geographic Focus of the Organization	Geographic Area	PEFPAR Area	Start Date	End Date	Approved Budget MTN	Budget USD (1 USD=31 MTN)	Longevity with CAP II
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-RFA10.05-CCMS-02	Faith-Based/Network	Provincial	Sofala	Prevention	7/1/2011	5/31/2015	31,857,426	\$1,027,659	CAP II Partner since 10/2009
Hope for African Children Initiative (HACI)	3253-17-RFA10.01-11-HACI-02	Local NGO	National	Maputo (city and province), Manica Province	OVC	6/1/2011	4/30/2016	62,384,867	\$2,012,415	CAP II Partner since 10/2009
International Breastfeeding Action Network (IBFAN)	3253-07-SS-10-AMODEFA-01	Local NGO/Network	National	National	Systems Strengthening	9/1/2010	4/30/2016	25,906,935	\$835,708	CAP II Partner since 1/2010
Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA10.04-11-NIIWANANE-01	Community-Based	District	Nampula	OVC	12/1/2011	4/30/2016	12,565,677	\$405,344	CAP II Partner since 5/2010
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) MARP	3253-17-RFA10.05-ANDA-01	Local NGO	Provincial	Manica	Prevention	4/2/2012	2/28/2015	11,295,626	\$364,375	CAP II Partner since 4/2012
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) OVC	3253-17-RFA10.05-ANDA-02	Local NGO	Provincial	Manica	OVC	6/1/2013	4/30/2016	19,122,379	\$616,851	CAP II Partner since 4/2012
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA10.05-NAFEZA-02	Local NGO	Provincial	Zambezia	Prevention	5/1/2012	1/31/2015	13,455,334	\$434,043	CAP II Partner since 9/2009
Organização de Desenvolvimento Rural (KUKUMBI)	3253-17-RFA10.05-KUKUMBI-01	Local NGO	Provincial	Zambezia	Prevention	5/1/2012	4/30/2015	14,310,546	\$461,631	CAP II Partner since 5/2012
Organização de Desenvolvimento Rural (KUKUMBI)	3253-17-SS-KUKUMBI-02	Local NGO	Provincial	Zambezia	OVC	11/1/2014	10/31/2015	4,363,333	\$140,753	CAP II Partner since 5/2012
Associação para o Desenvolvimento Sócio Económico (OPHAVELA)	3253-17-RFA10.05-OPHAVELA-01	Local NGO	National	Nampula	Prevention	9/10/2012	4/30/2015	15,071,182	\$486,167	CAP II Partner since 9/2012
Kubatsirana - Associação Ecuménica Cristã	3253-17-APS11.02-12-KUBATSIRANA-01	Local NGO	Provincial	Manica	OVC & HBC	11/1/2012	12/31/2014	11,304,869	\$364,673	CAP II Partner since 11/2012
CLOSED GRANTS										
Sub Partner Name: Local/Portuguese	Grant Number	Type of Organization	Geographic Focus of the Organization	Geographic Area	PEFPAR Area	Start Date	End Date	Final Budget MTN	Budget USD (1 USD=30 MTN)	Reason for End of Grant
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-CAPI-09-ADC-01	Community-Based	District	Sofala	Prevention	8/3/2009	8/31/2011	4,372,402**	\$141,045	Completed Award
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-RFA10.05-ADC-02	Community-Based	District	Sofala	Prevention	9/1/2011	10/31/2013	10,270,111**	\$354,745	Completed Award
Associação dos Deficientes de Moçambique (ADEMO)	3253-17-APS001-10-ADEMO-01	Community-Based	District	Nampula	Prevention	5/17/2010	11/30/2011	1,193,894**	\$38,513	Completed Award

Annex 1: Grant Agreement Status Chart - RESUBMITTED February 15, 2015

Ajuda Desenvolvimento Povo para Povo (ADPP)	3253-17-RFA10.03-11-ADPP-01	Local NGO	National	Nampula	Prevention	3/1/2012	4/30/2013	11,313,268**	\$364,944	Ended early due to shift in PEPFAR priorities
Associação dos Jovens de Nacala (AJN)	3253-17-RFA10.04-11-AJN-01	Community-Based	Provincial	Nampula	OVC	7/16/2012	4/30/2013	2,867,533***	\$92,501	Ended early due to shift in PEPFAR priorities
Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-APS001-09-AJULSID-01	Local NGO	Provincial	Sofala	Prevention	10/1/2009	3/31/2011	1,931,829**	\$64,394	Completed Award
Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-RFA10.05-AJULSID-02	Local NGO	Provincial	Sofala	Prevention	8/1/2012	10/31/2013	4,990,907**	\$166,364	Ended early due to shift in PEPFAR priorities
Associação Moçambicana Mulher e Educação (AMME)	3253-17-APS001-09-AMME-01	Local NGO	Provincial	Zambezia	Prevention/OVC	11/1/2009	3/31/2012	2,551,955**	\$82,321	Completed Award
Associação Moçambicana Mulher e Educação (AMME)	3253-17-RFA10.05-AMME-02	Local NGO	Provincial	Zambezia	Prevention/OVC	4/1/2012	12/31/2013	9,168,119**	\$295,746	Ended early due to shift in PEPFAR priorities
Associação de Mineiros Moçambicanos (AMIMO)	3253-17-APSOO I-09-AMIMO-0 1	Local NGO	National	Maputo province	Prevention	11/1/2009	8/14/2010	844,712**	\$27,249	Terminated for financial misconduct or poor performance
Associação Moçambicana para a promoção da Rapariga (AMORA)	3253-17-APS001-10-AMORA-01	Community-Based	District	Nampula	Prevention	5/17/2010	12/31/2011	1,174,582**	\$37,890	Completed Award
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-RFA003-07-ANEMO-02	Local NGO	National	National	Care and Treatment + Treatment Adherence	1/1/2010	6/30/2011	9,237,247**	\$297,976	Completed Award
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-ANEMO-03	Local NGO	National	National	Care and Treatment + Treatment Adherence	12/1/2011	2/28/2013	8,813,234**	\$284,298	Completed Award
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-ANEMO-04	Local NGO	National	National	Care and Treatment + Treatment Adherence	3/1/2013	9/30/2013	2,615,260**	\$84,363	Completed Award
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-APS001-09-CCM-01	Faith-Based/Network	Provincial	Sofala	Prevention	10/1/2009	6/30/2011	2,713,026**	\$89,517	Completed Award
Conselho Cristão de Moçambique-Zambezia (CCM-Zambezia)	3253-17-RFA10.01-11-CCMZ-01	Faith-Based/Network	Provincial	Zambezia	OVC	10/3/2011	12/3/2013	6,609,306***	\$213,203	Terminated for financial misconduct or poor performance
Comité Ecuménico para o Desenvolvimento Social (CEDES)	3253-17-RFA10.05-CEDES-01	Faith-Based	National	Sofala	Prevention	7/2/2012	12/31/2013	4,828,856**	\$155,770	Ended early due to shift in PEPFAR priorities
Conselho Islâmico de Moçambique (CISLAMO)	3253-17-APS001-09-CISLAMO-01	Faith-Based	National	Maputo City	Prevention	1/1/2010	12/16/2010	514,442**	\$16,595	Terminated for financial misconduct or poor performance
Comunidade Moçambicana de Ajuda (CMA)	3253-17-APS11.02-12-CMA-01	Local NGO	Provincial	Maputo Province	Prevention (MARP)	12/1/2012	4/30/2013	458,999**	\$14,806	Ended early due to shift in PEPFAR priorities
Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária (ECoSIDA)	3253-17-RFA11.01-ECOSIDA-01	Local NGO	National	Maputo (city and province), Sofala, Manica, Nampula, Zambezia	Prevention	7/2/2012	12/31/2013	15,575,376**	\$502,431	Completed Award

Annex 1: Grant Agreement Status Chart - RESUBMITTED February 15, 2015

Fórum Nacional de Rádios Comunitárias de Moçambique (FORCOM)	3253-17-APS001-09-FORCUM-01	Local NGO	National	Maputo (city and province)	Prevention	10/1/2009	6/30/2011	2,502,655**	\$80,731	Completed Award
Associação para a Promoção do Emprego (Get Jobs)	3253-17-RFA003-07-GetJobs-02	Local NGO	National	Maputo City	Prevention	1/1/2010	12/31/2010	1,880,356**	\$60,657	Completed Award
Hope for African Children Initiative (HACI)	3253-17-RFA002-09-SAVE/HACI-01	Local NGO	National	Maputo (city and province), Manica Province	OVC	10/1/2009	5/31/2011	N/A	\$173,791***	Completed Award
Organismo de Desenvolvimento Socioeconómico (KULIMA)	3253-17-RFA003-07-KULIMA-02	Local NGO	National	Maputo (province)	Prevention	4/1/2010	3/31/2011	1,725,629**	\$55,665	Completed Award
Liga dos direitos da Criança da Zambézia (LDC)	3253-17-APS11.02-12-LDC-01	Local NGO	Provincial	Zambezia	OVC	11/1/2012	8/8/2014	6,008,769***	\$193,831	Terminated for financial misconduct or poor performance
Movimento de Mães Intercessoras Contra HIV e SIDA (MMICHS)	3253-17-RFA003-07-MMICHS-02	Faith-Based	National	Maputo and Sofala	Prevention	4/1/2010	3/31/2011	1,154,919**	\$37,255	Completed Award
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA04-09-Nafeza-01	Local NGO	Provincial	Zambezia	Prevention	9/7/2009	9/30/2011	3,383,891**	\$109,158	Completed Award
Solidariedade da Zambézia - Delegação de Nampula (Solidariedade)	3253-17-APS001-10-Solidariedade-01	Community-Based	Provincial	Nampula	Prevention (& OVC)	9/13/2010	9/12/2011	1,167,539**	\$37,663	Completed Award
Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-CAPI-09-SOFALA-01	Local NGO/Network	National	Sofala	Prevention	8/3/2009	7/31/2011	4,654,603***	\$150,148	Completed Award
Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-RFA10.05-MONASO-S-02	Local NGO/Network	National	Sofala	Prevention	8/1/2011	12/15/2012	4,602,942**	\$148,482	Terminated for financial misconduct or poor performance
Monaso Rede Moçambicana de Organizações contra a SIDA - Delegação de Nampula (MONASO-Nampula)	3253-17-RFA04-09-MONASO/Nampula-01	Local NGO/Network	National	Nampula	Prevention	9/7/2009	4/18/2010	88,533**	\$2,856	Terminated for financial misconduct or poor performance
Monaso Rede Moçambicana de Organizações contra a SIDA - Delegação de Zambézia (MONASO-Zambézia)	3253-17-RFA04-09-MONASO/Zambézia-01	Local NGO/Network	National	Zambezia	Prevention	9/7/2009	1/21/2010	165,657**	\$5,344	Terminated for financial misconduct or poor performance
Associação para o Desenvolvimento da Criança e Educação da Rapariga (NAMUALI)	3253-17-APS001-09-NAMUALI-01	Community-Based	Provincial	Zambezia	Prevention	11/1/2009	8/28/2010	468,137**	\$15,101	Terminated for financial misconduct or poor performance
Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA004-10-NIIWANANE-01	Community-Based	District	Nampula	Prevention (& OVC)	5/17/2010	11/30/2011	1,267,384**	\$37,658	Completed Award
N'weti Comunicação para Saúde (N'WETI)	3253-17-RFA10.03-11-NWETI-01	Local NGO	National	Nampula	Prevention	8/1/2011	10/31/2013	35,196,365**	\$1,135,367	Completed Award
Organização Nacional de Professores (ONP)	3253-17-APSOOI-09-ONP-01	Local NGO	National	Maputo (city and province)	Prevention	11/1/2009	7/5/2010	1,966,193***	\$63,426	Terminated for financial misconduct or poor performance

Annex 1: Grant Agreement Status Chart - **RESUBMITTED February 15, 2015**

Rede Contra o Abuso de Menores (REDE CAME)	3253-17-RFA10.02-11-REDECAME-01	Local NGO/Network	National	Maputo (province), and Manica	OVC	11/1/2011	4/30/2013	9,186,050**	\$296,324	Ended early due to shift in PEPFAR priorities
Rede Nacional Contra Droga (UNIDOS)	3253-17-APS001-09-REDE-01	Local NGO/Network	National	Maputo City	Prevention	10/1/2009	5/31/2011	2,391,309**	\$77,139	Completed Award

** Value at final close-out of award.

*** Estimated final value at close-out of award. Close-out still in progress.

CAP Mozambique Partner Profiles
 March 1, 2014 – August 31, 2014

This chart presents award details and progress in implementation for each CAP Mozambique grantee.

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
CBSCT/ Prevention Graduated	Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – Key Populations Award Ceiling: 11,295,626 MTN (\$376,521) Period of Performance: April 2, 2012 – February 28, 2015	ANDA contributes to reducing the risk of HIV infection among students and teachers, truckers, commercial sex workers, and practitioners of transactional sex in the Districts of Manica and Gondola, Manica Province. Geographic Targets: Districts of Manica and Gondola (Manica Province)	<ul style="list-style-type: none"> Continued to project films and facilitating discussions with truck drivers and commercial sex workers (CSWs); Continued to test truck drivers and CSWs for HIV and referred them to services where necessary, using ANDA DPS-trained <i>activistas</i> instead of SDSMAS personnel; Involved community leaders in an on-air debate broadcast from Community Radio Macequece studios. The program informed listeners about the law prohibiting minors access to nightclubs and other spaces where alcohol is consumed; Rectified its contractual practices to be compliant to Mozambican Labor law. New practices were included in the final version of the Human Resources and Admin and Finance manuals. All policies have been approved by the Board of Directors. ANDA's policies are also compliant with USAID requirements; Demonstrated significant growth in sound governance. The Fiscal Council was the first CAP Partner to carry out a spot check on its procurement files; and Developed and began to implement a systematic resource mobilization strategy.
CBSCT/ Prevention Graduated	Organização de Desenvolvimento Rural (Kukumbi) Award Ceiling: 14,310,546 MTN (\$477,018) Period of Performance: May 1, 2012 – April 30, 2015	Kukumbi contributes to the reduction of the spread of HIV among adolescents and young people in the Districts of Mocuba, Nicoadala and Milange. Geographic Targets: Zambézia Province, District of Mocuba (Communities of Mugeba, Mulevane and Alto Benfica), District of Nicoadala (Communities of Nicoadala Sede, Botão and Namacata)	<ul style="list-style-type: none"> Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with teenagers, young adults and community leaders; Expanded debate sessions manuals to include HIV care and treatment, particularly treatment adherence, family planning (FP) and masculinity norms with the aim to strengthen demand for treatment and FP services and create awareness of the impact of masculinity norms. Trained all facilitators on the contents of the new sessions, refreshed knowledge of facilitation techniques, and initiated use of the new manual. Successfully increased community leaders' support from HIV prevention activities by more intensive interaction with community leaders.

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<ul style="list-style-type: none"> Continued to receive condoms from DPS and Provincial AIDS Council for distribution during sessions and in communities; Screened “<i>Quebrando barreiras</i>” for community members followed by debates; Continued to mobilize session participants and community members for HTC offered by USAID/PEPFAR funded SCIP; Initiated community based HTC in communities not covered by the collaboration with SCIP with two DPS accredited counselors; Conducted an exchange visit with SCIP to learn more about HIV care and treatment defaulters tracing; Initiated HIV care and treatment defaulters tracing and community based HTC; and Finalized negotiations with DPS to recruit DPS accredited HIV counselors and obtain HIV test kits for community based HTC. Included a disposal policy in the final version of the Admin and Finance Policies and Procedures to ensure transparency of disposal of assets. The Board of Directors approved Human Resources and the Admin and Finance Manual. Adopted a new chart of accounts to improve financial control and reporting which enables the organization to migrate from cash to accrual accounting system. Developed and initiated use of staff performance management tools. All staff has signed annual performance objectives.
CBSCT/ Prevention Graduated	Núcleo das Associações Femininas de Zambézia (NAFEZA) Award Ceiling: 13,455,334 MTN (\$448,511) Period of Performance: May 1, 2012 – January 31, 2015	NAFEZA aims to contribute to the reduction of the risk of HIV infection among adolescents, young people and couples in communities identified in the Districts of Nicoadala and Inhassunge. Target groups include pre-adolescents aged 10 to 14 years old, teens aged 15 to 17 years, youth aged 18 to 25 years, and married people over 18 years old. Geographic Targets: Zambézia Province, District of Inhassunge (Localities of Mucopia, Mussangane and Abreu), District of Nicoadala (Localities of Bilila, Nanthide and Mutchessane)	<ul style="list-style-type: none"> Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with teenagers, young adults and community leaders; Expanded debate sessions manuals to include HIV care and treatment, particularly treatment adherence, family planning (FP) and masculinity norms with the aim to strengthen demand for treatment and FP services and create awareness of the impact of masculinity norms. Trained all facilitators on the contents of the new sessions, refreshed knowledge of facilitation techniques, and initiated use of the new manual. Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with teenagers, young adults and community leaders; Screened “<i>Quebrando barreiras</i>” for community members followed by debates; Continued to mobilize session participants and community members for HTC offered by USAID/PEPFAR funded SCIP;

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<ul style="list-style-type: none"> • Initiated community based HTC in communities not covered by the collaboration with SCIP with two DPS accredited counselors; • Conducted an exchange visit with SCIP to learn more about HIV care and treatment defaulters tracing; • Initiate HIV defaulters care and treatment tracing; • Developed and started implementing a detailed resources mobilization strategy; • Develop GBV response protocol with HPP support; • Initiated GBV screening in Nicoadala in collaboration with community leaders, the health center, the police and justice; and • Successfully completed negotiations with DPS to recruit accredited HIV counselors to conduct HTC and HIV defaulters tracing and to obtain HIV test kits. • Approved Human Resources and Admin and Finance Policies and Procedures. The PPs are compliant with USAID requirements and include a Code of Ethics and a sexual harassment in the workplace clause; • Demonstrated growth in governance. The newly elected Fiscal Council is now appropriately executing its oversight function. In order to improve its ability to review and comments on project documentation, the Fiscal Council and Board of Directors are conducting field visits to better understand the nature of NAFEZA's work; • Introduced a system to monitor and manage more transparently membership fee payments; and • NAFEZA developed and is implementing a resource mobilization strategy.
CBSCT/ Prevention Graduated	Associação para o Desenvolvimento Socio-Económico (OPHAVELA) Award Ceiling: 15,071,182 MTN (\$502,373) Period of Performance: September 10, 2012 – April 30, 2015	OPHAVELA contributes to reducing the high risk of HIV infection among OPHAVELA beneficiaries in the Districts of Meconta, Ribaua and Murrupula (Nampula). The project focuses on men and women 18-50 years old and community leaders. Geographic Targets: Nampula Province, Meconta, Ribaua, and Murrupula districts	<ul style="list-style-type: none"> • Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with Village Savings and Loan (VS&L) group participants, and community leaders; • Expanded debate sessions manuals to include HIV care and treatment, particularly treatment adherence and masculinity norms; • Initiated use of the new manual and strengthening demand for additional services, including HIV treatment and SRH after training all facilitators on the contents of the new sessions and facilitation techniques; • Screened “<i>Quebrando Barreiras</i>” for community members followed by debates; • Continued to receive condoms from DPS and Provincial AIDS Council for distribution during sessions and to fixed sites in communities; • Initiated HTC in communities in Murrupula in coordination with counselors from local health facilities;

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<ul style="list-style-type: none"> Finalized agreement with USAID/PEPFAR funded SCIP Nampula to conduct community based HTC. Earlier agreements between Ophavela and SCIP were not honored by SCIP. CAP senior management advocated with SCIP's senior management to mitigate. Ophavela will mobilize debate sessions participants again and SCIP will provide HTC and referrals to care and treatment where appropriate; Trained activists on HIV defaulter tracing and organized an exchange visit with SCIP to observe good practices with SCIP Nampula. Ophavela will start tracing HIV defaulters in the next reporting period; and Prepared a cost extension plan and budget proposal nearly independently. Demonstrated growth in governance. Ophavela's Fiscal Council was the first of CAP's partners to conduct an internal Policies and Procedures Compliance Review. It also monitors implementation of General Assembly decisions; Approved Human Resources Policy and Procedures that include a performance management system. Ophavela's Admin and Finance Policies and Procedures are USAID compliant; and Improved significantly its internal control systems.
CBSCT/ Prevention Graduated	<p>Conselho Cristão de Moçambique, Delegação de Sofala (CCM-S)</p> <p>Award Ceiling: 31,857,426 MTN (\$1,061,914)</p> <p>Period of Performance: July 1, 2011 – May 31, 2015</p>	<p>CCM-S works with adolescents and youth ages 12-17 years to promote positive behavior change, with married couples ages 18-45 years to support positive behavior changes in themselves and their children, and community leaders.</p> <p>Geographic Targets: Sofala Province, Buzi District (District Capital and all neighborhoods, also Administrative Post of Guara-Guara). Machanga District (District Capital and all neighborhoods and community of Chinhuque). Chemba District (District capital and all neighborhoods and community of 3 de Fevereiro).</p>	<ul style="list-style-type: none"> Continued to implement debate sessions and mobilize religious and community leaders well and exceed annual targets. Debate sessions with youth and married couples addressed abstinence and fidelity respectively. GBV was addressed with all target groups. CCM-S integrated "Quebrando Barreiras" films in sessions to stimulate the debate; Expanded debate sessions manuals to include HIV care and treatment, particularly treatment adherence, Sexual and Reproductive Health and masculinity norms; Initiated use of the new manual and strengthening demand for additional services, including HIV treatment and SRH after training all facilitators on the contents of the new sessions and facilitation techniques; Continued to sensitize religious leaders to promote religious weddings and formal marriages amongst their church members; Continued to mobilize for HTC, with the support of SDSMAS and USAID/PEPFAR supported clinical partners CHASS-SMT; Trained facilitators and supervisors on HIV care and treatment defaulters tracing in collaboration with CHASS SMT. After the training, CCM-S conducted an exchange visit with CHASS SMT community partner Kugarissica to observe HIV care and treatment defaulters good practices; Initiated HIV defaulters care and treatment tracing; Developed and started implementing a detailed resources mobilization

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<p>strategy;</p> <ul style="list-style-type: none"> Improved project management by improving delegation of duties; Revised Statutes, Mission, Vision and Value statements, Human Resources and Admin and Finance Policies and Procedures manuals and governance structures that did not comply with Mozambican law. When CCM-S requested approval from its Headquarters, the latter requested CAP Mozambique to clarify the necessity of the modifications. Based on the explanations provided, CCM decided to adopt and make applicable the new Statutes, statements, Policy and Procedures manuals and governance structures to all provincial delegations.
<p>Orphans and Vulnerable Children (OVC)</p> <p>Graduated</p>	<p>Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – OVC</p> <p>Award Ceiling: 19,122,379 MTN (\$637,413)</p> <p>Period of Performance: June 1, 2013 – April 30, 2016</p>	<p>ANDA-OVC contributes to reducing the high vulnerability of OVC and their families in the context of HIV in locations identified within Manica district.</p> <p>Geographic Targets: Districts of Manica (Manica Province)</p>	<ul style="list-style-type: none"> Provided support to OVC and caregivers. ANDA continued to refer/re-integrate children in primary and secondary school, support OVC with uniforms, school materials and homework, sensitize parents to support their children's school life, facilitate birth registration and poverty certification, provided PSS, and sensitized parents and community leaders on children's rights; Repeated Child Status Index for all OVC beneficiaries to re-assess needs and up-date care plans; Mobilized TA and seeds from the district office of the Ministry of Agricultural (SDAE) to support OVC families to improve food production techniques and management. Initiated debate sessions with OVC beneficiaries and other community members on HIV, HTC, HIV treatment and adherence, gender, GBV, masculinity norms, SRH and child rights. ANDA recruited new staff to conduct this activity; Maintained referral network via quarterly meetings with other service providers; Initiated HIV care and treatment defaulters tracing. Relevant staff was trained by CHASS SMT. After the training, ANDA visited CHASS SMT community based partner Kugarissica to observe defaulters tracing; Conducted a refresher training on HTC for all OVC staff and systematized mobilization for HTC among OVC beneficiaries; Conducted a training on treatment literacy with assistance from USAID/PEPFAR funded CHASS SMT; Trained on Household Economic Strengthening (HES) and formed and initiated activities of savings and loan groups. ANDA ensured that OVC beneficiaries are members of the groups; Develop GBV response protocol and initiated GBV screening activities with HPP assistance. ANDA identified and accompanied victims to services; Trained <i>activistas</i> on another Psycho-Social Support (PSS) methodology

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<p>and integrated it in OVC care and support provided by <i>activistas</i>;</p> <ul style="list-style-type: none"> • Re-instated the vocational training center and offered cooking/events management courses to OVC beneficiaries. ANDA integrated PPF's life skills curriculum in the course. PPF provided on-the-job training for the life skills teacher. • ANDA and PPF conducted three exchange visits to learn about PPF's curriculum and administrative procedures, particularly registration and archiving of student files, and management of transportation and lunch subsidies. • <i>For examples of growth in organizational strength, please refer to ANDA-KP above.</i>
OVC	<p>Hope for the African Child Initiative (HACI)</p> <p>Award Ceiling: 62,384,867 MTN (\$2,079,496)</p> <p>Period of Performance: June 1, 2011 – April 30, 2016</p>	<p>HACI provides training, technical assistance, and grants to five NGOs (three in Maputo City/Province and two in Manica Province) and supports two CBOs in Maputo directly to provide services to orphans and vulnerable children. NGOs will be trained in community consultation, proposal and budget development, contractual compliance, M&E, and OVC care to enable them to implement projects in their communities.</p> <p>Geographic Targets: Maputo and Manica provinces</p>	<ul style="list-style-type: none"> • Finalized Integrated Capacity Building Plan (ICBP) based on field visits and the results of technical assessments that identified organizational strengths and weaknesses. The ICBPs guided HACI TA to subpartners; • Terminated two partners due to lack of responsiveness and performance issues and provided TA to close-out; • Continued increased frequency and improved focus of TA support to subpartners; • Trained subpartners' <i>activistas</i> on another Psycho-Social Support (PSS) methodology; • Re-trained subpartners on Child Status Index (CSI) and repeated CSI application for all subpartners' OVC beneficiaries to re-assess needs and improve or up-date care plans; • Conducted one Partners Meeting with sub-partners. The objective was similar to CAP Mozambique QPM, (i.e., to promote shared learning, analyze and resolve common challenges, and introduce new interventions); • Trained on Household Economic Strengthening (HES) activities and initiated formation of savings and loan groups with two subpartners – PACO and Kindlimuka; • Continued to improved data management by making data flow between HACI subpartners more efficient and redistributing data management responsibilities so as to be able to verify data better; • Finalized a cost extension plan and budget proposal and signed two Modification; and • Assisted all subpartners to develop extension plans and budgets and sign Modifications. • Approved salary, travel polices and the staff performance review policies; and • Revised its Strategic Plan for 2014-17.

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
OVC	<p>Kubatsirana</p> <p>Award Ceiling: 11,304,869 MTN (\$376,829)</p> <p>Period of Performance: November 1, 2012 – December 31, 2014 (grant extension in process)</p>	<p>Kubatsirana HIV OVC and provides psycho-social support, strengthening parenting skills, improving the life skills of OVCs, improving economic resiliency, promoting advocacy and community mobilization, and creating/improving networks for service referrals.</p> <p>Geographic Targets: Manica, District of Gondola - Inchope, Manica - Machipanda and Barué - Catandica</p>	<ul style="list-style-type: none"> Improved quality of services and referrals to OVC beneficiaries and caregivers, including support with homework, preparation for exams, education on hygiene and preparation of meals, and accessing health and legal services to obtain documentation allowing them to participate final exams; Repeated Child Status Index for all OVC beneficiaries to re-assess needs and up-date care plans; Conducted group dialogues with children and adults in separate sessions. Topics included Prevention of HIV and AIDS, individual and collective hygiene, child rights and the <i>Journey of Life</i>; Trained <i>activistas</i> on another Psycho-Social Support (PSS) methodology and integrated it in OVC care and support activities; Initiated HIV care and treatment defaulters tracing and adopted standardized MISAU approved defaulters forms; Conducted a refresher training on HTC for all OVC staff with the assistance of USAID/PEPFAR funded CHASS SMT and systematized mobilization for HTC among OVC beneficiaries; Trained on Household Economic Strengthening (HES) and assisted in the formation and initiation of activities of savings and loan groups. Kubatsirana ensured that OVC beneficiaries are members of the groups; Demonstrated that new project team is improving management of OVC activities and achieving results; Continued to suffer from unspecified role of founding members of the organization that impact on governance and implementation; and Stabilized fragile governance marginally by electing an interim commission tasked to oversee an external audit, revise the Statutes and prepare a General Assembly to elect proper governing bodies.
OVC	<p>Liga Diretos das Crianças - LDC</p> <p>Award Ceiling: 6,008,769 MTN (\$200,292)</p> <p>Period of Performance: November 1, 2012 – August 8, 2014</p>	<p>LDC implements activities to help reduce the barriers that hinder children's access to education, revitalizes school councils to encourage student retention and success, provides direct educational services to OVC, facilitates references to other services such as health care and legal support, and strengthen local initiatives to support OVC care.</p> <p>Geographic Reach: Lugela</p>	<ul style="list-style-type: none"> Continued to improve support to OVC and care givers bi-monthly based on individual care plans; Repeated Child Status Index for all OVC beneficiaries to re-assess needs and up-date care plans; Continue to refer to other social services as required; Continues unsuccessfully to identify other social service providers. Despite multiple efforts and CAP support, LDC never concluded negotiations with ADRA; Trained <i>activistas</i> on another Psycho-Social Support (PSS) methodology; Trained <i>activistas</i> to mobilize OVC and care givers for HTC with the

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			<p>support of USAID/PEPFAR funded partner SCIP Zambezia;</p> <ul style="list-style-type: none"> Improved data base management and data reporting by decentralizing data management roles and responsibilities; Conducted meetings with local leaders to identify and discuss strategies to keep girls in school; Recruited a coordinator for the project in Lugela via an open and transparent process; Demonstrated significant growth in governance. The Board of Directors and Fiscal Council developed and implemented activity plans and conducted and documented meetings. The Fiscal Council conducted field visits and a policies and procedures compliance review; and Initiated close-out procedures.
OVC	<p>Associação Niiwanane Wamphula (Niiwanane)</p> <p>Award Ceiling: 12,565,677 MTN (\$418,856)</p> <p>Period of Performance: December 1, 2011 – April 30, 2016</p>	<p>Niiwanane will contribute to the improvement of school-based education and reduce the impact of trauma in orphans and vulnerable children aged 6-12 years in Nampula City.</p> <p>Geographic Reach: Napipine and Natiquir neighborhoods, Nampula City/Province</p>	<ul style="list-style-type: none"> Continued to provide quality support to OVC and care givers and refer to other social services. Niiwanane is continuously expanding their network of referral services; Established a formal agreement with 25 September Health facility and Marrare General Hospital for OVC beneficiaries referral services; Trained <i>activistas</i> on another Psycho-Social Support (PSS) methodology and integrated it in OVC care and support provided by activists; Conducted a refresher training on HTC with the assistance of USAID/PEPFAR supported SCIP Nampula and systematized approach to mobilizing OVC beneficiaries for HTC; Initiated HIV care and treatment defaulters tracing in collaboration with 25 September Health facility and Marrare General Hospital; Initiated debate sessions with OVC beneficiaries and other community members on HIV, HTC, HIV treatment and adherence, gender, GBV, masculinity norms, SRH and child rights. Niiwanane recruited new staff to conduct this activity; Shared information on PMTCT with all OVC beneficiary families and referred to services where appropriate; Develop GBV response protocol and initiated GBV screening in collaboration with local leaders, health authorities, police and judicial system; Continued to expand the number of savings and loan groups and improve the quality of saving activities; Prepared a cost extension plan and budget proposal; and Continued to struggle with a very qualified but largely absent Board of Directors and Fiscal Council which impacts on the organization's ability to

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
			strengthen its foundation.
Care and Treatment	<p>Rede Internacional de Acção pelo Alimento do Bebê e Criança Pequena (IBFAN) / Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)</p> <p>Award Ceiling: 25,906,935 MTN (\$863,565)</p> <p>Period of Performance: September 1, 2010 – April 30, 2016</p>	<p>IBFAN is a network of voluntary organizations working to improve the health and nutrition of mothers and their children through protection, support and the promotion of good practices in infant feeding. IBFAN works through eight network members and targets mothers and their children, community members, leaders, and workers.</p> <p>Geographic Targets: Maputo City and Province</p>	<ul style="list-style-type: none"> Continued to conduct home visits and debate sessions on Infant and Young Child Feeding (IYCF), hygiene and FP with pregnant, lactating or post-partum women with children under two years of age, husbands and mothers-in-law; Re-integrated HIV(+)-pregnant, lactating or post-partum women in ART; Referred women and children to health care services. IBFAN engaged local health authorities successfully to improve acceptance of referral forms by health facilities. However, only one of six associations is using the referrals forms correctly. CAP Mozambique continues to assist IBFAN to improve recording of referrals; Improved quality and uptake of demonstrations with project beneficiaries and community members on enriched porridges for infants older than six months of age; Continued to conduct information sessions on IYCF, hygiene and FP with pregnant women in pediatric wards at health centers and major hospitals in Maputo City and Province; Trained supervisors and IBFAN staff on Gender and GBV in collaboration with HPP. IBFAN intends to annex a debate session on GBV to its manual; Conduct one exchange meeting among associations in which <i>activistas</i>, leaders and health authorities participated; Decided to pursue independence from fiscal agent AMODEFA. IBFAN developed and initiated a plan of action to achieve independence. The organization moved from AMODEFA's premises and recruited financial personnel with the potential to be trained to manage a CAP award; Improved regularity and documentation of board meetings; and Initiated drafting organizational Human resources, Admin and Finance policies and procedures manuals.

Annex 3: LDC Termination Cover Letter

Ana Maria Libelela
Presidente do Conselho de Direcção
LDC – Liga dos Direitos da Criança da Zambézia
Avenida da Liberdade no. 77, R/C, Bairro Sinacurra, Quelimane
Zambézia, Mozambique

N/Refª: CAPMOZ/0319/HB/migs/2014

Maputo, 9 de Julho de 2014

Assunto: Encerramento da Subvenção
Sub-Acordo No: 3253-17-APS11.02-12-LDC-01

Prezada Senhora Libelela,

O CAP Moçambique lamenta o facto de ter chegado a decisão de terminar o Acordo de Subvenção entre FHI 360 e a LDC neste momento.

Nos finais de 2013, o CAP Moçambique constatou alguns pontos questionáveis na gestão de fundos da vossa subvenção, as quais foram investigadas e discutidas com a LDC. A resolução alcançada com a LDC foi inadequada e desta forma, o CAP solicitou uma audiência com o Conselho de Direcção da LDC.

O CAP reconhece que o Conselho de Direcção da LDC, embora novo, respondeu prontamente e tomou algumas medidas para resolver a situação nomeadamente reuniões rápidas para rever as provas, confrontando o pessoal envolvido com as evidências, instauração de um processo disciplinar para o Director Executivo e outro pessoal envolvido, e a pronta devolução dos fundos em causa. No entanto, estas medidas não são suficientes para restaurar a confiança que o CAP depositava na vossa organização, considerando que os principais membros da equipa envolvidos nestes assuntos continuam activas no projecto. Estas medidas não consideraram a questão de falsificação de documentos. Também não houve qualquer investigação de outros custos semelhantes para apurar se esta é uma situação repetitiva ou foi simplesmente um caso isolada.

Embora o CAP Moçambique aprecie o facto de o Conselho de Direcção da LDC ter se reunido rapidamente para resolver este assunto, em última análise, não nos sentimos confiantes na capacidade da organização para uma gestão de fundos adequada e transparente. Uma vez que, a gestão cuidadosa dos fundos da FHI 360 e da USAID é extremamente importante, o CAP determinou que a única linha de acção neste momento é de rescindir o Acordo de Subvenção entre a FHI 360 e a LDC.

O CAP Moçambique gostaria de reconhecer que o pessoal de campo tem vindo a trabalhar arduamente para produzir resultados e agradecemos por este esforço. O projecto foi capaz de alcançar a maioria dos resultados traçados com o CAP no início deste ano. O facto de termos que terminar esta relação de parceria, é lamentável pois, há muito poucos recursos em Lugela para prestar assistência às crianças e o

peçoal de campo fez um tremendo esforço para melhorar a sua capacidade de servir bem a estas crianças. Isto demostra como é que acções pouco correctas de apenas algumas pessoas podem ter sérias consequências para as famílias, para a reputação e credibilidade das organizações da sociedade civil Moçambicana. Nós acreditamos que a LDC e outras organizações poderão aprender desta experiência e serem cada vez mais activas na prevenção e resposta a assuntos de integridade no futuro.

Por favor, para mais detalhes sobre esta terminação, consulte o documento em anexo em Inglês e a sua tradução para Português, que incluem os documentos necessários para completar este processo de fecho. Caso tenham algumas perguntas, por favor contactem a Edith Morch-Binnema pelo e-mail emorch@fhi360.org ou pelo Telefone 21 485745.

Atenciosamente,



Hayley Bryant
Project Director and Chief of Party
CAP Moçambique



July 9, 2014

Ana Maria Libelela
President of the Board of Directors
LDC – Liga dos Direitos da Criança da Zambézia
Avenida da Liberdade no. 77, R/C, Bairro Sinacurra, Quelimane
Zambézia, Mozambique

Reference: Sub-agreement under USAID Cooperative Agreement No. 656-A-00-09-00164-00
for the CAP Mozambique Project
FHI 360 Sub-agreement No. 3253-17-APS11.02-12-LDC-01

Subject: Grant Termination

Dear Mrs. Libelela:

In accordance with Section V of the referenced sub-agreement between Liga dos Direitos da Criança da Zambézia (LDC) (hereinafter referred to as the “Sub-recipient” or LDC) and Family Health International (FHI 360), the purpose of this letter is to inform LDC that effective August 8, 2014, the subagreement is terminated. Accordingly, all activities and costs are required to stop as of that date. No additional reimbursement will be made to LDC for activities or costs incurred from August 8, 2014.

After receipt of this Notice of Termination, LDC shall immediately proceed with the following obligations:

- (1) Stop work related to this sub-agreement effective August 8, 2014.
- (2) Place no further subcontracts, orders or contracts.
- (3) Terminate all applicable contracts and cancel commitments covering services that extend beyond the effective date of termination.

In order to facilitate an accurate and timely close-out of the award and final payment to your organization, LDC must provide FHI 360 the following:

Deliverable	Due Date
Final Technical Report	August 25, 2014
Final Finance Report	August 25, 2014
Inventory Report and Disposition Plan	August 25, 2014



All deliverables should be sent to: Hayley Bryant, Project Director, by the date specified above. Please use the templates attached to this letter.

Should you have any questions with regard to this termination, please do not hesitate to contact Edith Morch-Binnema, Deputy Chief of Party-Programs, 21 485745, emorch@fhi360.org.

Sincerely,

A handwritten signature in black ink, appearing to be 'PS', written over a light blue horizontal line.

Patricia Shehata
Contracting Officer
Contract Management Services

9 de Julho de 2014

Ana Maria Libelela
Presidente do Conselho de Direcção
LDC – Liga dos Direitos da Criança da Zambézia
Avenida da Liberdade no. 77, R/C, Bairro Sinacurra, Quelimane
Zambézia, Mozambique

Referência: Sub-agreement under USAID Cooperative Agreement No. 656-A-00-09-00164-00
for the CAP Mozambique Project
FHI 360 Sub-agreement No. 3253-17-APS11.02-12-LDC-01

Assunto: Terminação do Acordo de Subvenção

Prezada Senhora Libelela:

De acordo com a Secção V do Sub acordo Acima referido, assinado entre Liga dos Direitos da Criança da Zambézia (LDC) (Doravante designado como “Sub-recipiente” ou LDC) e a Family Health International 360 (FHI 360), o propósito desta carta é de informar a LDC que a partir do dia 8 de Agosto de 2014, o Sub acordo está terminado. Desta forma, todas as actividades e custos devem efectivamente parar nesta data. Nenhum reembolso adicional será feito para LDC por actividades ou despesas incorridos depois do dia 8 de Agosto de 2014.

Depois de receber esta notificação de fecho, a LDC deve imediatamente proceder com as seguintes obrigações:

1. Interromper os trabalhos relacionados com este sub-acordo até dia 08 de Agosto de 2014.
2. Não assumir nenhum outro subcontrato, compras ou contractos.
3. Terminar todos os contractos em vigor e cancelar todos os compromissos que abrangem serviços que se estendem para além da data de terminação (08 de Agosto de 2014).

De modo a facilitar um encerramento correcto e atempado do acordo e efectuar o pagamento final à vossa organização, LDC deve prover à FHI 360 o seguinte:

Documentos a entregar	Prazo de entrega
Relatório Narrativo Final	25 de Agosto de 2014
Relatório Financeiro Final	25 de Agosto de 2014
Relatório de Inventário de Plano de disposição	25 de Agosto de 2014

Todos os documentos solicitados devem ser enviados para: Hayley Bryant, Directora do Projecto, até as data acima especificadas. Queira, por favor, usar os modelos anexos a esta carta.

Caso tenham alguma questão em relação a este término, não hesitem em contactar a Sra. Edith Morch-Binnema, Deputy Chief of Party-Programs, 21 485745, emorch@fhi360.org.

Atenciosamente

Patricia Shehata
Contracting Officer
Contract Management Services

CAP Mozambique

Strengthening Leading Mozambican NGOs and Networks

Report on Assessment of Partners for Graduation

October 17, 2014

Associate Award No. 656-A-00-09-00164-00

Leader Award No. HFP-A-00-03-00020-00

FHI 360 Reference No. 3253-17



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ANNEXES

- Annex 1 – Template for Evaluation of Candidates
- Annex 2 – Detailed report for Ophavela
- Annex 3 – Detailed report for NAFEZA
- Annex 4 – Detailed report for ANDA
- Annex 5 – Detailed report for HACI

I. BACKGROUND

CAP Mozambique provides intensive, tailored capacity building and grants to organizations. Unlike other capacity building initiatives that focus on technical capacity, CAP Mozambique also address organizational structure and systems including financial and internal governance. This strategy addresses weaknesses that are common in the relatively young civil society that is dominant in Mozambique. By supporting organizations to be competent, credible and linked with stakeholders, CAP Mozambique is strengthening sustainability and contributing to the development of a core of organizations that can take initiative, that are responsible, and independent.

This report describes the process and results of CAP Mozambique's analysis of key partner organizations as candidates for graduation. CAP Mozambique is designed to provide TA at different levels for organizations that are grouped into two categories: *Up-and-Coming* and *Advanced*. Supporting organizations in their growth from one stage of development to the next is integral to the design of the CAP Mozambique project.

II. METHODOLOGY

As part of USAID Forward and the Implementation and Procurement Reform Initiative, the ADS (303.3.6.6 b. (3)) now allows for "transition awards" in which USAID may execute awards directly with qualified partners. CAP Mozambique had already developed and executed a process to evaluate the capacity of select CAP Mozambique partners to transition from the *Up-and-Coming* to the *Advanced* category and then to direct USAID funding. This process was adapted as follows to consider the recommendation of partners for transition awards. First, the criteria were adapted to comply with those identified in Modification 8 (October 2012) to the CAP award; the criteria used and the evidence analyzed against these criteria are outlined below in Table 1. The process was further adapted in 2013, as USAID provided more information about its intent to provide TA and the topics of TA, which the agency was prepared to support for local organizations. CAP partners passing to the *Advanced* stage still require some very specific assistance to become equipped to manage direct USAID funds, which CAP Mozambique has provided to date. Now that USAID is going to provide TA to these organizations, CAP Mozambique can begin recommending *Up-and-Coming* organizations for transition awards with certain Pre/Post award conditions. CAP Mozambique has adjusted its definition of *Advanced* to indicate those organizations that have been recommended for USAID funding, but not yet awarded direct funding.

CAP Mozambique reviewed four organizations as part of the August 2014 graduation exercise focusing on programmatic performance, contractual compliance, financial management and overall potential: Ophavela, ANDA, HACI and NAFEZA. Ophavela was reviewed for the first time. For ANDA and HACI, this was a reassessment, as they were previously reviewed in August 2013 and deemed not ready at that time. NAFEZA was reassessed on the key financial management points that prevented them from graduating in February 2014. All are considered as *Up-and-Coming* partners.

In June and July of 2014, CAP Mozambique conducted an evaluation exercise comprised of three main components: a desk review of all existing documents, site visits to each

organization, and an internal reflection meeting. A template for evaluating candidates (see Annex 1) guided CAP Mozambique’s senior management, organizational development, program, grants, finance and M&E teams in conducting a thorough evaluation of each organization. The template includes CAP Mozambique’s eligibility requirements for *Advanced* organizations, divided into specific sub-components whose assessment would inform a final determination for each criterion. The desk review included a review of legal documentation, guidelines, manuals and other tools that CAP Mozambique had on file, as well as an analysis of the assessments that CAP Mozambique conducted as part of its Performance Monitoring Plan (e.g., participatory organizational assessment, technical assessments, report writing assessments, financial health checks). The documents and evidence reviewed for each criterion is outlined in Table 1. The information gathered in the desk review was complemented with site visits, consultation with other donors and observations of the CAP Mozambique staff members who work most directly with the partners.

Table 1: Criteria and Documentation

Organizational Capacity Criteria	Data sources Reviewed
1. The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, of which the majority of members are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.	This is an eligibility criterion to receive a CAP award and is evaluated when the proposal is received. The evidence on file includes: Copy of publication of the registration of the organization in the Boletim de Republica, which is the final step in the registration process List of members of the governing bodies (board) Copies of IDs of members when the statutes do not specify that all members of governing bodies must be Mozambican
2. The organization must demonstrate a clear separation of governance and executive functions. Satisfactory results of external organizational assessment will be determined by CAP Mozambique or a third party.	Organogram and list of governing body and staff members provided by the organization Minutes of governing body meetings Reports of Participatory Organizational Assessment Process (POAP) Notes from graduation meeting discussing feedback from other donors, local authorities, and others consulted
3. The organization must not have any pending disciplinary or legal action against them from another funder or government agency.	Updated EPLM database search Updated Terrorism database search Signature on certification of non-involvement in legal cases.
Programmatic Capacity Criteria	
4. The organization must have experience implementing programs for more than 2 years.	CAP grant agreement Report of site visit conducted during selection process for CAP award, which includes notes from conversations with other donors and/ or review of existing grant agreements
5. The organization must have satisfactory results of external programmatic assessment conducted by CAP Mozambique or a third party	Results of appropriate external technical assessments conducted by CAP staff (Social and Behavioral Change Communications (SBCC) to evaluate prevention technical capacity, Orphans and Vulnerable Children (OVC)

	technical, sub-grant management) Results of report-writing assessments Comparison of results achieved vs. targets CAP tracker on submission of deliverables Reports of data verification visits Field-visit reports of CAP staff and their commentary in the graduation assessment meeting document with notes. Quarterly reports submitted by partners
Financial and Administrative Management Capacity Criteria	
6. The organization must have a successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.	Report of site visit conducted during selection process Notes from conversations with other donors CAP tracker on financial performance
7. The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.	Financial Health Check assessment Reports of prior audits where provided CAP tracker on submission of deliverables Review of policies and procedures manuals Review of HR and finance files Pre-award site visit notes (Management Questionnaire) Negotiation memorandum notes Written feedback from CAP staff on financial reports Timesheets Inventory

At the conclusion of this process, a committee convened to decide which organizations should be recommended for advancement. Once the decisions were made, CAP Mozambique conducted feedback meetings with the leadership of each organization to share the findings with the organization. This created a valuable learning opportunity for each organization, allowing them to hear holistic feedback about their organization’s performance and reflect on future improvements.

III. FINDINGS

In summary, during this round of the evaluation process, CAP Mozambique determined that Ophavela, ANDA and NAFEZA should be recommended for transition awards. HACI has made some progress, but is not recommended at this time.

All partners recommended this round have capable, dedicated personnel, especially in key positions in both the program and finance areas. Each team has been responsive to capacity building and flexible in adapting to programmatic and procedural changes. Their financial reporting is solid and consistent and they have experience successfully managing funds from multiple sources. Each organization has demonstrated its ability to adapt to change and to self-manage, that is, to recognize issues, develop solutions, seek and consider technical

assistance to constantly improve their systems and performance. Brief summaries are included below. Detailed reports can be found in an annex for each organization.

OPHAVELA

Ophavela was started by a group of former CARE staff in 2001 and registered in 2004. It runs a well-regarded micro-finance program that is widely implemented in Nampula province. However, Ophavela takes a broader view of development: seeing how much health is affecting communities and recognizing the value of having groups of people that already have relationships of trust and meet regularly, the board identified HIV and gender as key strategies for Ophavela's strategic plan. The CAP Mozambique project is helping the team to develop these capacities. Programmatically, Ophavela has demonstrated growth in these new programmatic areas and a commitment to quality of program implementation. The team has the analytical capacity to identify challenges and formulate responses, though a higher level of engagement from management would accelerate adaptation. From a governance point of view, Ophavela has one of the strongest and most functional boards that CAP Mozambique has worked with. The board has knowledgeable and experienced members who provide good and timely strategic leadership. Ophavela has strong financial systems, which were evaluated as low risk. Policies and procedures were recently updated and include certain key policies for USAID compliance, such as policies on cost allocation and disallowed costs. The organization has worked with a variety of donors – including Oxfam Novib and Hivos (Ford Foundation), government entities – and has received positive references. It has managed its award responsibly with timely submission of funding and approval requests and supporting documents, and reports even though the quality of financial documents requires improvement. The primary recommendation for Ophavela is for management to be more actively engaged in new endeavors the organization takes on, both to support staff and to increase their understanding of the interventions, so they can seek additional funding to continue or expand on the activities.

NAFEZA

NAFEZA addressed the recommendations made when the organization was considered for graduation in February 2014. It was not recommended primarily because of weaknesses in its financial systems. To reduce its risk, CAP Mozambique recommended that NAFEZA expand its finance team with capable personnel to be commensurate with the scope of the organization. Since February, NAFEZA expanded its finance team from one to three. One of these people is quite strong and capable of taking on increased responsibility if necessary. NAFEZA addressed certain other key internal control and financial management systems that were lacking and increased its financial health check score from 195 to 247 out of a possible 300. In addition, the team has improved the organization of files and implemented performance evaluations of staff. The staff require better training on using the accounting software package and need to include certain USAID compliance policies, but these things can be addressed with further TA that USAID has indicated its staff can provide. NAFEZA has matured in many ways over the past four years. NAFEZA has expanded its team, and implementation is now strong and effective; they are strong advocates for the communities they support and engage them effectively in implementation. Internal governance processes have improved; board members are dedicated and wanting to contribute to the organization; the network has 63 members, most of whom pay dues. These elements are a strong foundation for the development of the organization. NAFEZA has expressed an interest in shifting to a network model and is considering the implications of a shift from project

implementation to member support. If they do make this decision, it may require some adjustment in internal governance structures.

ANDA

ANDA has significantly improved its human resources and financial and administrative systems. This organization was considered for graduation in August 2013 and was not recommended at that time because of some irregular HR practices and an overdependence on one person for programmatic functions. ANDA has since willingly addressed these weaknesses and overcome them. It has completely revised HR and administrative/finance manuals. The team has restructured employee contracts and payroll system, instituted a performance evaluation system, and improved the quality of data. ANDA successfully managed a rapid start-up of the OVC project and has quickly become a lead OVC implementer. ANDA is now strong on all fronts: internal governance systems, programmatic performance, HR, administrative and financial systems. Its board functions well and has been one of the first to institute its own reviews of the organization's systems. Beyond systems, ANDA has an entrepreneurial spirit that enables them to innovate and problem-solve to overcome the challenges and restrictions they face while continuing to serve the community. The team demonstrates an admirable commitment to beneficiaries and a sincere desire to help families find lasting solutions. ANDA is an effective advocate for beneficiaries, successfully mobilizing government institutions and the private sector to contribute to community development. ANDA staff have the passion to bring about meaningful change where they work and the core systems to demonstrate organizational credibility and grow their program.

HACI

CAP Mozambique insists on high standards for HACI because, as an umbrella grant, HACI also serves as a model for sub-awards, and financial risks are greater. In addition to the criteria CAP Mozambique typically uses with every grantee, HACI was also examined in terms of the support it provides to sub-partners.

HACI was considered for graduation in August 2013, but was not selected because of serious shortcomings in its M&E systems and data, poor programmatic support for the sub-partners, and the lack of key components of the financial system that would be critical for growth. CAP Mozambique provided extensive TA to HACI over the past year with a particular focus on these areas. There has been improvement in the organization's capacity to deliver reliable data. Programmatically, HACI has reinforced its team, based on the level-of-effort analysis that CAP Mozambique supported them to conduct. Staff's understanding of the technical areas is stronger, and they have introduced systems and tools to improve quality of services delivered by their sub-partners. However, the TA CAP Mozambique provides only reaches sub-partners when CAP staff insist on it. HACI does not consistently ensure that sub-partners are serving the whole family, or even the whole child, as per Ministry of Social Action guidelines. Performance has improved, but CAP Mozambique has been providing extensive support and oversight. In areas where CAP Mozambique staff have not been closely overseeing each step (e.g., household economic strengthening), there has not been improvement. Given the level of capacity of HACI's staff, and the fact that HACI is an intermediary organization, this level of oversight should not be necessary. HACI will have

the opportunity to demonstrate its ability to plan for and provide effective TA, ensure quality services, and manage its sub-partners in the coming year.

In the area of financial management, HACI has a qualified team, but its performance recently does not match capacity as its reports consistently have errors that are easily avoided. HACI has procured an accounting software package and developed a chart of accounts. However, the organization has not updated the policies and procedures to include a salary policy and salary scale or conducted a performance review as was recommended in the prior graduation report. HACI's grants management systems continue to be quite strong on an administrative and financial level. If USAID were to consider HACI as an umbrella grant entity from purely a grants management point of view, it would be a viable candidate. However, given the capacity of CBOs in Mozambique, CAP Mozambique does not recommend divorcing capacity building from grants management. CAP Mozambique considered both the grants management and programmatic capacity building in its assessment and determined that HACI is not yet ready to move to the *Advanced* stage or to receive direct USAID funding. CAP Mozambique staff will evaluate HACI again in a year to determine if they are able to plan and implement activities and improve TA on their own.

IV. CONSIDERATIONS

Any organization can experience dramatic organizational changes, or a change in environment that affects its ability to meet commitments. Should any of these conditions change, CAP Mozambique's recommendations may change as well. Based on CAP Mozambique's experience, there are certain considerations that should be taken into account as USAID moves forward. These are applicable for any organization that CAP Mozambique puts forward for USAID's consideration for direct funding:

1. The organization maintains its current level of funding; dramatic increases or reductions may affect the organization's capacity to manage.
2. Current key personnel as described in the annexes continue, or people with substantially the same or better qualifications are recruited.
3. The organization has experience managing a standard grant agreement. A fixed-obligation grant (FOG) operates under a different set of conditions; the partner's capacity to manage a FOG is untested.
4. The organization has worked with CAP Mozambique in the programmatic areas described above. CAP Mozambique did not evaluate the organization's technical capacity in other programmatic areas.
5. An A-133 audit was conducted only for those organizations receiving more than \$300,000 from the US government in a fiscal year. CAP Mozambique reviews monthly financial reports and transactions as part of the capacity building process. CAP Mozambique also conducts periodic financial spot checks that include vendor verifications. Based on its experience with the partner and documentation reviewed, CAP Mozambique has done its best to assess financial capacity, including internal control systems. This does not preclude the possibility that other issues or problems may be identified at a later date.

The organizations described above were evaluated in their management of a standard grant under the conditions of CAP Mozambique administration, which include reviews of monthly financial reports and feedback, TA in preparing the monitoring and evaluation plan, TA in finalizing the workplan, data quality checks and TA to improve, TA in analyzing data for use

in decision making, intensive support in project design, key personnel approval and substantial involvement clauses regarding sensitive or complex procurements. CAP Mozambique strives to instill a sense of self-management and accountability in partners. However, the degree to which organizations will adhere to the same practices without the close follow-up remains to be seen. CAP Mozambique recommends that careful attention and support be provided to new direct grantees as they adapt to the requirements of direct USAID funding and to ensure a solid mutual understanding of the proposed activities. It would also be advisable for USAID to plan for and conduct more frequent monitoring of programmatic and financial performance and a more thorough review of budgets, procurements, and key personnel than would be necessary with international partners.

V. NEXT STEPS

To recognize the achievements of those organizations recommended for graduation, CAP Mozambique offers a certificate and a recognition ceremony, where graduating partners invite potential donors, collaborators and leaders of government institutions.

Graduated organizations are classified as *Advanced*, which changes how CAP Mozambique oversees their awards and provides assistance. *Advanced* means that organizations are able to recognize their needs for technical assistance and formulate requests for support. They are also able to assume greater responsibility for managing their own awards. Therefore, CAP Mozambique adjusts its TA to provide the organization greater independence in program implementation and to demonstrate what it can do without close oversight. CAP Mozambique continues to conduct routine monitoring visits and verify data and financial reports. CAP Mozambique also responds to requests for TA and provides targeted support in any new programmatic areas and on resource mobilization and change management.

While USAID is considering these recommended organizations for transition awards, CAP Mozambique would also like to promote these organizations to other implementing partners and potential implementing partners who may be submitting bids. The graduated organization's capacity and credibility make them viable and attractive partners for other donors or implementing partners as well. CAP Mozambique would like to request USAID's assistance in determining a strategy to ensure that all bidders are aware of CAP Mozambique partners and what they have to offer.

Name of Organization: _____

Dates of Evaluation: _____

DS = Desk Study, SV = Site Visit, IM = Internal Meeting

Criterion #1: The organization must be not-for-profit, registered under Mozambican law, and headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Existence of BR	DS - CAP files	Grant Team		

Criterion #2: Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Separation of roles of Executive and Board	DS- Checking certidao de Conservatoria and Actas to compare names	Grant/OD Team		
Organizational Development – Overlap in responsibilities affects the board’s ability to hold staff accountable. Regular meetings are first step towards board playing its role. GOVERNANCE - Clear separation of board and executive functions, board meets regularly, executive director reports to board.	SV - follow-up on Conservatoria and Actas for separation of roles if necessary, Partner self-reports on board meetings, presence of ED in board meetings and role.	OD Team		
	IM- Discuss findings of site visits, results from PAOP process	ALL		
External relations – linkages with community served? Do they consult with the community in the design phase and in evaluation?	IM - Discuss linkages with stakeholders, efforts made in these areas.	ALL		

Criterion #3: The organization must not have any pending disciplinary or legal action against them from a funder or government agency.

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Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
No Pending Legal Action	DS - Certification on file, Terrorism and Debarment searches on file	Grant Team		
Criterion #4: The organization must have experience implementing programs for more than 2 years.				
Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Have to have been registered.	DS - Original Proposal/Eligibility Actas/Site Visit Notes	Grant Team		
Implementing activities that are donor funded. *	IM - confirm results of site visit and our experience with them, that actually implementing and have other funding as well	All		

Criterion #5: Satisfactory results of external programmatic assessment.				
Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Programmatic <ul style="list-style-type: none"> • technical capacity to implement activities in technical area, • meeting of project targets, • following the implementation plan, • qualified personnel in key roles, • appropriate application of tools (i.e. CSI, monitoring tools), • feeding community consultations/formative research into 	DS - Project Design Assessment – organizational capacity, use of data, community consultation, strategy. Minimum score.	Grant/M&E Team		
	DS - Grant Tracker - checking progress on results	Grant/M&E Team		
	DS - Grant Management Assessment - minimum score on most recent assessment	Grant Team		
	DS - OVC/Prevention Assessments: Minimum score on most recent technical assessment	Grant/M&E Team		

Annex 1. Template for Evaluation of Candidates

<p>project design/revisions,</p> <ul style="list-style-type: none"> • adherence to quality criteria developed (i.e. criteria for counting, following plans) • satisfactory results of monitoring visits (program and M&E). • The organization must have well-established program implementation structures in place: adequate LOE, monitoring system in place, supervisory structure. 	<p>IM - Discuss: results of monitoring visits, quality of programmatic observations, quality of staff implementing project, following of implementation plan, meeting of targets, appropriate application of tools, community consultation process, adherence to quality criteria developed (Preparation: Review most recent Year 2 Plan/budget, monitoring reports, results achieved, most recent quarterly reports, technical assessments)</p>	<p>ALL</p>		
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Criterion #6: Successful record of managing funds from multiple sources, with at least one multi-year grant and an annual organizational budget of \$250,000.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
<p>Successful record of managing funds</p>	<p>SV - (Reference Check) Verify satisfactory record of managing funds with at least one other donor, develop a list of all current funding – average out for the \$150,000.</p>	<p>OD Team</p>		

Criterion #7: The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
	<p>DS - Grant Tracker (punctuality with deliverables)</p>	<p>Grant Team</p>		
	<p>DS - Report Assessment - calculate average</p>	<p>Grant Team</p>		
	<p>DS - Budget Assessment - minimum score</p>	<p>Grant Team</p>		

Annex 1. Template for Evaluation of Candidates

<p>Accountability – existence of internal controls, clear description of roles/responsibilities for board, executive director, senior finance staff, senior program staff. Regular and timely programmatic and financial reporting.</p>	<p>SV - Check on HR files to see that things are filed and in order, check on confidentiality of files, Existence of and staff knowledge of procedures</p>	OD Team		
	<p>IM - Confirm that organization is accountable -- separation of roles, clear description of responsibilities, existence of internal controls (Preparation: review org chart, notes from MQ meeting, site visit report, MQ, job descriptions submitted with proposal, policies and procedures manuals)</p>	ALL		
<p>Financial Management (based on 22 CFR 226.21) – Use an accounting software, have written HR, procurement, travel, asset policies, have internal controls (timekeeping procedures for personnel, tracking of inventories, accounting system that tracks expenditures), have a filing system that archives supporting documents for every expenditure, and ability to store these documents for a period of time.</p>	<p>DS - Health Check - Minimum score of “Low Risk” on all 6 of the evaluation categories</p>	Grant Team		
	<p>SV - Check on accounting software, policies, internal controls (timesheets, inventory), and filing system.</p>	Luis		
	<p>IM - Are Finance Team comments being applied - is the organization improving in systems and reporting? Do they consistently apply USG procurement/cost principles? Results of site visit looking at acct software, decisions based on software, filing practices, internal controls (Preparation: Review comments sent on financial reports, audit reports)</p>	ALL		
<p>Consistently apply USG procurement procedures (includes free/fair Capable Partners Program (CAP) Mozambique Semi-annual Report No. 11: April 1, 2014 – September 30, 2014</p>	<p>IM - discuss procurement history, grant competition history, policies (board approved?), past budgets</p>			

Annex 1. Template for Evaluation of Candidates

Board approved policies	submitted. (Preparation: review financial reports/documents, review policy manuals, review past budgets)	ALL		
Can prepare a coherent budget and budget notes.				

* Exceptions may be made if organization has satisfactory past performance, or experienced and proven key personnel, but is recently registered.

Annex 2. Detailed Report for Ophavela Graduation Assessment

OPHAVELA (Associação para o Desenvolvimento Socio-económico) was officially registered as an organization in 2004. In May 2001, OPHAVELA was created as a pilot project of CARE’s microfinance strategy to promote Rotating Savings and Credit groups. OPHAVELA’s main goal is a Mozambican society in which all families are self-sufficient and are able to use their resources sustainably.

Operating in 17 districts of Nampula, OPHAVELA envisions a Mozambique where the poorest people in society can be empowered to improve their own lives. Its mission is to improve the living conditions of low income families through the provision of sustainable rural financial services, training, technical assistance, and advocacy. In order to achieve this vision and fulfill its mission, OPHAVELA is guided by a set of core values, which include: solidarity, transparency, respect, learning, commitment, and socio-economic development for the rural poor.

Currently, OPHAVELA works with community savings and credit associations, especially with women. OPHAVELA serves approximately 50,000 beneficiaries, 54% of whom are women. Through these community savings and credit associations, OPHAVELA uses community facilitators to train people on STI and HIV/AIDS prevention and awareness.

OPHAVELA has worked with numerous donors since its founding by CARE, including Oxfam Novib, Hivos, Kenmare, Institute for the Development of small scale fisheries IDPPE.

Details of CAP Mozambique award

Award Ceiling: 15,071,182 MTN (\$502,732)

Period of Performance: September 10, 2012 – April 30, 2015

Geographic Targets: Nampula Province, Meconta, Ribaue, and Murrupula districts

PEPFAR Focus: HIV Counseling and Testing, GBV, Prevention with an emphasis on women, condom distribution

Project Description: OPHAVELA contributes to reducing the high risk of HIV infection by mobilizing people for HCT, condom distribution and addressing GBV among OPHAVELA beneficiaries in the Districts of Meconta, Ribaue and Murrupula (Nampula). The project works through existing Village Savings and Loan groups to reach participants with sessions on GBV, HCT, and that address barriers to adopting health practices.

Expended through CAP project in one year Sept 2013-August 2014: 5,893,683 MT, or \$200,000.

Key Personnel

Executive Director – Anibal de Oliveira

Program Manager – Alcidio Faria

Project Manager -- Olga de Costa

Accountant -- Felixberto Sambo

Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.*
 - The *Bulletim de Republica* of 17 November 2004 confirms Ophavela's official registration.
 - All members of the governing body are Mozambican.

2. *Clear separation of governing bodies and executive functions. Satisfactory results of external organizational assessment conducted by CAP Mozambique or a third party.*
 - Separation of functions: There is no duplication of names in the executive and governance functions in the organizational chart. The statutes outline separate responsibilities for the different governing bodies. Based on available information, Ophavela has a clear separation of roles and responsibilities at the board level.

 - Analysis of internal governance system: the board (*conselho de direcção*) meets regularly and meetings are documented with minutes; they have regular elections and there is turnover among board members; the fiscal council conducts an internal "audit" each quarter of one component of the internal control systems.

 - The board has a healthy level of engagement: board members conduct field visits to review activities; the Vice- President was delegated to oversee construction work of a new building

 - This is one of the strongest, most functional boards that CAP has worked with.

 - External Relations: Ophavela was formed by a group of former CARE staff. These leaders are well recognized in Nampula and Ophavela is the lead implementer of rotating savings and loan activities in the province. Their approach is a priority for the government (Provincial Departments of Social Action, Planning and Finance, the Governor's office, Fish and Agriculture, and Commerce) and the government is interested in expanding microfinance activities. Other large INGO's recognize Ophavela in Nampula and seek their support and involvement. They were not well known with the DPS prior to the CAP Mozambique project, but that has changed.

3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
 - The certifications are updated and on file at CAP. An updated search of the OFAC, EPLS and Al Qaeda Sanctions databases was conducted and nothing was found.

Programmatic Capacity

4. *The organization must have experience implementing programs for more than two years.*
 - Ophavela has been implementing donor funded projects since 2005 Available data indicate that Ophavela has managed funds from the following donors: HIVOS, Oxfam Novib, Care, Institute of Small Scale Fisheries (IDPPE) and the Support for Economic

Rehabilitation Fund (FARE) . Most of their activities have been in the area of microfinance, but seeing how much health is impacting these communities, and recognizing the value of having groups of people who already have relationships of trust and meet regularly, Ophavela identified HIV and gender as key strategies in their strategic plan. The CAP project is helping them to develop these capacities.

5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*

- Performance: Ophavela is on track to achieve its targets by the end of the project and has exceeded targets in some areas.
- Progress on targets scores and comments: They have achieved more than anticipated on GBV because they realized the methodology already addressed GBV and it was not necessary to develop a new session. The definition for referrals was clarified after the target was set and they were able to count a greater number than anticipated. For *activista* training, Ophavela was unclear on the guidance for counting *activistas* trained, so only counted once, as opposed to once for each distinct topic. In fact they reached 105. Small group debates, referrals to counseling and testing, and PEPFAR’s strict rules on counting for indicators are new to Ophavela and they had some difficulty adjusting at the start of the project. However, the team has rallied, analyzed the difficulties, and put in place new strategies that are helping them reach their targets and maintain quality. One of the challenges was that the savings groups in some districts were smaller than anticipated. The team has identified ways to encourage partners of participants and other community members to participate.

Table 1. Targets reached by Ophavela

Indicator	Target	Results
	9/12-6/14	9/12-5/14
People reached Prev	6192	5,730
GBV	1512	5,425
Referrals	2024	16,009
Activista training	135	60

- SBCC Prevention Assessment: Ophavela has shown good progress in its ability to manage an SBCC program. The greatest level of growth is in the area of implementation. Project design capacity has not increased as much as we would hope, because the people who design proposals are not the same people that are implementing this project. Ophavela needs to engage the implementation team more when designing new HIV projects.

Table 2. Ophavela's SBCC Assessment Scores

COMPONENT	Base 2012	Follow Up 2014
Planning	1.00	1.20
Implementation	1.90	2.48
Monitoring and Supervision	1.75	2.00
<u>TOTAL Score of possible</u> <u>4.0</u>	<u>1.56</u>	<u>1.88</u>

- Responsiveness: As mentioned above, Ophavela manages a well-regarded village savings and loan/ micro-credit program and has solid systems in place to manage that type of activity. The world of HIV/AIDS and PEPFAR was very new to them and the team had some difficulties at the beginning. However, they have quickly adapted and learned the requirements and processes necessary for running an HIV program. The change was visible in their second annual planning process: they were much more prepared than; they were active in determining how to restructure activities to still be able to hit targets; and the team was able to complete most of the workplan fairly independently. The organization has been responsive to technical assistance and has rearranged staffing patterns when they realized they did not have the right person for the M& E position, for example.
- Adaptability to change – Management is careful in initiating work in new areas, making sure the new activities are feasible and consistent with their mission before taking them on. The executive director is refreshingly interested in setting realistic targets. That said, given that even the most competent staff usually require increased support when starting new activities, it would be advisable for Ophavela's management to be more actively involved in new endeavors.
- Qualifications of staff: The coordinator has experience in prevention and is actively supporting staff. The team has been trained in the relevant HIV/ AIDS issues and they are learning quickly. They know when they need to ask for help and are not afraid to do so. The methodology Ophavela chose to use in the communities was more complex than the *activistas* were capable of facilitating (Ophavela trained existing facilitators of savings groups); they are adapting the methodology. The system for monitoring and supervision is adequate. The capacity of the staff implementing Ophavela's core activities in micro-credit and finance is beyond the scope of this review.
- Other points: Without a reminder from CAP Mozambique, Ophavela is analyzing the past years' data and use this analysis to inform the annual planning process. This level of ownership and understanding of the data is unusual among local organizations.
- Programmatic reports: The September 2013 assessment was low, but Ophavela has demonstrated improvement. The staff are now including more details and information in the reports.

Financial and Administrative Management capacity

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*

- Below is a list of some of the significant grants Ophavela has managed recently.

Table 3. Ophavela's Donors

Donor	Theme of the project	Time period	Total Amount
Hivos (Ford Foundation)	Testing of micro-insurance model	2008-11	150,000 USD
Oxfam Novib	Community managed micro-finance	2010-12	600,000 EUR
Care	Community savings and loans associations	2011-13	304,000 USD
FARE (Fundo de Apoio a Reabilitacao Economica)	Community managed micro-finance	2012-13	396,741 USD
Oxfam Novib	Long term strategic plan	2013	250,000 EUR
FHI 360/CAP Mozambique	HIV counseling and testing, prevention, GBV	2012-15	502,732 USD

- Feedback from Care was positive. They have worked with Ophavela on a number of initiatives and continue to consider Ophavela a potential partner for future projects. Care considers Ophavela to be competent and responsive, with particular strengths in budgeting and financial reporting when compared to other local organizations.

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*

In the Financial Health Check, Ophavela received a low risk score of 243.

Table 4. Ophavela's Disaggregated Results of Financial Health Check

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change
#1	2013	26 Medium risk	35 Medium risk	27 Medium risk	63 Low risk	22 Medium risk	29 Medium risk	202 Medium risk	41
#2	2014	39 Medium risk	50 Medium risk	21 Medium risk	74 Low risk	32 Low risk	27 Medium risk	243 Low risk	

- Audit: Ophavela has an organizational audit every year. There has not been a negative finding in the last three audits. It is excellent that they have this annual practice. The CAP Mozambique-funded project audit will be done by a USG-approved firm.
- Policies and Procedures Manuals: Ophavela has recently updated its policies and procedures manuals. Of note is the clear delegation of procurement and payment authority according to transaction and the inclusion of key USAID compliance policies, such as cost allocation policy and disallowed costs. Ophavela needs to ensure these manuals are adequately disseminated among staff.
- Financial reports: While Ophavela has many strengths in budgeting and planning that are unusual for local organizations, their financial reports have more errors than would be expected given their capacity and are sometimes missing documentation. Staff have the capacity, but may be overwhelmed with the volume of work if handling multiple projects.
- Finance team qualifications and distribution of responsibilities: The team knows the material well and is competent for managing the scale of activities they currently have. They have an appropriate segregation of duties. Should the organization grow, Ophavela should consider bringing on a finance manager with experience managing a larger portfolio.
- Accounting software/ chart of accounts, etc.: Ophavela is using Primavera for all projects and has an updated chart of accounts.
- Files (HR and finance): The files are generally well organized. Ophavela is implementing an annual performance review process.
- Internal controls: This is an area of strength for Ophavela. They have and are using many systems for internal control including regular bank reconciliations, inventory, and timesheets for the CAP funded project.

Recommendation

Ophavela is recommended for graduation.

Even though Ophavela is recommended for a transition award with USAID, there are some recommendations that will help Ophavela manage change and growth in the future:

- Improve the quality and consistency of financial reports;
- Disseminate policies and procedures so that all staff in cognizant of contents;
- Continue to demonstrate commitment to quality of program implementation to improve organizational capacity to deliver on HIV prevention programs;
- Ophavela should have better qualified admin and finance staff if they want to continue to manage sizable awards;
- It would be advisable for Ophavela's management to be more actively involved in projects in new programmatic areas.

Annex 3. Detailed Report for NAFEZA Graduation Assessment

NAFEZA (Núcleo das Associações Femininas da Zambézia) was founded in 1997 as an initiative from three women associations (AMUDEDEZA, ACTIVA, ADDOM), who were at that time members of FONGZA. Its creation was guided by the vision to *“form a strong intervening network, representing Civil Society in the Province of Zambézia that ensures women empowerment through information and training interventions, using mechanisms that pressure the Government to create policies and programs to benefit women”*.

This organization has as its mission to *“coordinate member organizations’ interventions and implement activities to promote women, gender equity and women’ rights”*. Its objectives are: (i) contribute to minimizing the differences between men and women and increase women’ position by coordinating and strengthening civil society interventions on behalf of women in the Province of Zambézia, especially in the areas of agriculture, education, health, women’s rights, the fight against poverty, violence against women and HIV/AIDS; (ii) promote access to information, training and education of women, pressure the Government to adapt and implement policies that creates gender equity and women empowerment, in politics and programs, and introduce positive changes to gender relations as well as contributing to building the capacity of its members.

NAFEZA is made up of 53 member associations located in the 17 districts of the Zambézia province, with the exception of 3 (Inhassunge, Chinde e Lugela). NAFEZA has regular meetings with its members to discuss and elaborate policies, projects and the implementation of activities that integrate women’s issues, violence against women, and the fight against HIV/AIDS in two specific areas: institutional capacity building and advocacy.

Details of CAP Mozambique award
Award Ceiling: 13,455,334 MTN (\$448,511)
Period of Performance: May 1, 2012 – December 31, 2014
Geographic Targets: Zambézia Province, District of Inhansunge (Localities of Mucopia, Mussangane end Abreu), District of Nicoadala (Localities of Bilila, Nanthide end Mutchessane)
PEPFAR Focus: Prevention, GBV, counseling and testing and increasing demand for services
Project Description: NAFEZA aims to contribute to the reduction of the risk of HIV infection among adolescents, young people and couples in communities identified in the districts of Nicoadala and Inhassunge. Target groups include pre-adolescents aged 10 to 14 years old, teens aged 15 to 17 years, youth aged 18 to 25 years, and married people over 18 years old.
Expended in calendar year 2013: approximately \$170,000.

Key Personnel

Executive Director – Candida Quintano
 Coordinator – Mefina Samajo
 Finance Manager – Paulina Bo

Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.*
 - The *Bulletim de Republica* confirms NAFEZA's official registration.
 - NAFEZA was created in 1997, recognized by the government of Zambezia in 2004, and registered in 2004. Publication in the *Boletim de Republica* took place in BR 12 January 2005, series no. 2 2005. All members of the governing body are Mozambican.

2. *Clear separation of governing bodies and executive functions. Satisfactory results of external organizational assessment conducted by CAP Mozambique or a third party.*
 - Separation of functions: There is no duplication of names in the executive and governance functions in the organizational chart. Based on available information, NAFEZA has a clear distribution of roles and responsibilities.

 - Analysis of internal governance system: The board (*conselho de direcção*) has regular, documented meetings. The Fiscal Council is becoming more active and organized. The most recent general assembly was organized according to statues and best practices. All members were invited with sufficient notice and information and documents were shared ahead of time, allowing time for review. NAFEZA needs to clarify the policy on the role of men in leadership positions.

 - External Relations: NAFEZA is well known within the provincial government and has excellent relationships. NAFEZA implements projects in collaboration with several governmental institutions, such as the police, services to assist victims of violence, social action, etc. The next step in the evolution of these relationships would be to formalize these agreements with MOUs. NAFEZA always consults with the community when designing new projects. Often, the executive director is directly involved in these consultations to ensure that NAFEZA is responding to the community.

3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
 - The certifications are updated and on file at CAP. An updated search of the OFAC, EPLS and Al Qaeda Sanctions databases was conducted and nothing was found.

Programmatic Capacity

4. *The organization must have experience implementing programs for more than two years.*
 - NAFEZA has been implementing activities since 1997. Available data indicate that NAFEZA has managed funds from the following donors: UNFPA, OXFAM, Fórum Mulher, FHI 360, and others. Most of their activities have been in the following areas: gender, gender based violence, women in politics, HIV prevention and cultural initiatives.

5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*

- Performance: NAFEZA has exceeded its planned targets in the first phase of the project and is proposing even higher targets for GBV in the next phase.
- Progress on targets scores and comments: NAFEZA negotiated with the target group to organize two sessions per week to allow them to recover from a slow start. This allowed them to exceed their targets. The beneficiaries wanted to continue with two sessions per week, which is allowing NAFEZA to increase its targets in subsequent phases.
- SBCC Prevention Assessment: Nafeza showed improved results, particularly in the category of implementation.

Table 1. Targets reached by NAFEZA

3/2012-11/2013	Target	Reached
Prevention	3960	4951
Training	104	94

Table 2. NAFEZA's SBCC Assessment Scores

COMPONENT	Base 2011	Follow Up 2013
Planning	1.99	2.19
Implementation	2.18	2.71
Monitoring and Supervision	2.18	2.25
<u>TOTAL Score</u>	<u>2.12</u>	<u>2.38</u>

- Responsiveness and adaptability to change or other relevant points: NAFEZA responded rapidly to the opportunity to refer beneficiaries to testing and counseling and mobilized CT services. Also, when asked about their interest in doing GBV screening, NAFEZA quickly gathered information on available services and is mobilizing to conduct this activity.
- Qualifications of staff: NAFEZA has a capable team, appropriate for the needs of the project. The staff are responsible and committed. Many stayed even when there was a gap in funding. NAFEZA recently hired a program coordinator to reduce the burden on the executive director. They chose a capable person that has contributed to NAFEZA's performance.
- Other points: The quality of supervision of field activities has increased significantly in the past two years. The executive director has a new appreciation for how monitoring and evaluation (M&E) is a tool for management and has requested assistance in designing an M&E system that captures all of the organization's activities.
- Programmatic reports: Reports have shown improvement vis-a-vis CAP Mozambique requirements. Their reports are detailed enough to allow the reader to easily perceive how activities are progressing.

Financial and Administrative Management capacity

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*

Table 3. NAFEZA's Donors

Donor	Theme of the project	Time period	Total Amount
UNFPA	Empowerment and gender equity	2003-2011	15 million MT
The Embassy of Holland and OXFAM Novib	Project against violence against women	2009-2014	27 million MT
Diakonia	Intitutional development	2003-10	7.7 million MT
Forum Mulher/Ibis	Women and political participation	2009-13	
CIDA Canada	HIV Prevention and treatment	2007-8	1.8 million MT
CNCS		2004-9	4.8 million MT
FHI 360/CAP Mozambique	HIV Prevention	2012-14	13.5 million MT
Fundo Global through do Forum Mulher			

- Feedback from donors was positive in programmatic as well as financial management.
- In 2011, there was an audit of UNFPA funds. Some irregularities in the use of administrative (indirect) funds were identified. However UNFPA accepted responsibility for having providing erroneous instructions to NAFEZA. No other findings were identified in other audits.

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*

In the Financial Health Check, Nafeza received a low risk score of 247.

Table 4. NAFEZA's Disaggregated Results of Financial Health Check

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change
#1	Junho 12	31 Medium risk	39 Medium risk	15 High risk	57 Low risk	27 Low risk	26 Medium risk	195 Medium risk	52
#2	Julho 13	33 Medium risk	44 Medium risk	28 Low risk	74 Low risk	33 Low risk	35 Low risk	247 Low risk	

- Financial reports: NAFEZA has performed very well in terms of timeliness of financial reports.
- Finance team qualifications and distribution of responsibilities: NAFEZA has recently expanded their team to ensure the segregation of duties. This also reduces the risks associated with over dependence on one person. There is at least one very strong person amongst the new team members who is capable of assuming increased responsibility. The policies and procedures manual outlines a segregation that discourages dishonest practices.
- Accounting software/ chart of accounts, etc.: They have revised their chart of accounts to include those codes more applicable for their organization. They have the accounting software, and are awaiting training from the software provider.
- Files (HR and finance): Archives exist and NAFEZA has the capacity to organize and label their files appropriately. They also know how to make sure their HR files are complete and organized.
- Internal controls: Segregation of roles has improved recently. NAFEZA still does not have petty cash. Budgets and cash-flow are well managed.
- Policies and Procedures Manuals: NAFEZA is one of the CAP Mozambique partners whose administrative, financial, and human resources policies and procedures have been approved by the board. They have conducted performance reviews for all staff except the Executive Director. They need to update to include USAID policies such as a policy on shared costs and a policy on disallowed costs.

Recommendation

NAFEZA is recommended for graduation.

Even though NAFEZA is recommended for a transition award with USAID, there are some recommendations that will help the organization manage change and growth in the future:

1. Implement accounting software program;
2. Develop necessary USAID specific policies and procedures (cost allocation, disallowed costs, time reporting);
3. Conduct performance evaluation of the Executive Director;
4. Improve the organization of its files;
5. Improve internal communication to speed-up decision-making process.

Observations

- NAFEZA is a network. They are interested in pursuing this role more actively and gradually reducing their implementation activities. This may have both programmatic and structural implications for NAFEZA in the future. This evaluation here was of NAFEZA as an implementer.

Annex 4. Detailed Report for ANDA Graduation Assessment

ANDA (Associação Nacional para o Desenvolvimento Auto-Sustentado) is an NGO that has been legally registered since 1992. It currently implements projects in the districts of Manica, Machaze, Susundenga, and Mussurize. ANDA combats hunger, discrimination, and poverty through the provision of comprehensive services to OVCs, awareness raising, and improved livelihood options for the most vulnerable.

Currently, ANDA works across sectors to improve services to OVCs, including psychosocial support and vocational training, access to quality primary education, monitoring and advocacy for increased governmental transparency, and increased access to HIV/AIDS home-care programs and preventative services.

ANDA has worked with numerous donors since its founding, including Concern, CHF, Terre des Hommes (Germany), Africare, FHI 360, and HAI. In 2011, ANDA received two grants from CHF and Africare worth a total of 240,838 USD. Currently, ANDA is implementing two project through FHI 360 CAP Mozambique grants: one working with Commercial Sex Workers and Truck Drivers, and the other with OVC.

Award Details

Grantee: Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA)

Award Ceiling: 11,295,626 (\$366,147)

Period of Performance: April 2, 2012 – February 28, 2015

Geographic Reach: Districts of Manica and Gondola (Manica Province)

PEPFAR Focus: (Prevention – Key populations and strategic populations)

Project Description: ANDA contributes to reducing the risk of HIV infection among students and teachers, truckers, commercial sex workers, and practitioners of transactional sex in the districts of Manica and Gondola, Manica Province.

ANDA also has a second award with CAP Mozambique

Award Ceiling: 19,122,379MTN (\$619,851)

Period of Performance: January 6, 2013 – April 30, 2016

Geographic Reach: Districts of Manica (Manica Province)

PEPFAR Focus: (OVC)

Key Personnel

Executive Director: Tiago Jaime Ronsolo

Project Officer: Ernesto Elias Frazia Tuia

Finance and Administration Manager - Abraham Dumissane

Accountant : Moreira Araujo

Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.*
 - ANDA has been registered, as evidenced by the *Certidao de Registo*, and has submitted its statutes for official publication in the *Boletim de Republica*. All members of the governing bodies are Mozambican.

2. *Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.*
 - Separation of roles: There is no duplication of roles and responsibilities between the governing bodies and staff as shown in the organogram and other documents presented by ANDA. The Executive Director reports to the board. Each board member has a clear role, which is unusual among CAP Mozambique partners.
 - Internal Governance: The board meets on a quarterly basis, as evidenced by minutes of meetings. They are appropriately active in the life of the organization – visiting activities, verifying systems. ANDA’s members actually pay dues to the organization, which is unusual in Mozambique. This indicates a serious commitment and provides the organization with some flexible funds.
 - External Relations: ANDA has strong relationships with the provincial authorities as evidenced by MOU’s between ANDA and the Ministry of Education, the Ministry of Agriculture and the Ministry of Health for different aspects of its projects. The Provincial Directorate of Health (DPS) agreed to temporarily second a nurse to conduct HTC for ANDA’s target group (most-at-risk populations, mainly truck drivers and sex workers) and to provide a 10-day HTC training for ANDA’s peer educators who replaced the nurse once trained. DPS will continue to provide test kits to ANDA. The local department of agriculture provides seeds and training for the VS&L groups. ANDA also had good relationships with local leaders and schools for school-based HIV prevention activities. The DPS and Medico Chef visited some of ANDA’s MARP activities and were favorably impressed. In the past year, ANDA has developed a relationship with Coca-Cola and approached Cervejas de Mozambique to develop opportunities for ANDA’s beneficiaries.

3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
 - ANDA does not have pending actions documented by declarations and searches in the USG anti-terrorism and excluded parties’ list system.
 - The problem identified a year ago regarding incorrect processing of salaries and payroll taxes put the organization at risk for significant fines, but this has now been resolved.

Programmatic Capacity

4. *The organization must have experience implementing programs for more than two years.*

- ANDA has been providing services in Manica since 1992 and has managed projects funded by Concern, Canadian Hunger Foundation, PCC/Africare and MASC.

5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*

- Performance: ANDA has been implementing an HIV Prevention project with CAP Mozambique since April 2012. In addition, ANDA was selected through another competitive process to implement an OVC project. The award commenced on June 1, 2013. ANDA had a very rapid OVC project start-up phase. As a result of the budget cuts that CAP Mozambique faced in early 2013, ANDA's Prevention scope of work was reduced to focus on the MARP activities. This graduation assessment covers both ANDA's Prevention and OVC projects.

Table 1. OVC targets reached by ANDA

OVC Indicator	Target 6/13-9/14	Results 6/13-5/14
Activistas trained	17	37
OVC reached	450	433
Referrals to health services	0	69
Referrals to all services that are completed	0	347
Eligible beneficiaries receiving food or nutrition	450	453

- Progress towards targets: In general, ANDA has been a strong and consistent performer, meeting or exceeding targets and engaging in new activities when necessary. In the area of OVCs, ANDA is on target to meet or exceed all of its targets for the period. The quality of the work is very high and they learn quickly when taking on new activities. They are quite strong on completed referrals, in part because of their strong relationships with other institutions and service providers.

Table 2. Prevention targets reached by ANDA

Prevention Indicator	Targets 4/12-2/15	Results 4/12-5/14
Activistas trained	356	365
Prevention AB (schools)	1456	2412
Prevention general	3891	6082
Commercial sex workers	445	363
Truck drivers	3428	3732
HIV Counseling and testing	530	640
Referrals	250	159

- In the area of Prevention, ANDA has already met or exceeded all of its targets but two: reaching commercial sex workers with the integrated prevention package and referrals. However, ANDA still had nine months left on the project and is expected to meet those targets in time.
- Technical Assessments: In the Social and Behavioral Change Communication Assessment, ANDA's score increased from 2.0 to 2.5 out of a possible total for 4.0. The most significant growth was demonstrated in the areas of implementation and monitoring. Community Mobilization is one of ANDA's strengths. In the OVC assessment, ANDA's scored increased from 42 to 63 of a possible total of 75. They showed the most growth in the areas of OVC project design and existence of case management systems to support OVC.

- ANDA demonstrates a definite interest in serving the population and does it well. They adhere to their plans and meet their goals and targets consistently. ANDA reflects on program implementation, seeks technical assistance to improve performance, and is able to swiftly implement changes and innovative ideas. As mentioned above, they started up the OVC program very quickly and soon became a model partner in OVC work. They provide integrated services and help each family in a holistic manner.

They advocate, innovate and seek partnerships to help their beneficiaries. For example, ANDA has mobilized the local Department of Agriculture to provide seeds and training to the members of the VSL groups to help them address nutrition issues and increase options for income. They have also approached Coca-Cola to develop a partnership to help women beneficiaries become entrepreneurs. When a student was sexually harassed by her teacher, ANDA helped the family take the teacher to court. ANDA is able to adapt and find solutions. When the training center budget was reduced because of funding limitations, they adapted and the project went ahead. ANDA visited FHI 360's ROADS project to learn about on-site HTC and rapidly incorporated learning in its sites in Manica. When the Government changed its import authorization process, ANDA staff noticed that truckers spent days waiting for their import papers in a designated location. ANDA responded by organizing HIV edutainment and HTC. ANDA made further adjustments to their project when truckers indicated to prefer HTC in the day.

- Staff qualifications and structure: They had some issues in the past with staff that were not appropriately qualified for their positions, but ANDA now follows open and transparent recruitment processes to ensure that the best qualified individual is selected for the position. This has made a positive difference in the performance of the organization. They also have started a performance review process.

- Programmatic reports have improved significantly since working with CAP. ANDA's score increased from 32 to 39 out of 40. The organization responds quickly to questions regarding programmatic reports. ANDA has improved data collection and transfer after CAP Mozambique provided TA on issues identified during a data verification visit.

Table 3. ANDA's Programmatic Capacity Scores (SBCC)

SBCC Technical Assessment	Baseline (07.2012)	FUP (07.2013)
Planning	2.14	1.98
Implementation	2.06	3.14
M&E	1.75	2.25
Overall Score	2.00	2.47

Table 4. ANDA's Programmatic Capacity Scores (OVC)

OVC Technical Assessment	Baseline (06.2012)	Follow-up (06.2014)
Project Design	3	15
Qualified Program Staff	13	14
Appropriate process to support OVC care	14	20
Processes to determine client satisfaction	6	6
Adequate data management and reporting systems	6	8
Total	42	63

Financial and Administrative Management capacity

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*

- The organization has managed funds from various donors such as:
 - Concern (18,399,200 MT from 2009-2014, has been a partner since 2004)
 - Canadian Hunger Foundation (18,480,827 MT from 2011-2014)
 - PCC/ Africare (5,365,506 MT from 2011-2014)

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*

- In the Financial Health Check, over two years, ANDA's score increased from 165 to 256 out of a total of 300 which represents a 55% increase. This score classifies ANDA as low risk (the threshold for low risk is 240).

Table 5. ANDA's Disaggregated Results of Financial Health Check

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change
#1	Jul 2012	25	29	20	40	25	26	165-MED	
#3	Jun 2014	39	48	30	70	33	36	256-LOW	24

- Financial reports: ANDA has submitted 52 financial reports. The reports were slightly delayed about a third of the time, but the quality is good and includes appropriate supporting documentation.
- Qualifications and structure of staff: The finance team is strong, but ANDA may need a more qualified accountant if the organization grows further.
- Accounting software/ chart of accounts: ANDA has accounting software and uses it consistently with all projects.
- Policies and Procedures: In the past year, ANDA has revised its HR and Administrative/ Finance manuals with TA from CAP Mozambique. The HR manual has guided ANDA in addressing some weaknesses in performance review, recruitment and promotion processes that were identified previously. These manuals have all been reviewed and adopted by the board.
- ANDA's salary and payroll systems are in order. ANDA actively responded to TA to address a problem identified in the previous year with payroll for staff working for multiple projects.
- Files: Human resources and finance files exist and are well organized. Files that contain ANDA's CAP Mozambique project documentation are well organized as a result of targeted TA. They were encouraged to apply these systems for other donor projects as well. There are still some gaps (e.g. job descriptions), but they have improved significantly.

- Internal Controls: ANDA has good internal control systems (inventory, timesheets, separation of duties, etc.). They have significantly improved several of these systems in the past year.
- ANDA is the only CAP Mozambique partner whose Fiscal Council conducted a spot-check of randomly selected transactions to ensure compliance with procedures. This demonstrates a commitment to organizational accountability at the board level that is unusual and important.

Recommendation

ANDA is recommended for graduation.

Even though ANDA is recommended for graduation, we still recommend that the board institute the practice of conducting regular performance reviews of the executive director.

Annex 5. Detailed Report for HACI Graduation Assessment

HACI (Hope for African Children Initiative) was established in Mozambique in 2004 as a Pan African Initiative to support the mitigation of HIV/AIDS impact on children. HACI has implemented Orphans and Vulnerable Children programs in Maputo, Gaza, Inhambane, Sofala, Manica and Zambezia. HACI's mission is to partner with governmental and non-governmental institutions, communities, families and children in carrying out of interventions to ensure growth and wellbeing of Mozambican children in full. HACI has been a registered Mozambican NGO since 2009.

HACI began as a network and in 2009 decided to become an umbrella organization to support effective CBOs working with OVCs and expand the services available to children. CAP Mozambique has been providing TA to HACI to help the organization become a responsible and effective grants manager and TA provider in the area of OVC. Team members have lengthy experience with OVCs and the organization is an active member of the Nucleo Mocambican para Crianças e Orfãos Vulnéraveis (NUMCOV). HACI has worked with the following donors: UNICEF, Save/ Scale up Hope, as well as FHI 360.

CAP Mozambique has been working with HACI since September 2009. Initially, Save the Children acted as the fiscal agent as HACI registered to become an independent organization. For the current award, HACI was selected competitively to be an *Up and coming* umbrella grant partner. The details of the award are included in the box below.

Award Details
<p>Grantee: <u>Hope for the African Child Initiative (HACI)</u></p> <p>Award Ceiling: 62,384,867 MT (\$1,989,948)</p> <p>Period of Performance: June 1, 2011 – April 30, 2016</p> <p>Geographic Targets: Maputo and Manica provinces</p> <p>PEPFAR Focus: OVC, capacity building for CSOs</p> <p>Project Description: HACI provides training, technical assistance, and grants to six NGOs (four in Maputo City/Province and two in Manica Province) to provide services to orphans and vulnerable children. Some sub-partners also provide household economic strengthening services. Sub-partners are trained in community consultation, proposal and budget development, contractual compliance, M&E, and OVC care to enable them to implement projects in their communities.</p>

Key Personnel

Executive Director - Celso Mabunda
 Grants Manager - Unildo Boane
 Project Coordinator - Celeste Nobela
 M and E Officer - Belmira Seuane
 Accountant - Alberto Nhanguatala

Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents*

of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.

- HACI is registered nationally. The majority of the board members are of Mozambican nationality.
 - HACI was registered in Mozambique in 2011. HACI operated in Mozambique for several years prior as the Mozambique delegation of the Hope for Africa's Children Initiative based in Kenya. In Mozambique, the coalition included Save the Children, Care, Plan, and others. Save the Children was the fiscal agent.
2. *Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.*
- Separation of functions: HACI has a well-defined organizational structure with a clear separation of board and executive functions. HACI is learning to fully operationalize that structure.
 - Analysis of internal governance systems: The board members are high capacity and many are employed in full-time jobs, which creates challenges for the board members to be available to support in key moments. The *Conselho de Direccao* (Managing board) should meet regularly, yet there is only evidence of two meetings in the past year to evidence this. The board was motivated to make some organizational improvements when the 2013 graduation report was presented highlighting some critical areas of weakness, and did engage strongly shortly thereafter. However, it is unclear to what level the board continued to engage after the initial crisis. HACI has organized a general assembly in 2013, which resulted in the election of new board members.
 - External relations: HACI has excellent relations with the Ministry of Women and Social Action (MMAS). They are active in networks such as ROSC (*Network of Civil Society Organizations for children*), and Rede Crianca and meet regularly with Plan and UNICEF. They are leaders in NUMCOV and GT COV (Sector working group on COV). HACI staff asked good questions at these meeting.
3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
- No pending actions documented by declarations and searches in the USG anti-terrorism and excluded parties list system.

Programmatic Capacity

4. *The organization must have experience implementing programs for more than 2 years;*
- HACI was created in 2011 and was implementing activities with Save as the fiscal agent prior to that. HACI implemented activities in the provinces of Gaza, Inhambane, Manica, Maputo city and Province, Sofala, Manica, and Zambezia. At this time, their activities with CAP Mozambique are only in Manica and Maputo.

5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*
- Progress on targets: In the current CAP Mozambique grant, HACI did not meet its targets in year 1. In year 2, HACI reached 114 of 177 *activistas* and reached 1585 of a targeted 2925 OVC. In Year 3, performance improved. Start up in year one, along with the grants processes and TA to strengthen HACI's capacity in this areas, delayed signing of the sub—grants. For year two, there were several hundred COV that could not be counted because of the data problems further described below. For year three, HACI reached its targets for COVs serviced, but fell short in capacity building and referrals. The reasons for this are described below.

Table 1. Targets reached by HACI

Indicator	Year 1 6/11-8/12		Year 2 9/12-8/13		Year 3 9/13-8/14	
	Target	Result	Target	Result	Target	Result
Capacity building	210	30	210	98	93	37
Activistas Trained	-	-	177	114	392	276
COVs served	-	-	3,418	2,259	4,300	4,082
Referrals to health services	-	-	-	-	860	14
Referrals to all services that are completed	-	-	-	-	3,440	62

- OVC Technical Assessment: HACI's score has steadily increased, demonstrating an increase in staff technical knowledge and the existence of key systems.
- In the beginning of the project, HACI did well in supporting its sub-partners to do community consultation and project design. In the implementation phase, HACI continues to be challenged to implement capacity building, monitoring and supervision systems to support partners implement key program elements. One example is the Child Status Index (CSI) and care plans. HACI struggled to introduce partners to the tools. The first CSI application and care plans development was not done well. This is neither unexpected nor uncommon because the tools are complex. Experience shows that it becomes easier and of better quality over time. The problem however was that HACI did not acknowledge and address the challenges in a timely manner. Within one year HACI was not able to assist its subpartners to complete the CSI and develop care plans for all beneficiaries. Eventually, HACI decided to discard the first round of CSI data. Data generated via the second application will become baseline data and the basis for care plan development. Another example is the frequency of referrals and completed referrals. Subpartners did not meet their targets for these indicators. These are key indicators for the quality of services provided to OVC. CAP is unclear whether subpartners are not making referrals or not recording them. Either way, monitoring visits should have identified this challenge and addressed it. The latest report on monitoring of psycho-social services (PSS) indicates that

subpartners are struggling to provide this service to beneficiaries. Household Economic Strengthening activities got off on a very slow start, yielding very little results in nearly four months of implementation. CAP is compelled to conclude that HACI is not yet able to effectively pass their technical knowledge on to subpartners and manage the sub awards in a manner that leads to results.

- Qualifications of staff and staffing structures: As indicated above, HACI's program staff have technical knowledge and experience, but were challenged to transfer knowledge and manage a project of this scale and ensure quality. CAP Mozambique has provide intensive TA to HACI staff in the past year in planning – recruitment and reallocation of staff duties based on an LOE analysis, developing capacity building plans for each sub-partner, systematizing TA visits so each visit has a specific purpose, developing six month plans that avoid overlapping or conflicting activities, and more. HACI has completed each of these tasks once with CAP and is providing more frequent and better targeted support to subpartners. While HACI's performance has improved, CAP Mozambique has also been handholding; in areas where we have not been closely overseeing each step (e.g. HES), there has not been results. Given the level of HACI's staff, and the fact that HACI is an intermediary organization, this level of oversight should not be necessary. HACI will have the opportunity to demonstrate its ability to plan for and provide effective TA to generate results and achieve targets, ensure quality services, and manage its sub-partners in the coming year. CAP also recommends that HACI spends less time in subpartners' offices and more in the field observing subpartners' implementation. This will enable HACI to identify and address implementation challenges earlier.
- Responsiveness and adaptability to change: CAP Mozambique has limited the new activities that HACI can take on until they have mastered the management and quality control systems for the core activities.
- Programmatic reporting: HACI attained a score of 35.67 in the assessment conducted in May 2014. This represents an improvement over the prior reporting period, but is still less than their score earlier in the project. Their reporting of data has improved. In the prior graduation assessment, data in summary tables and reports is not consistent with raw data; there was duplication of data and it was clear sub-partners were not receiving information or TA regarding use of the CSI or reporting on indicators. CAP Mozambique provided feedback and additional technical assistance over the past year. Now data reports are complete and coherent. HACI staff are now properly using the excel database. The subs

Table 2. HACI's Programmatic Capacity Scores

Criteria	August 2011	March 2013	June 2014
Project design	9	22	23
Qualified program staff	6	11	14
Appropriate process to support OVC care	6	15	21
Network experience	0	1	4
Adequate data management and reporting systems	2	10	11
TOTAL	23	59	73

have the tools for reporting the original indicators, though we have not been able to verify that the tools for the newer indicators have been provided. HACI still needs to do data verification itself and make sure the referrals are being reported accurately. In CAP Mozambique staff visits, we identified where referrals had been made, but the data were not captured.

- On the grants management assessment, HACI's score increased from 132 (2010) to 193 (2012) to 216 (2014) out of a possible 316, with growth demonstrated in all areas. They demonstrated their capacity to conduct an open and transparent selection process. The team provided good TA in project design and community consultation to sub-partners. Most recently, the greatest growth was achieved by developing the grants manual. Strategies to manage financial risk and reporting for sub-grantees have improved, though there is still room for growth. HACI is good at documenting the processes it has followed for selection and so on. In the past year, HACI has also improved in post-grant management of sub-awardees. HACI has the grants management systems in place and different teams know the phases of the process in which they are involved. One key staff person knows the know system. It is now important for HACI to take steps to institutionalize these systems by having the board review the grants manual and adopt it.

Table 3. HACI's Programmatic Capacity Scores

Criteria	August 2010	August 2012	July 2014
Staff (max 3)	0	3	3
Solicitation and selection (82)	44	80	80
Pre-award/Award (71)	54	67	67
Post Award (56)	34	29	43
Grants manual (104)	0	14	71
TOTAL	132	193	216

Financial and Administrative Management capacity

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*

- HACI has managed the CAP Mozambique grant since they became independent in 2011. Prior to that, under the fiscal oversight of Save the Children, HACI also received funds from UNICEF (2007-2010 USD 750,000, Scale up Hope from USAID/Save (2—5-2011 USD 2,149,370).
- HACI needs to diversify its funding base, particularly in light of the fact that CAP Mozambique funding will be ending in a year and a half. Obtaining additional funding soon will allow HACI to test its grants process again while CAP Mozambique staff are still available to support them. More diverse funding can provide more flexibility in responding to beneficiary needs.

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*
- CAP maintains high expectations of HACI because in their role as a grants manager, they serve as a role model, and the risk is multiplied.
 - Financial reporting: HACI submits most reports on time. These reports often include errors that HACI could avoid if they reviewed them more carefully before sending, rather than waiting for CAP Mozambique staff comments. Other donors will want to know that HACI takes full responsibility for the quality of its work.
 - In the Financial Health check, the organization has progressed from a score of 209 (Medium risk) to 230 (Medium risk).

Table 4. HACI's Disaggregated Results of Financial Health Check

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change
#1	3-2012	25 High risk	48 Medium risk	18 High risk	65 Low risk	30 Low risk	23 Medium risk	209 Medium risk	21
#3	6-2014	28 Low risk	45 Medium risk	21 Medium risk	72 Low risk	32 Low risk	32 Low risk	230 Medium risk	

- Accounting software/ chart of accounts: Overall financial systems are in place and working well. HACI now has basic accounting software, and an appropriate chart of accounts.
- Files (HR and finance): HR files are kept in a safe place and accessibility is controlled, though some HR files need to be completed.
- Policies and procedures: HACI has a board approved procedures manual covering Administration and Finance. They have received TA to finalize the salary and travel policies and on developing a performance appraisal system, and to include USAID specific policies – but have not yet implemented any of these processes. Nor have they included any of the policies recommended for USAID compliance.
- Grants management: Procurements are generally well conducted and transparent. HACI sometimes forgets to seek approval and this has resulted in disallowed costs, which the organization has reimbursed. This is not a serious problem, but one that could be easily avoided and represents an unnecessary organizational risk.
- Qualifications of staff and structure: The accountant is qualified for the job. However, financial reports are not reviewed by management prior to being submitted to CAP Mozambique.
- Audit: KPMG conducted at A-133 audit for the period of October 2012-September 2013. The only potential finding was regarding timesheets, but staff are 100% with CAP Mozambique. As such, sharing time across projects was not a problem.

Summary of recommendations made in last year's graduation process

Recommendation	Progress
Mobilize internal resources to improve quality and accuracy of reporting.	HACI has asked a staff person with experience with excel to manage the data bases. They

	have provide tools and TA to partners to accurately report.
Implement structured, realistic, six month plan to provide effective TA to sub-partner in program implementation and reporting.	Improved systems (tools and procedures) and structures (people and organogram) to provide TA. HACI needs more time to demonstrate to be able to do this independently and consistently (planning site visits, contents of TA during site visits)
Review staffing plan including level of staffing and division of responsibilities to ensure qualified personnel are in place to implement the project and make adjustments accordingly.	This was done with CAP Mozambique TA. As a result, more appropriate human resources allocations have assisted in improved TA delivery and quality of data management
Engage governing bodies to improve oversight and provide support, particularly during times of crisis.	The board was engaged in the initial resolution of this crisis, but it is unclear to what degree they continue to follow the situation as the improvements have been primarily in areas where CAP Mozambique has provided active, intensive support.
Complete steps to update financial systems (chart of accounts, accounting software, etc.).	They have procured an accounting software package and developed a chart of accounts, but the process is not yet complete.
Finalize and approve remaining salary, travel and performance assessment policies and procedures.	No progress.

In addition, HACI has:

1. Prepared solid draft of sub-grants management manual.
2. Improved its capacity to evaluate, plan and produce budgets.
3. Completed its strategic plan.

Recommendation

HACI is not recommended for graduation at this time.

In order to be considered for graduation in the future, HACI should consider the following recommendations:

1. Take action on recommendations to improve policies and procedures, including those related to USAID compliance, and performance reviews;
2. Improve financial reporting to reduce errors, including in providing TA to sub partners to improve their capacity in this area;
3. Implement accounting software package;
4. CD and CF should more actively engage in oversight (beyond crises situations) and holding the executive team accountable;
5. Board should review and approve the grants manual;
6. Diversify funding sources;

7. Conduct data verification exercise;
8. Manage ICBP, CSI reapplication, and six month planning processes with minimal TA from CAP;
9. Effectiveness of TA is demonstrated in improved results in referrals, household economic strengthening and psycho social support;
10. Maintain improvements already made.

Annex 5: HACI Sub-grant Management Assessment

July 21, 2014

CAP facilitated a Grants Management Assessment with HACI on July 21, 2014. This was the third evaluation of the organization's grants management capacity - the baseline evaluation took place on May 24, 2010, and the midline on August 14, 2012. The assessment was facilitated by Marty Galindo-Schmith, CAP Senior Technical Advisor, with support from Atanásio Mabote, Grant Specialist. HACI participants included Celso Mabunda, Executive Director; Celeste Nobela, Coordinator; Belmira Sevane, M&E Officer; Unildo Boane, Grant Manager; Alberto Nhangoatala, Accountant; and Gabriel Mutambe, Program Assistant. The purpose of this assessment is three-fold: a) Provide CAP and HACI with a sense of the organization's grants management capacity, as well as an illustration of improvement since the application of the baseline and midline assessments; b) Provide CAP and HACI with inputs for a capacity building plan to continue improving HACI's grants management capacity; and c) Provide CAP with an idea of how well its capacity-building interventions are supporting HACI's growth in grants management. This report was prepared by Marty Galindo-Schmith.

Overview –

The Grants Management Assessment focuses on five primary areas: Staffing (capacity and structure of staffing to manage sub-grants), Solicitation/Selection (solicitation process/documents, selection process), Pre-Award/Award (program/finance review and site visit process, grant agreement), Post Award (tracking and monitoring systems), and Grants Manual (existence of written policies/procedures to guide grant system). These categories have not been weighted, which is why CAP uses this tool to assess change in each of the five categories presented, rather than a total score for the assessment. A list of all of the documents reviewed during this assessment is included at the conclusion of this report.

Although the assessment tool allows for an analysis of the grants management system that governs an organization's process for managing sub-partners, it does have certain limitations. For example, it does not provide space to discuss the challenges faced while managing grants and the organization's strategies for resolving these issues. It also does not dig deeply into the quality of the systems put in place – for example allowing for a discussion of the quality of financial and programmatic monitoring processes and the organization's strategies for dealing with poor grantee performance. Finally, the design of the assessment purposefully allowed for a discussion of an umbrella grantee's capacity development strategy without scoring this area, given that this is a technical approach that might not be included in each umbrella organization's overall grant management strategy. That said, since capacity development is a fundamental component of HACI's grant management strategy, it is worth exploring the issue in more detail as it relates to their grant management performance overall.

To tackle these gaps in the assessment, CAP included additional questions in the assessment process to provoke reflection and responses to areas otherwise not covered in the assessment document itself. These questions and responses are located in an addendum to this document. In addition, CAP's assessment of HACI's performance in these areas also will be included in this report.

As the increase in scores in relevant assessment areas demonstrates, HACI has improved in its grants management capacity since the midline. In addition, the observations of both HACI and CAP staff

included in the narrative below indicate that the quality of their grants program continues to increase. However, there are a few key recommendations from the midline assessment that were not addressed – and remain recommendations in this report.

HACI's Grant Management Experience -

HACI has an interesting background in relation to grants management. At the time of application of the baseline in 2010, HACI was finalizing its transition from operating under SAVE's fiscal agency to becoming an independent organization. During that period (2006-2011), HACI and SAVE jointly implemented a program to disburse grants to Mozambican civil society organizations. While HACI assumed leadership over programmatic implementation, SAVE maintained the primary role of monitoring and managing the financial management of the sub-awards. Since the roles between HACI and SAVE were divided, and SAVE maintained the overall responsibility for the performance of the sub-awards, there were still many areas where HACI needed to develop their capacity for overall grants management in order to be a successful umbrella organization. In the baseline assessment, the following areas were designated as priority capacity-building areas: solicitation and selection (how to conduct an open competition, develop an RFA, manage a selection process, and conduct site visits), development of a financial management system, development of a grant tracking system, and support in developing a grant manual.

On June 1, 2011 HACI was awarded a grant by CAP Mozambique to award 6 sub-grants to Mozambican civil society organizations in Manica and Maputo provinces in the area of OVC (orphans and vulnerable children) service delivery. An important part of this award was the provision of technical assistance to HACI to improve their grants management capacity. Since 2011, CAP has provided training and technical assistance to HACI in the solicitation and selection of grantees, development of a financial management system, conducting programmatic and financial site visits, developing grantee budgets and proposals, developing an RFA and grant agreement templates, creation of a grant manual, development of a grant tracking system, development of financial and programmatic monitoring systems, provision of feedback to partners, managing grant modifications, creating grant archives, supporting grantee capacity development in multiple OVC technical areas, close-out of grant awards, managing and reporting on grantee results, and more.

In 2013, HACI assumed responsibility for three direct implementation partners under the CAP award. These organizations have not received grants from HACI, but HACI directly funds certain costs to support project implementation. In addition, these organizations receive the same level of programmatic monitoring and technical assistance as HACI's grantees. Therefore, the addition of these partners has implications for HACI's overall portfolio of partner organizations – in particular regarding HACI's human resources for managing these partners.

Assessment of Capacity Change -

The table below demonstrates the scores in each category for HACI at time of baseline, midline, and follow-up application of the assessment tool. Since CAP is the only donor at this time providing resources and technical support to HACI in the area of grants management, the changes in scores below reflect on these inputs from the CAP team.

Evaluation Category	Baseline Scores 24.05.2010	Midline Scores 14.08.2012	Follow-Up Scores 21.07.2014
Staffing	0/3	3/3	3/3
Solicitation/Selection	44/82	80/82	80/82
Pre-Award/Award	54/71	67/71	67/71
Post Award	34/56	29/56	43/56
Grants Manual	0/104	14/104	71/104

CAP's capacity-building support to HACI occurs in function of each stage of HACI's grant process. For example, in the first year of HACI's umbrella grant award, the organization launched their grant program, facilitated a selection process, provided technical assistance with sub-grantees to develop proposals and budgets, and submitted final packages to CAP for approval. In the second phase of the project, HACI hired additional staff, formalized their selection process, awarded grants, and initiated their grant management manual. In this third phase, HACI developed experience managing the implementation of their grantees, and greatly advanced their Grants Manual.

The narrative that follows describes the current status of HACI's grants management system in relation to each of the five categories evaluated, comments on changes in capacity between the midline and follow-up evaluations, and recommendations for the future.

Staffing –

At the midline, HACI possessed a core program, grants, and finance team with the experience and capacity to manage their caseload of grants. That said, the organization was struggling to have enough field presence – to ensure that they were monitoring partner activities and providing the appropriate amount of technical assistance and training. In 2013, HACI assumed responsibility for three additional direct implementation partners in Maputo province. Although these organizations did not require the same level of financial oversight, since they did not manage grant funds, the amount of program support required by the organizations is basically the same as HACI's other partners.

HACI identified the need to hire two additional program staff to provide effective support to their partners. Since those two individuals began supporting grant activities, it has been noted by both HACI and CAP that HACI has a greater field presence, is providing more technical assistance to partners, has a better awareness of the details of partner activities, and has also improved on the reporting of partner results. HACI is now able to meet the objectives set out in its regular TA plans for partners. The organization also is now reaching the level of partner *activistas* – dedicating time to the training of *activistas* and visiting families together with partner *activistas* to monitor activities. The introduction of a new Program Assistant has enabled HACI to work more closely with partners to ensure that they are submitting accurate data.

As the staff of HACI has grown, so has the need to create new mechanisms for sharing information and increasing staff capacity. HACI conducts weekly meetings by sector (program and finance), monthly meetings with the entire HACI team, and bi-monthly meetings intended to discuss partner issues in detail. The bi-monthly meetings have taken place only once to date, but the plan is to continue with

them. The weekly meetings were initiated in 2014, and the organization already is seeing a positive change in its planning and execution of activities, as well as staff professional development. In these weekly meetings, individual work plans are discussed and action plans for grantee monitoring are developed. This mechanism seems to be helping HACI prioritize key actions and focus on urgent partner issues. It also improves the team's knowledge of the entire grant portfolio, as team members support different partners.

Although HACI has built a solid grants management team, it also is important for the organization to ensure that it sufficiently shares knowledge and adequate institutional memory exists in the event of potential staff turnover. The development of systems to manage and track information, near-completion of a Grant Manual, and introduction of the weekly meetings are all mechanisms that contribute toward greater sustainability of HACI's grant programs. One area that requires improvement is the creation of a centrally-accessible electronic grant archive. HACI's current system of archiving documents with each staff member limits the organization's ability to respond to donor and audit requests, and increases the potential for losing key documents over the life of the grant program.

Recommendations:

- Continue with the weekly sector meetings to increase information sharing and staff capacity
- Continue to document processes and lessons learned to support new staff and inform future grant programs
- Develop financial monitoring tools to increase the efficiency of monitoring grantee financial management with existing staff

Solicitation & Selection –

HACI has not conducted a new grant solicitation since the implementation of the midline, and the process it developed for the CAP-funded grant program remains the same. There have been no changes to this grant management category, and there are no additional recommendations at this time.

Pre-Award and Award –

Since the midline, HACI has focused on the post-award period of its grant program and the scoring for this category has not changed. HACI has not tackled the midline recommendation to learn how to develop a Financial Negotiation Memorandum, which not only is important for the pre-award process but also for documenting changes during grant modifications. It is recommended that HACI address this recommendation in the coming period, potentially by developing Neg Memos on existing grants (and modifications) for HACI's grant archive.

Recommendations:

- Learn how to develop a financial negotiation memorandum (includes selection process, cost reasonableness, and other information). This recommendation is a carry-over from the Midline Assessment.

Post-Award Administration –

Since the midline, HACI has developed two tracking systems – one to monitor and track grantee financial performance, and another focused on tracking programmatic deliverables, results, and technical assistance provided to grantees. The financial tracking system enables HACI to track monthly expenses and burn rate for grantees, which assists not only in the regular monitoring of financial performance, but also in the development of grant modifications. Although the program team documents the receipt of draft and final programmatic reports, this information is not documented for financial reports. HACI does not have a document that summarizes key information about all grants in its grant portfolio, which is useful for sharing with donors, auditors, and other external audiences.

HACI's programmatic monitoring systems were developed by the midline, along with procedures for documenting information about programmatic performance. Although it has been a recommendation since the midline, and HACI has received technical assistance from CAP, it still has not formalized its process for monitoring the financial performance of grantees with specific tools, reinforced by the documentation of grantee financial performance. The Grant/Finance team discusses grantee performance informally, but information regarding performance is only documented during field visits.

As HACI is learning, there are moments in a grant program when the umbrella organization needs to tackle poor performance – either financial, programmatic, or both. Regularly documenting performance – both positive aspects and challenges – is important. HACI may at some point be asked to provide a recommendation to another donor for a grantee, and will want to base this recommendation on documented evidence. On the other hand, there will also be times when HACI needs to address performance issues and needs to reference evidence based on documented issues linked to performance. Finding the correct balance between documenting performance and meeting to discuss as a team is key to both preventing and tackling performance issues.

For the first time, HACI experienced the process of developing grant modifications as a result of the extension of their own award. The financial tracker was instrumental in this process, providing HACI with the basis of current expenditures and burn rates by line item to support the extension process. It proved challenging for HACI to explain the concept of “overall budget ceiling” and “approved obligation budget” to its partners – a concept which continues to prove challenging. HACI also faced difficulties helping grantees understand the concept of providing evidence for estimated costs – particularly when confronted by burn rates of expenditures for these same items to date. Fortunately, HACI will experience the process of extending its current grantees again immediately following this assessment, which will provide additional practice in this area.

Recommendations:

- Develop a document that summarizes all of the basic details for the grant portfolio.
- Develop centrally located electronic files for sub-grants. This is a carry-over from the midline.
- Develop financial monitoring system and tools. This is a carry-over from the midline.
- Document lessons learned from most recent experiences with non-performing partners and archive for future reference.
- Ensure financial and programmatic/M&E tracking systems are appropriately integrated.

Grants Manual –

The HACI Grant Manual advanced substantially since the midline. Multiple drafts passed between HACI and CAP for comment and revision. At this time, HACI is making final revisions to the draft – including the addition to content on the suspension and termination process for grantees as discussed during this grant assessment. Overall, the document has evolved from a more theoretical document to a step-by-step guide to support HACI staff through the various stages of grant management. It provides a solid foundation for HACI to use as reference for future grant programs, to share with current and potential donors, and to orientate/train new staff.

Recommendations:

- Revise Grant Manual based on CAP comments – include sections for Suspension and Termination.
- Train staff on the manual so that all team members are using the same processes and procedures.

Future Technical Assistance –

From this point forward, the following components are seen as priorities:

- Support in development of a Financial Negotiation Memorandum
- Develop financial monitoring tools (seek support from HACI program team).
- Integrate financial tracking system with program tracking system.
- Comments/support on inclusion of suspension/termination sections in Grant Manual.
- Development of a centralized grant archive (electronic).

Documents reviewed: Grant Competition Launch Announcement, RFA, Proposal Format, Budget Format, Eligibility Acta, Selection Acta, Financial Review/Site Visit Template, Programmatic Review/Site Visit Template, Monitoring Visit Tool (Programmatic), PACO tool and instructions, proposal submission registry, draft Grants Manual, Child Rights policy, Financial Management Guide, full sub-grant submissions (entire solicitation/selection process, site visit process documentation, proposal/budget/budget notes, supporting documentation, cost reasonableness memo), draft Grant Manual.

Annex 6: Partner Integrated Capacity Building Plans (ICBPs)

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
ANDA POAP : July 12 June 14 Health Check: July 12 June 13 June 14 Tech assess Prev: July 12 Jun 13 Tech Ass OVC: June 13 June 14 Graduation meet: Aug 13 Aug 14	BE							
	1	Governance and leadership (POAP)	Improve skills of newly elected members of governing body	GML	TA to review statuses.	OD	FY13	Completed
			Update internal regulations		TA	OD	FY14/15	TA on-going
	2	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14	Completed
							FY16	
	3	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14	Completed – low risk
							FY16	
	4	Specialized Financial Management (Graduation prep)	Ensure compliance with USAID requirements		Conduct USAID compliance assessment and provide TA	DCOP	FY14	Completed
	5	Growth management (CAP)	Improve performance of ED and oversight by CD		Mentoring program (LMI)	COP	FY14	Completed
	6	Internal control systems (POAP, Health check)	Improve internal control systems: <ul style="list-style-type: none"> management of assets improve HR filing 	ICS	TA	OD	FY14	Completed
			<ul style="list-style-type: none"> solid procurement processes adequate use of timesheets 		TA		Fin	FY14
			Improve capacity of leaders to read/analyze financial reports and take informed decisions	Mango		OD	FY13	Completed
			Elaborate a reserve policy		Provide a format and TA to complete	OD	FY14/15	TA on-going
7	Role of the Fiscal Council (FC) (POAP)	Improve understanding and execution of CF roles and responsibility	FC Spot check		OD	FY13	Completed	
				Conduct thrice yearly TA with CF and Executive	OD	Dec, April, August	TA on-going	
		Improve capacity to conduct compliance to PP		TA: <ul style="list-style-type: none"> Provide tools TA implementation 	OD	FY14/15	On-going	

	8	Functioning of Associations (POAP)	Improve selection of members of governing bodies with appropriate skills and motivation		<ul style="list-style-type: none"> Provide board member profiles TA on <i>associa-tivismo</i> prior to GA 	OD	FY13	Completed	
	9	Policies and Procedures (POAP, graduation)	Finalize HR policy: <ul style="list-style-type: none"> include salaries and travel policies in HR policies 		TA to drafting of policies	Fin	June 14	Completed	
			<ul style="list-style-type: none"> develop performance assessment tool improve HR management systems 		TA to HR PP revision; TA to ED on HR management	HR	FY13/14	Completed	
			Finalize Admin and Fin policies: <ul style="list-style-type: none"> introduce code of ethics assets management USAID compliance 		TA to drafting of policies – share samples, provide comments	OD	June 14	Completed	
			Review final draft of Admin and Fin PP			Fin	Aug 14	Completed	
			Disseminate and apply fin and admin PP consistently		TA	OD	FY15		
	10	Information technology (POAP)	Apply information technology, including to back up archives and creating a website	IT service provider CAP TA to monitor progress		OD	FY15	TA on-going	
	DO								
	11	Demand Creation and referrals (CAP)	Improve capacity to create demand for and refer to HIV care and treatment, BA, SRH and GBV services for OVC beneficiaries and Key Populations		TA selection session facilitator	Tech	FY14	Completed	
					TA to develop manuals for debate sessions	Tech	FY14	Completed	
			Expand referral networks and respond to demand, by referral		<ul style="list-style-type: none"> TA to apply FHI 360 referral form 	Tech	FY13/14	Completed	
					TA to implementation	Tech	FY14/15	TA on-going	
	12	HES (CAP, needs assessment)	Improve capacity to implement HES activities	HES training	TA selection HES facilitator	Tech	Feb 14	Completed	
			Strengthen capacity to manage larger number of VSL groups		Ongoing TA	Tech	FY15		
	13	OVC beneficiary needs assessments (CAP)	Improve capacity to apply CSI, develop care plans, provide and refer to services	CSI	<ul style="list-style-type: none"> TA during training and re-application On-going TA 	Tech	FY13/14	Completed	
Re-a-plication				Tech		May 14	Completed		
Pilot CSI analysis software				TA	Tech	FY15			

	14	Psycho-social support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI		Tech	Nov 13		
				DSF	Ongoing TA (DSF and CAP)		FY14/15		
	15	Collect, use and communicate results (Tech assessment – 3, (CAP)	Improve capacity to: <ul style="list-style-type: none"> use data for decision making verify quality of data collected by providers 	QPM	<ul style="list-style-type: none"> TA to adaptation of supervision tools 	Tech	Nov 13	Completed	
					<ul style="list-style-type: none"> TA during quarterly visits 	TA	FY13/14/15		
					<ul style="list-style-type: none"> TA during data verification exercise 	M&E	FY13/14/15		
	16	Vocational training center	Re-initiate vocational training for OVC beneficiaries		TA to: <ul style="list-style-type: none"> market study staff recruitment budget development Admin system development 	Tech	FY14	Completed	
					<ul style="list-style-type: none"> TA to implementation and evaluation 			FY15	
	17	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	<ul style="list-style-type: none"> TA 	Tech	TBD		
	RELATE								
	18	Advocacy (POAP)	Develop advocacy strategy, including PR strategy			CEP	FY14/15		
	19	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy		<ul style="list-style-type: none"> TA develop fact sheet Create opportunity to interact with donors 	OD	FY13	Completed	
					Alliance/F HI 360 (1)	Ta to development and implementation of RM strategy	OD	TBD	Completed
					Alliance/F HI360 (2)	Develop 2 days follow-up training	OD	FY15	
						TA to RM staff JD development	OD	FY15	

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
CCM-S POAP III: March 12 Aug 13 July 14 Tech Assess: April 12 Jun 13 Jul 14 Health Check: Oct 11 Mar 12 Jun 13 Graduation process Nov '12 Aug 13 Aug 14 Compliance : June 13	BE							
	1	Governance and Leadership (POAP)	<ul style="list-style-type: none"> clarify the roles and responsibilities of Prov and Nat governing bodies revise statutes to include CF in provincial structure 	GML	TA	OD	FY13/ 14	Completed
			CCM Sede: <ul style="list-style-type: none"> revise organigram finalize statutes develop internal regulation 		TA provided upon request of Sede	OD	FY15	
	2	PAOP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14 FY16	Completed
	3	Financial Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY14 FY16	Completed – low risk
	4	Growth management (CAP AWP)	Improve performance of ED and oversight by CD		Mentoring program (LMI)	COP	FY14	Completed
				FC		OD	FY13	Completed
	5	Fiscal Council (POAP)	Improve understanding and execution of CF roles and responsibility		<ul style="list-style-type: none"> Conduct thrice yearly TA with CF and Executive; Support one PP compliance review 	OD	Dec, April, August	TA on-going
			Improve composition of CF and initiate new CF members	FC	Upon request	OD	FY15	
					TA - depends on approval by Sede of statutes	OD	FY15	
	6	Internal Control Systems (POAP, Health check, USAID compliance, OCIA)	Improve ICS systems by: <ul style="list-style-type: none"> adequate use of timesheets track expenditures by donor purchase order system solid procurement processes segregation of duties for cash deposits assets management Code of Conduct improve personal filling system 	ICS; Cost allocation	TA	OD/ Fin	July 14	Completed
			<ul style="list-style-type: none"> Chart of account 		TA	OD		TA completed, partner to finalize
			CCM Sede to develop chart of account		TA upon request by Sede	Fin	FY15	
				MANGO		OD	FY13	Completed

		Improve capacity of leaders to read/analyze financial reports and take informed decisions		Conduct thrice yearly TA following CF follow-up schedule		Dec, April, August	Meeting on-going
		Develop institutional budget for Sofala delegation		TA	OD	FY15	
7	Policy and Procedures (USAID compliance, OCIA, Graduation prep)	Finalize Admin and Fin policy: <ul style="list-style-type: none"> cost allocation policy unallowable costs policy 		Share sample and provide TA to policy review and adaptation	OD	July 14	TA completed, partner to finalize
		Consistent application of PER system		TA	HR	Jul 14	TA completed, partner to finalize
		Approval of PP by Sede		TA upon request by Sede	OD	FY15	
		Final review PP			Fin RH		TA completed, partner to finalize
DO							
8	Work plan development (CAP)	Develop and approve work plan, budgets and targets		<ul style="list-style-type: none"> TA to finalize documents 	Tech	Dec 13	Completed
9	Technical Assessment (CAP)	Measure change and identify capacity needs			Tech	July 14	Completed
10	Social mobilization (CAP)	Improve capacity to mobilize communities for GBV pre-vention and mitigation, Ad-vocacy, HIV, ATS, referrals.	SocMob	TA to work with leaders	Tech	FY14	Completed
				TA to recruit Social Mobilization Focal Point	Tech	Feb 14	
11	Strengthening capacity to plan and develop SBCC (tech assessment – 1)	<ul style="list-style-type: none"> increase knowledge of SBCC theory and incorporate in proposals improve capacity to determine SBC objectives of target group improve capacity to select appropriate methodology to address SBC 	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Tech	FY14	Completed
12	Strength advocacy capacity (CAP)	Improve capacity to: <ul style="list-style-type: none"> identify advocacy issues create partnerships for advocacy present evidence based issues and dialogue with relevant authorities 	TBD	TA	Tech	TBD	
13	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> TA to review and analyze supervisory forms Field observations 	Tech	FY13/14	Completed
14	Use and communicate results (Tech assessment – 3.3)	Improve capacity to use data for programmatic decision making and communicating results	QPM	TA during quarterly visit to analyze data collection	Tech	FY13/14/15	TA on-going

	15	Expand Technical Areas of intervention (CAP)	Increase capacity of partners to engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV		<ul style="list-style-type: none"> TA to revise training materials to reflect new topics 	Tech	Feb 14	Completed	
					<ul style="list-style-type: none"> Ta to ensure quality of training on new topics 		Mar 14	Completed	
	16	Referral Systems (CAP)	<ul style="list-style-type: none"> Improve capacity of partner to create partnerships with other services, particularly ATS and BA Strengthen capacity of partners to collect and report data on referrals 		TA during quarterly visits	Tech	FY13/14	Completed	
									<ul style="list-style-type: none"> Pilot with CHASS-SMT to remove barriers to access treatment and care
	17	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> develop targets and indicators data collection tools Improve documentation of lessons learned 	QPM	TA during data verification exercise	M&E	FY13/14	TA on-going	
					TA during quarterly visits	Tech			
	RELATE								
	18	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> TA to develop fact sheet Create opportunity to interact with donors 	OD	FY13/14	Completed	
					Alliance/FHI360 (1)	Ta to develop and implement RM strategy	OD	FY14	Completed
					Alliance/FHI360 (2)	Develop and deliver 2 days follow-up training	OD	FY15	

Partner	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
HACI POAP: Mar 10 Mar 12 Jun 14 Grants Management: Aug 12 Jul 14 Health Check: Mar 12 Jun 13 Jun 14 Tech Assess: Aug 11 Mar 13 Jun 14 USAID Compliance: Jun 13 Graduation: Aug 13 Aug 14	BE							
	1	Governance and Leadership (POAP, CAP)	Improve governance, including: <ul style="list-style-type: none"> clarify the roles and responsibilities of members of governing bodies revise statutes reach a common understanding of shared leadership 	GLM		OD	FY14	Completed
			<ul style="list-style-type: none"> develop internal regulation 			OD	FY15	
	2	Growth management (CAP)	Improve performance of ED and oversight by CD		Mentoring program	COP	FY14	Completed
	3	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14 FY16	Completed
	4	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14 FY16	Completed
			Improve internal control systems: <ul style="list-style-type: none"> segregation of financial duties personnel files, incl. terrorism search for all staff chart of accounts archiving asset management 	ICS		OD	FY14	Completed
			<ul style="list-style-type: none"> purchase order system adequate use of timesheets solid procurement processes 		TA	Fin	FY14 / 15	Completed
			Improve understanding and execution of CF roles and responsibility	FC	<ul style="list-style-type: none"> Conduct thrice yearly TA with CF Support one internal CF auditing activity 	OD	Nov, March July	TA on-going
			Improve capacity of senior staff to : <ul style="list-style-type: none"> develop reserve budget read/analyze financial reports and take informed decisions improve sharing of reports with CF 	MANGO		OD	FY13	Completed
					<ul style="list-style-type: none"> Conduct thrice yearly TA following CF follow-up schedule 	OD	Nov, March July	TA on-going

					<ul style="list-style-type: none"> TA for reserve budget on request 			
		<ul style="list-style-type: none"> develop institutional budget 			TA, including provision and explaining of tools	OD	FY15	
6	Specialized Financial Management (prep graduation)	Assess USAID compliance			Training and TA based on findings	DCOP	FY13	Completed
7	Strategic planning (POAP)	Design new strategic plan	SP		TA through visits	OD	FY14	Completed
8	Policies and Procedures (POAP, OCIA, USAID compliance assessment, graduation)	Finalize HR policy: <ul style="list-style-type: none"> include salaries and travel policies in HR policies 			TA	Fin	FY14	Completed
		Develop performance assessment tool and review HR policy			TA	HR	FY14	Completed, partner to apply
		Finalize Admin and Fin policies: <ul style="list-style-type: none"> introduce code of ethics include unallowable cost and cost allocation policy IT policy 			TA to drafting of policies – share samples, provide comments	OD	FY15	Completed and compliant
		Review final draft of Admin and Fin PP				Fin	FY15	
DO								
9	Management of umbrella Grants (Grants Assessment)	Assess grant management capacity and identify TA needs				Grant	FY12 FY14 FY16	Completed Completed
		Improve ability to manage grants: <ul style="list-style-type: none"> improve fin management of sub-partners 	BFM			Grant	FY13 / 14	Completed
		<ul style="list-style-type: none"> develop a grant manual develop tracking systems 			Ta to develop grants manual and manage grants	Grant	FY14 / 15	TA on-going
		<ul style="list-style-type: none"> Improve archiving of sub-partner documentation consistently use tracking systems to monitor sub partners 			-	Grant	FY14 / 15	TA on-going
		Improve capacity to manage and improve performance of sub-partners:			TA	Tech	FY14 / 15	TA on-going

		<ul style="list-style-type: none"> improve allocation of human resources and delegation improve frequency and content of TA visits to subs 						
10	Target groups identification (Tech Assessm '12)	Improve ability to assist sub-partners to identify target group	Comm. Consult	TA during monitoring visits	Tech	FY13	Completed	
11	OVC beneficiary needs assessments (CAP, Tech Assessm '12)	Improve HACI's ability to build capacity of sub -partners to apply CSI, develop care plans, provide and refer to services	Training QPM	TA to HACI to monitor sub-partner implementation	Tech	FY14	Completed	
		Improve HACI's capacity to assist partners to re-apply CSI: <ul style="list-style-type: none"> conduct analysis of CSI results prepare and implement refresher training for <i>activistas</i> on subsequent CSI applications improve CSI application and care plans 		<ul style="list-style-type: none"> TA to HACI to review materials for re- application training TA for implementation of first training with HACI sub 	Tech	FY14 / 15	Completed	
			TA during monitoring visits				TA on-going	
12	Service delivery capacity of sub-partners (Tech Assessm '13)	Improve HACI's capacity to: <ul style="list-style-type: none"> conduct technical assessment with sub-partners and develop ICBPs 		TA to develop and apply OVC technical assessment tool	Tech	FY13 / 14	Completed	
		<ul style="list-style-type: none"> re-apply technical assessment and revise ICBPs 		TA	Tech	FY15		
		<ul style="list-style-type: none"> guide subs to create and utilize referral networks for OVC support 		TA to HACI on use of MISAU referral format	Tech	FY13 / 14/15	TA on-going	
13	Psycho-social support (CAP)	Improve knowledge and skills of HACI to train and support sub-partners in provide psycho-social support	REPSSI	TA to HACI during 1 st replication training	Tech	FY14	Completed	
				TA at field level (DSF)	Tech	FY14 / 15	TA on-going	

	1 4	HES (CAP, needs assessment)	<p>Improve HACI sub-partner capacity to implement HES activities:</p> <ul style="list-style-type: none"> establish, train and support VSL groups in beneficiary communities ensure participation of OVC project target groups 	HES Training	TA	Tech	FY14	TA on-going
			Strengthen capacity to manage larger number of VSL groups		TA	Tech	FY15	
	1 5	Service delivery capacity of sub-partners (Tech Assessm '13)	<p>Improve HACI's capacity to:</p> <ul style="list-style-type: none"> conduct technical assessment with sub-partners and develop ICBPs 		TA to develop and apply OVC technical assessment tool	Tech	FY13 / 14	Completed
			<ul style="list-style-type: none"> re-apply technical assessment and revise ICBPs 			Tech	FY15	
			<ul style="list-style-type: none"> guide subs to create and utilize referral networks for OVC support 		TA to HACI to introduce and use FHI 360 referral format	Tech	FY13 / 14/15	TA on-going
	1 6	Demand Creation and referrals (CAP)	<p>Improve capacity to assist select sub-partners to create demand for and refer to HIV care and treatment, SRH and GBV service</p>		TA to train facilitators	Tech	FY15 / 16	
					TA to monitor implementation	Tech	FY15 / 16	
			<p>Improve capacity to assist select sub-partners to conduct BA</p>		TA on BA approach and M&E tools	Tech	FY14 / 15	TA on-going
	1 7	Data management and reporting (Tech Assessm '12; Tech Assessm '13)	<p>Improve HACI's capacity to assist partners:</p> <ul style="list-style-type: none"> collect and report data verify quality of sub-partner data analyse and report 		TA	Tech M&E	FY14 / 15 FY14	TA on-going
	1 8	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	TA	Tech	TBD	
RELATE								
1 7	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy		<ul style="list-style-type: none"> TA to develop fact sheet Create opportunity to interact with donors 		OD	FY13	Completed

				Alliance	Ta to develop and implement RM strategy	OD	TBD	
18	Lobby and advocacy (POAP)	Define advocacy strategy to improve HACL's capacity to influence gov policies					TBD	

Partner	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
Kubatsir ana POAP: Jan 13 June 14 Health Check: Jan 13 June 14 Tech Assess: Nov 12	BE							
	1	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14 FY16	Completed
	2	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14 FY16	Completed
	3	Organizational budget (POAP)	Build capacity to: <ul style="list-style-type: none"> develop reserve budget read/analyze financial reports and take informed decisions develop a reserve budget 	1 st MANGO		OD	FY13	Completed
				2 nd MANGO		OD	FY14	Completed
					Conduct thrice yearly TA with CF and Executive.	OD	FY14/15	Meetings on-going
		TA on reserve budget	FY14/15	TA on-going				
	4	GLM (POAP, CAP)	Strengthen Governance of newly elected board <ul style="list-style-type: none"> revision of statutes, approve and publicize develop internal regulations improve management of GA 	1 st GLM GLM/Associativismo		OD	FY13/14	Completed
					TA	OD	FY14/15	TA on-going
					<ul style="list-style-type: none"> improve human resources management and delegation 	OD	FY15	
5	Internal control systems (POAP, Health Check)	Improve understanding and execution of CF roles and responsibility (President FC not new)	FC	<ul style="list-style-type: none"> Conduct thrice yearly TA with CF and Executive; Support one PP compliance review 		Nov, March, July	TA on-going	

		Improve consistent applications of internal control systems, in particular:	1 st ICS		OD	FY14	Completed		
			2 nd ICS		OD	FY15			
			<ul style="list-style-type: none"> segregation of duties asset management improve archives, personnel files and backup systems 			OD	FY14/15	TA on-going	
			<ul style="list-style-type: none"> chart of accounts 		TA	OD	FY15	TA on-going	
			<ul style="list-style-type: none"> proper documentation and signature on procurement processes 		TA	Fin	FY14	TA on-going	
	6	Policies and Procedures (POAP, but no prioritized)	Finalize Admin and Fin policies		<ul style="list-style-type: none"> Share samples of policies TA to review draft 	OD	FY14/15	TA on-going	
			Review of final draft			Fin			
			Finalize HR policies:		<ul style="list-style-type: none"> develop PER system and apply consistently review HR policies 	TA	HR	FY14/15	TA on-going
			<ul style="list-style-type: none"> salary and travel policies 		TA	Fin			
	DO								
	7	Project cycle management (POAP)	Improve capacity to manage projects by:		TA to review project cycle document	OD	TBD		
			<ul style="list-style-type: none"> documenting Kubatsirana's project cycle improving tools to conduct situation analysis for project design 		TA to tool development	M&E			
	8	Staff recruitment (Tech. assessment)	Improve capacity to recruit best qualified staff		TA to develop JD and support selection process	OVC	FY13/14/15	TA on-going	
	9	Selection of beneficiaries and community engagement in OVC care (CAP, Technical assessment)	Improve capacity to:	Training comm. Consult.	<ul style="list-style-type: none"> consult communities in beneficiary selection conduct family assessment to confirm selection criteria are applied correctly 	TA to develop and apply tools for community consultation	OVC	FY 13	Completed
10	OVC beneficiary needs assessments (CAP)	Improve capacity to apply CSI, develop care plans, provide and refer to services	CSI	<ul style="list-style-type: none"> TA to review <i>activistas</i> training materials and support training 	OVC	FY 13/14	Completed		
				<ul style="list-style-type: none"> TA during CSI application On-going TA 		FY13/14/15	TA on-going		

		<p>Improve quality of needs assessment:</p> <ul style="list-style-type: none"> conduct analysis of 1st CSI results prepare and implement refresher training for <i>activistas</i> on 2nd CSI application improve CSI application and care plans improve referrals 	<p>Training of Supervisors</p> <ul style="list-style-type: none"> TA to materials for CSI reapplication training TA for one <i>activistas</i> reapplication training 	OVC	FY14	Completed	
			TA to improve care plans and use of referral tools	OVC M&E	FY14/15	TA on-going	
11	Psychosocial Support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI	Replications	OVC	Nov 13	Completed
			Ongoing TA (DSF and CAP)	OVC	FY14/15	TA on-going	
12	Collect, use and communicate results (POAP, CAP)	<p>Improve capacity to:</p> <ul style="list-style-type: none"> collect, record and report data accurately use data for decision making verify quality of data 		TA to create and use data base	M&E	FY14/15	TA on-going
				<ul style="list-style-type: none"> TA to adaptation of supervision tools TA during quarterly visits 	OVC/M&E	FY14	TA on-going
13	HES (CAP, needs assessment)	Improve capacity to implement HES activities	HES training	TA selection HES facilitator	Tech	FY14	Completed
				TA		FY14/15	TA on-going
		Strengthen capacity to manage larger number of VSL groups		TA	Tech	FY15	
RELATE							
14	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> TA to develop fact sheet Create opportunity to interact with donors 	OD	FY13	Completed
			Alliance	Ta to develop and implement RM strategy	OD	TBD	

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results	
				Training	TA				
IBFAN POAP: Oct 10 Apr 12 Apr 13 April 14 Health check Mar 13 Dec 12 Dec 13	BE								
	1	Governance and Leadership (POAP)	Improve governance: <ul style="list-style-type: none"> clarify the roles and responsibilities of members of governing bodies reach common understanding of the role of members 	GLM		OD	FY14	Completed	
					Facilitate a reflection on state of affairs prior to the GA		FY14	Completed	
					Repeat facilitation of reflection on structure of organization		FY15		
					<ul style="list-style-type: none"> Support CD to function well by applying checklist Follow-up support based on checklist application 		FY14/15	TA on-going	
			Independence IBFAN: <ul style="list-style-type: none"> develop transition plan implement transition plan revise statutes to reflect independence 		TA to implementation of transition plan		FY14/15	TA on-going	
	2	POAP	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14	Completed	
							FY15		
	3	Financial health check	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14	Completed with IBFAN	
							FY16		
	4	Internal control systems (POAP)	Improving functioning of the Fiscal Council (CF): <ul style="list-style-type: none"> develop and implement annual plans apply check list complete basic duties: field visit, PP compliance review, issue opinions, 	CF		OD	FY13	Completed	
					Quarterly meetings with CF and Executive	OD	FY13/14/15	TA on-going	
				1st ICS		OD	FY13	Completed	
2nd ICS				Depending on transfer of award to IBFAN	OD	FY15/16			
		<i>TA needs will be identified and provided upon transfer of award to IBFAN</i>		TBD					

5	Budgeting (POAP)	See activity 6					
6	Policies and Procedures (POAP)	Improve HR management: <ul style="list-style-type: none"> develop HR policies develop travel policies and salary scale 		TA: <ul style="list-style-type: none"> review 2nd draft HR policy review 1st and 2nd draft of salary scale and policy 	Fin	FY14/15	TA on-going
		Develop performance evaluation system			HR	FY14	Completed
		Apply performance evaluation		TA	OD	FY15	
7	Strategic planning (POAP)	Disseminate vision, mission, values		TA	OD	FY14	Completed
		Develop strategic plan			OD	TBD	
8	Financial systems (Anticipated graduation)	Introduce Financial accounting package/ software	Service provider		IBFAN		
			CAP TA pending transfer of award		OD	FY15/16	
		Develop Fin and Admin policies		TA: <ul style="list-style-type: none"> Provide samples of policies sample of conflict of interest 	OD/Fin	FY14	Completed
				<ul style="list-style-type: none"> review 2nd draft Fin and Admin policy 	Fin	FY14/15	TA on-going
		Improve capacity of senior staff to : <ul style="list-style-type: none"> make institutional budget read/analyze financial reports and take informed decisions 	MANG O		OD	FY13	Completed
		Improve USAID compliance		Conduct assessment and TA to address gaps pending transfer of award	OD	TBD	
DO							
9	M&E (POAP, CAP)	Improve capacity to: <ul style="list-style-type: none"> correctly use tools analyze and use data Use referral forms report data 		Introduce FHI referrals form	M&E Tech	FY13/14	Completed
				TA	M&E Tech	FY13/14/15	TA on-going
10					Tech	FY14	Completed

	Project cycle management (POAP)	Improve ability to plan project activities		TA during annual planning and budgeting	Tech	FY15	
11	Facilitation techniques (POAP)	Improve skills to coach staff and network members to improve facilitation skills	Facilitation training	TA during monitoring visits	Tech	FY 13/14	Completed
12.	Prevention and Mitigation of Gender Based Violence (CAP)	<ul style="list-style-type: none"> include sessions on GBV 1 and 4 enable staff to conduct sessions with targeted beneficiaries 	GBV training	<ul style="list-style-type: none"> TA to adapt session manuals TA during monitoring visits 	Tech	FY14/15	On-going
RELATE							
13	Advocacy strategy (POAP)	Develop advocacy and public relations strategy				TBD	
14	Resource mobilization (CAP)	Develop capacity to plan and implement long-term RM strategy		<ul style="list-style-type: none"> TA to develop fact sheet Create opportunity to interact with donors 	OD	FY13	Completed
			Alliance	Ta to develop and implement RM strategy	OD	TBD	Did not submit an expression of interest
15	Building a functional network (POAP)	Improve members' understanding of IBFAN's network mandate and advocate for support		TA included in reflection mentioned under governance		FY15	

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
KUKUMBI June12 July 13 July 14 Health check: June 12 July 13 July 14 Tech assess: May 12 July 13 Jun 14 Graduation assess: Aug 13 Febr 14 Aug 14 USAID Compliance:	BE							
	1	Governance and leadership (POAP)	Improve skills of newly elected members of governing body	GML	Revision of statutes	OD	FY13/14	Completed
			Develop internal regulations		Review	OD	FY14	Completed
			Increase association membership		TA on reasons behind need to increase	OD	FY14/15	TA completed Partner to follow-up
			Develop institutional budget			OD	FY14	TA completed Partner to follow-up
			Improve skills of newly elected members of governing body	GLM		OD	FY15	
	2	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	Fy14 FY16	Completed
	3	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14 FY16	Completed
	4	Internal control systems (ICS) (POAP) (health check)	Improve understanding and execution of CF roles and responsibility	CF		OD		Completed
					TA to conduct PP compliance review	OD		Completed
			Strengthening internal control systems, in particular: <ul style="list-style-type: none"> • improve assets management • develop chart of accounts for effective use of software • Improve archives 	ICS		OD	FY14	Completed
					TA		OD	FY14

Nov 13			<ul style="list-style-type: none"> improve procurement processes adequate use of timesheets purchase order system 		TA	Fin	FY14	Completed	
			Improve capacity of leaders to analyse financial reports and take informed decisions	MANGO		OD	FY14	Completed	
			Migrate to accruals accounting system			Fin	FY14	Migration no longer required	
	5	Specialized Fin Management (Graduation prep)	Ensure compliance with USAID requirements		Conduct USAID compliance assessment and provide TA	DCOP	FY14	Completed	
	6	Policies and Procedures (POAP, Graduation, OCIA, pre-USAID compliance assessment)	Finalize HR policy: <ul style="list-style-type: none"> include salaries and travel policies 		TA	Fin	FY14	Completed	
			<ul style="list-style-type: none"> develop performance assessment (PA) tool and apply 		TA to PER and HR PP revision	HR	FY14	Completed	
			Consistent application of HR policy		TA	OD	FY15		
			Develop individual capacity plan for staff and board members based on PA		TA to develop tools	OD	FY 15		
			Finalize Admin and Fin policy: <ul style="list-style-type: none"> introduce code of ethics include unallowable cost and cost allocation policy IT back-up policy 		TA to drafting of policies – share samples, provide comments	OD	Feb 14	Completed and USAID compliant	
			<ul style="list-style-type: none"> Review final draft of Admin and Fin PP 		Review final drafts	Fin	Feb 14		
			Consistent application of policy		TA	OD	FY15		
	DO								
	7	Work plan Development (CAP)	Develop and approve work plan, budgets and targets for Jan – Dec 14		<ul style="list-style-type: none"> TA to finalize documentation 	Tech	Dec 13	Completed	
	8	Technical Assessment(CAP)	Measure change and identify capacity needs			Prev	Jul 14	Completed	
							FY16		
	9	Social Mobilization (CAP)	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob	TA to recruit Social Mobilization Focal Point	Tech	Feb 14	Completed	
					TA to work with leaders	Tech	FY14	TA on-going	
	10	Strengthening capacity to plan and develop SBCC (tech assess 1)	<ul style="list-style-type: none"> increase knowledge SBCC theory improve capacity to write proposals incorporating SBCC 	SBCC theory		Tech	FY14	Completed	

1 1	Strength advocacy capacity (CAP)	<ul style="list-style-type: none"> Identify advocacy issues Create partnerships for advocacy Present evidence based issues and dialogue with relevant authorities 	TBD	TA	Tech	FY15	On-going
1 2	Use research to measure impact (Tech assessment – 3.2)	Improve staff capacity of collect and analyze quantitative and qualitative data	QPM	TA during quarterly visits		FY13	QPM done TA ongoing
1 3	Expand Technical Areas of intervention (CAP)	Increase capacity of partner to: <ul style="list-style-type: none"> engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV 		<ul style="list-style-type: none"> TA to revise training materials Ta to ensure quality of training 	Tech	Feb 14	Completed
				TA	Tech	Mar 14	
1 4	Referral Systems (CAP)	<ul style="list-style-type: none"> Improve capacity of partner to create partnerships with other services, particularly ATS Strengthen capacity of partners to report data on referrals 		TA during quarterly visits	Tech	FY13/ 14	Completed
1 5	Facilitation techniques (POAP and Tech assess – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> TA field visits Field observations 	Tech	FY13/ 14	Completed
1 6	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> develop targets and indicators data collection tools Improve documentation of lessons learned 	QPM	TA during data verification exercise	M&E	FY13/ 14/15	TA ongoing
				TA during quarterly visits	Tech		
RELATE							
1 7	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy		<ul style="list-style-type: none"> TA develop fact sheet Create opportunity to interact with donors 	OD	FY13/14	Completed
			Alliance/ FHI 360	Ta to development and implementation of RM strategy	OD	FY15	

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results	
				Training	TA				
Niiwanane POAP: Jul 10 May 12 Feb 14 Health check: Sep 11 May 12 Feb 14 Tech assess: Mar 12 Mar 13 Jan 14	BE								
	1	Governance and leadership (PAOP)	Organize General Assembly to elect new governing bodies	GLM		OD	FY13	Completed	
					TA on <i>associativismo</i> (delivered at time of GA)	OD	FY13	Completed	
					TA to GA – 2 nd time	OD	FY14	Completed	
				Improve effective functioning of governing bodies: <ul style="list-style-type: none"> develop and implement annual CF and CD plans apply and analyse CF and CD performance check list 		On-going TA based on activity plan following training	OD	FY13	TA on-going
				Retreat for internal reflection on focus of Niwanane			OD	FY15	
	2	Statutes and Internal Regulation (GLM action Plan)	Dissemination of approved statutes		TA on dissemination methodologies	OD	FY14/15	Completed	
			Finalize revision and approve Internal Regulations		TA to revision	OD	FY14	Completed	
	3	Legal registration (GLM Action plan)	Finalize legal registration process		TA to complete process	OD	FY14/15	Completed	
	4	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14 FY15	Completed	
	5	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14 FY15	Completed	
	6	Revise statutes (PAOP)	Revise statutes		TA	OD	FY13	Completed	
	7	Policy and Procedures (POAP)	Finalize HR policy: <ul style="list-style-type: none"> include salaries and travel policies in HR policies develop performance assessment tool and review HR policy 		TA	Fin	FY14	Completed	
					TA to HR PP revision	HR	FY14		
			Formulate Admin and Fin policies		TA to drafting of policies – share samples, provide comments	OD	FY14	Completed – awaiting evidence	
			Review final draft of Admin and Fin PP			Fin	FY14	Completed	
	8	Strategic planning (PAOP)	Develop strategic plan	Solidaridade Zambezia				Very slow progress	
						OD	TBD		

9	Internal control systems (PAOP, field visits, CAP)	Improve internal control systems (ICS), including: <ul style="list-style-type: none"> asset management Identification of folders 			OD	FY14/15	Completed
		<ul style="list-style-type: none"> Archives HR files Chart of accounts 		TA TA on HR files	OD	FY13/14/15	TA on-going
		<ul style="list-style-type: none"> solid procurement processes 		TA	Fin	FY14	Completed
		Improve understanding and execution of CF roles and responsibility (not identified as priority by partner)	FC	<ul style="list-style-type: none"> Conduct thrice yearly TA with CF and Executive; Support PP compliance review 	OD	Dec, April, August	TA on-going
		Improve financial performance and reporting		TA to improve quality of reports	Fin	FY13/14	TA on-going
		Train senior staff to read/analyze financial reports and take informed decisions	MANGO		OD	FY13	Completed
				Conduct thrice yearly TA following meetings with CF	OD	Dec, April, August	TA on-going
DO							
10	Demand Creation and referrals (CAP)	Improve capacity to create demand for and refer to HIV, SRH and GBV services: <ul style="list-style-type: none"> plan, conduct and report on debate sessions with OVC beneficiaries, leaders and <i>activistas</i> Busca Activa PMTCT sessions 		TA to develop JD and selection process of debate session facilitator	Tech	Jan 14	Completed
		<ul style="list-style-type: none"> expand referral networks and respond to demand, by referral 		TA to determine contents and develop manuals for debate sessions	Tech	Feb 14	Completed
				<ul style="list-style-type: none"> TA to apply FHI 360 referral form On-going TA 	Tech	FY13/14	Completed
11	OVC beneficiary needs assessments (CAP)	Improve capacity to apply CSI, develop care plans, provide and refer to services	CSI QPM	<ul style="list-style-type: none"> Exchange visit On-going TA 	Tech	FY13/14	Completed
		Improve quality of needs assessment: <ul style="list-style-type: none"> conduct analysis of 2nd CSI results 	Training of Supervisors	<ul style="list-style-type: none"> TA to materials for reapplication training TA for one <i>activistas</i> 	Tech	June 14	Completed

		<ul style="list-style-type: none"> prepare and implement refresher training for <i>activistas</i> on 3rd application of CSI improve CSI application and care plans 		reapplication training			
				Ongoing TA	Tech M&E	FY14/FY15	Completed
		Pilot CSI analysis software		TA	Tech	FY15	
12	Psycho-social support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI	TA to replica of training	Tech	Nov 13	Completed
				Ongoing TA (DSF and CAP)	Tech	FY14/15	
13	HES (CAP, needs assessment)	Improve capacity to implement HES activities: <ul style="list-style-type: none"> establish, train and support ASCAS in beneficiary communities ensure participation of OVC project target groups 	Training <i>activistas</i>		Tech	FY14	Completed
				TA to develop JD and support selection process	Tech	Sept 13	Completed
				TA	Tech	FY14/15	Completed
		Strengthen capacity to manage larger number of VSL groups		TA	Tech	FY15	
14	Capacity to develop budget (PAOP)	Improve capacity to develop budget to avoid gaps in needs for program implementation		TA to annual workplan/budget development	Tech	FY13/14/15	TA on-going
				TA to monthly financial reporting	Fin		TA on-going
15	Community mobilization	Improve capacity to develop and implement training sessions that demonstrate learning		TA	Tech	FY13	Completed
16	Beneficiary engagement	Improve capacity to evaluate feedback from beneficiaries (PAOP)		TA	M&E	FY13	Completed
17	Technical assessment	Assess technical capacity and identify TA needs			Tech	FY14 FY15	Completed
18	M&E – collection and use of data (PAOP)	Improve capacity to: <ul style="list-style-type: none"> apply existing M&E tools analyze and use data Report data 	QPM	<ul style="list-style-type: none"> TA to create and use data base On –going TA 	M&E	FY13/14	TA on-going
19	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	<ul style="list-style-type: none"> TA 	Tech	TBD	
RELATE							
20		Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> TA to develop fact sheet 	OD	FY13	Completed

		Resource Mobilization strategy (PAOP)			<ul style="list-style-type: none"> Create opportunity to interact with donors 			
				Alliance	Ta to develop and implement RM strategy	OD	TBD	
	21	Advocacy (PAOP)	Develop advocacy strategy			OVC	TBD	

Partner	#	Capacity building Priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
NAFEZA POAP: Jul 12 Jul 13 Jul 14 Health check: June 12 July 13 Jun 14 Tech assess: May 12 June 13 Jun 14 USAID Compliance: Jun 13 Graduation assess: Feb 14 Aug 14	BE							
	1	Governance and leadership (POAP)	Improve distinction between roles and responsibilities of governing body and executive	GLM	<ul style="list-style-type: none"> Share profiles of governing body members in preparation for GA; Provide sample of procedures for GA including electoral regulation and act of swearing of board members 	OD	FY13/14	Completed
			Develop reserve budget			OD	FY14	TA completed, partner to follow-up
			Develop institutional budget			OD	FY15	
			Improve capacity of newly elected board members		TA	OD	FY14/15	TA on-going
			Revise, approve, disseminate and publicize statutes		TA to revision of statutes		FY15	
			Revision of internal regulation, including penalties		TA depending on approval of statutes		FY15	
	2	Internal control systems (POAP) (health check, field observations)	Improve understanding and execution of CF roles and responsibility:	CF (1)		OD	FY13/14	Completed.
			<ul style="list-style-type: none"> complete basic duties: field visit, review PP compliance, issue opinions Conduct spot check 	CF (2)	CF training for new members	OD	FY15	
				Spot check	TA		FY15	
				Conduct thrice yearly TA with CF and executive, apply check list			OD	Dec, April, Aug
			Strengthening internal control systems, in particular:	ICS	Quarterly TA visits	OD	FY 14	Completed
			<ul style="list-style-type: none"> asset management develop chart of accounts 			OD	FY14/15	TA on-going
			<ul style="list-style-type: none"> improve archiving 			OD	FY14/15	TA on-going
<ul style="list-style-type: none"> Solid procurement processes adequate use of timesheets purchase order system (OCIA requirement) 			Fin	FY14/15	Completed			

		Improve capacity of leaders to read/analyse financial reports and take informed decisions	MANGO		OD	FY13	Completed
		Assess USAID compliance		TA to include cost-allocation, shared cost		Mar 14	Completed – PP compliant
3	Performance evaluation (POAP)	Develop performance assessment tool	Performance assessment	TA through visits Repeat of PER training for all staff	OD	FY13/14	Completed
		CD conducts assessment of ED		TA to develop tool	OD	FY15	
4	Mission, vision and values (POAP)	Disseminate revised , mission, vision and values		<ul style="list-style-type: none"> TA through visits TA to include recommendations of members in strategic plan 	OD	FY14	TA on-going
5	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	FY14	Completed
					OD	FY16	
6	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY14	Completed – low risk
					OD	FY16	
DO							
7	Work plan Development (CAP)	Develop and approve work plan, budgets and targets		<ul style="list-style-type: none"> TA to finalize draft TA to respond to comments 	Tech	FY13/14	Completed
8	Social Mobilization (CAP)	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	Soc Mob	TA to work with leaders	Tech	FY14	Completed
				TA to recruit Social Mobilization Focal Point	Tech	Feb 14	Recruitment cancel due to insufficient funds
9	Strengthening capacity to plan and develop SBCC (tech assessment – 1)	<ul style="list-style-type: none"> increase knowledge of SBCC theory improve capacity to write proposals incorporating SBCC methodologies 	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Tech	FY14	Completed
10	Use research to measure impact (Tech assessment – 3.2)	Improve staff capacity of collect and analyze quantitative and qualitative data	QPM	TA during quarterly visits	Tech	FY13	Completed, capacity still limited
11	Expand Technical Areas of intervention (CAP)	Increase capacity of partner to: <ul style="list-style-type: none"> engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV 		<ul style="list-style-type: none"> TA to revise training materials to reflect new topics 	Tech	Feb 14	Completed
				<ul style="list-style-type: none"> Ta to ensure quality of training on new topics 		Mar 14	Completed

		Conduct GBV screening in communities		<ul style="list-style-type: none"> TA to define new role Define response protocol TA to training of activistas 	Tech	FY14	Completed
				TA to monitor progress		FY15	On-going
1 2	Referral Systems (CAP)	<ul style="list-style-type: none"> improve capacity of partner to create partnerships with other services, particularly ATS and BA strengthen capacity of partners to collect and report data on referrals 		TA	Tech	FY13/14	Completed
		<ul style="list-style-type: none"> develop and apply GBV screening protocol and guide 		TA to monitor progress and evaluate			On-going
1 3	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> TA during quarterly visits to review and analyze supervisory forms Field observations 	Tech	FY13/14	Completed
1 4	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> develop targets and indicators data collection tools Improve documentation of lessons learned 	QPM	TA during data verification exercise TA during quarterly visits	M&E	FY13/14	On-going
RELATE							
1 5	Role of a network (POAP)	Clarify mandate of NAFEZA (network, umbrella or direct implementer) and educate members	Networks	Training on structure and role of network boards, executive, members	OD	FY 14	Completed
				<ul style="list-style-type: none"> TA while piloting framework <i>discontinued</i> Facilitate reflection with members on future direction 	OD	FY14	Completed
		Improve capacity to conduct technical assessments of network members		Ta to develop and pilot tool, and implementation strategy	OD/Tech	FY15	
1 6		Develop capacity to plan and implement long-term RM strategy		<ul style="list-style-type: none"> TA to develop fact sheet Create opportunity to interact with donors 	OD	FY13/14	Completed
			Alliance/FHI360 (1)	Ta to develop and implement RM strategy	OD	FY14	Completed
			Alliance/FHI360 (2)	Develop 2 days follow-up training	OD	FY15	

Partner	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
Ophavela PAOP: Feb 13 May 14 Health check: Feb 13 Feb 14 Tech Assess: Jun 12 Mar 14 Graduation assess: Aug 14	BE							
	1	Governance and Leadership (POAP)	Clarify the roles and responsibilities of members of governing bodies		<ul style="list-style-type: none"> Share samples of profiles ½ day on <i>Associativismo</i> TA to revision/formulation of Internal Regulations 	OD	FY13/14	Completed
				GLM	Newly elected members	OD	FY15	
	2	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	FY14	Completed
						OD	FY16	
	3	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY14	Completed – low risk
						OD	FY15	
				CF		OD	FY13	Completed
	4	Fiscal Council (CAP)	Improve understanding and execution of CF roles and responsibility	CF	Only if newly elected members require training	OD	FY15	
					Conduct thrice yearly TA with CF and Executive.	OD	FY14/15	TA on-going
			Build capacity to conduct spot checks	Spot check		Fin	April 14	CXD in FY14, reinstated for FY15
	5	Specialized Financial Management (CAP, prep for graduation)	Ensure compliance with USAID requirements		Training and TA based on findings	DCOP	FY14	Completed
			ICS		OD	FY14	Substituted by TA	
6	Internal control systems (POAP, OCIA, prep USAID compliance assessment)	<ul style="list-style-type: none"> asset management of assets introduce Code of Ethics, adequate use of time sheets improve archive system 		TA during quarterly visits	OD	FY14	Completed.	
			<ul style="list-style-type: none"> proper documentation and signature of procurement processes 		TA	Fin	FY14	Completed

		Improve capacity of leaders to read/analyse financial reports and take informed decisions	MANGO		OD	FY13	Completed
7	HR, Admin and Finance policy (POAP, prep graduation)	Improve staff performance assessment system, including CB needs assessment		TA – review existing tools	HR	FY13	Completed
		Finalize HR policies		TA to HR PP revision – based on CARE	HR	FY14	Completed
				TA to salary and travel policy	Fin		Completed
		Finalize draft admin and Fin policies: <ul style="list-style-type: none"> Design policy for use, management and disposal of assets (POAP) Include unallowable cost and allocation cost policy 		TA to drafting policies – share samples, provide comments. Current policies based on CARE PPs.	OD	FY 14	Completed and compliant
		Review final draft of admin and fin policy			Fin	FY 14	Completed
8	Strategic planning (POAP)	Revise Vision, Mission and Values and disseminate		Ta to review draft presented by Ophavela	OD	FY 13/14	Completed
DO							
9	Work plan development	Develop and approve work plan, budget and target		<ul style="list-style-type: none"> TA to finalize draft TA to obtain approval 	Tech	FY14	Completed
				TA to obtain approval	Tech	FY15	
10	Technical assessment (CAP)	Measure change and identify TA needs			Tech	FY14	Completed
					Tech	FY15	
11	Social mobilization	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob		Tech	FY14	Completed
				TA to recruit Social Mobilization Focal Point	Tech	FY14	Completed
				TA to work with leaders	Tech	FY14/15	TA on-going
12	Strengthening capacity to plan and develop SBCC (tech assess – 1)	<ul style="list-style-type: none"> increase knowledge of SBCC theory improve capacity to write proposals incorporating SBCC methodologies 	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Tech	FY14	Completed
13	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> TA during quarterly visits to review and analyze supervisory forms 	Tech	FY14/15	TA on-going

					• Field observations			
14	Use and communicate results (Tech assessment – 3.3)	Improve capacity to use data for programmatic decision making and communicating results			TA during quarterly visit to analyze data collection	Tech	FY13/14/15	TA on-going
15	Strength advocacy capacity	<ul style="list-style-type: none"> Identify advocacy issues Create partnerships for advocacy Present evidence based issues and dialogue with relevant authorities 	TBD	TA		Tech	TBD	
16	Expand Technical Areas of intervention (CAP)	Increase capacity of partners to engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV			• TA to revise training materials to reflect new topics	Prev	FY14	Completed
					• Ta to ensure quality of training on new topics		FY14	
					• TA to ensure integration/ delivery of new topics		FY15	
17	Referral systems(CAP)	<ul style="list-style-type: none"> Improve capacity of partner to create partnerships with other services, particularly ATS and BA Strengthen capacity of partners to collect and report data on referrals 			TA during quarterly visits	Tech	FY14/15	TA on-going
18	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> develop targets and indicators data collection tools Improve documentation of lessons learned 	QPM		TA during data verification exercise	M&E	FY13/14/15	TA on-going
					TA during quarterly visits	Tech		
RELATE								
19	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy			• TA to develop fact sheet	OD	FY13/14	Completed
					• Create opportunity to interact with donors			
			Alliance /FHI360		Ta to development and implementation of RM strategy	OD	FY15	

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results	
				Training	TA				
Acideco	BE								
	1	POAP (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY 14	Completed	
					Training and TA based on POAP priorities	CAP	FY 15		
	2	Financial Health Check Assessment (CAP)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 14	Completed	
					Training and TA based on results	CAP	FY15		
	3	Graduation and compliance assessment with USAID policies (CAP annual plan)	Verify compliance with USAID requirements and readiness to become a direct USAID grantee		"Compliance" assessment	CAP	FY 15		
	4	Institutional capacity building plan (POAP)	<ul style="list-style-type: none"> Assess capacity building needs Produce capacity building plan taking into account the needs of all relevant sectors 		<ul style="list-style-type: none"> TA to design tools for data assessment, processing and analysis Comments to the final draft of the capacity building plan 	CAP	TBD	Dependent on performance appraisal results	
	5	Strategic plan (POAP)	Review Vision, Mission and Values (VMV); approval and dissemination		Comments to the final draft and provision of TA for VMV approval and dissemination	CAP	FY 14	Completed	
6	Governance, Leadership and Management – GLM (Follow up Phase I, POAP)	<ul style="list-style-type: none"> Dissemination of By Laws among members – governance structures Improve understanding of the roles and 		TA for the dissemination of By Laws	CAP	FY 14/15	Underway		
			GLM			CAP	FY 14	Completed	

		responsibilities of new elected members		TA for planning and conduction of Board of Director (BoD) activities	CAP	FY 15		
		<ul style="list-style-type: none"> Clarify expectations of members around rights and duties and increase commitment to assume duties 		<ul style="list-style-type: none"> Facilitate meeting aiming to reflect on the rights and duties of governance structures TA for General Assembly 	CAP	FY 14/15	Underway	
		<ul style="list-style-type: none"> Establishment of a system to facilitate sharing of reports with those in governance structures 		Provide examples	CAP	FY 15		
	7	Fiscal Council (FC) (Health check, POAP)	<ul style="list-style-type: none"> Improve understanding of operating mechanisms as well as roles and responsibilities of the FC 	CF	TA based on action plan produced during training	CAP	FY 14	Completed
					<ul style="list-style-type: none"> Conduction of TA on a quarterly basis with CF and Executive Team Support to conduct internal PP compliance review 	CAP	FY 15	
	8	Internal Control Systems - ICS (Health check, CAP annual plan)	Improve ICS to: <ul style="list-style-type: none"> Align compensation based on time allocated to different functions and actual timesheets Incorporate strong procurement management system Produce timely and quality financial reports 			PCC	FY 14/15	
Improve ICS to strengthen: <ul style="list-style-type: none"> Procurement processes Stock management Disaggregation of financial management functions Filing 				TA	CAP	FY14/FY15	Underway	

		Build the capacity of members of the governance structures and senior technical staff to analyze financial reports and sound decision-making	MANGO		CAP	FY 14	Completed	
		<ul style="list-style-type: none"> Improve and finalize Manual on Administrative and Financial Policies 		<ul style="list-style-type: none"> Share examples of asset disposal, and Information, Communication and Technology (ICT) policies Share templates for specific policies and provide TA to adopt USAID policies Provide comments on draft policies reviewed 	CAP	FY 16		
		Improve and finalize Manual on HR Policies and Procedures, including performance appraisal system		Production of HR Manual	CAP	FY 14/15	Underway	
				TA on Compensation and Travel Policies	CAP	TBD		
			Performance appraisal		Provide tools		FY 14/15	Completed
					Pilot process and implement pilot experience		FY 15	
	DO							
	RELATE							

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow-up		Team	Time	Results
				Training	TA/Follow-up Actions			
Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
	BE							
	1	POAP (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY13	Completed
						CAP	FY 14	Completed
						CAP	FY 16	
	2	Financial Health Check (CAP)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 13	Completed
					Training and TA based on results	CAP	FY 14	Completed
	3	Graduation and compliance assessment with USAID policies (CAP annual plan)	Verify compliance with USAID requirements and readiness to become a direct USAID grantee		"Compliance" assessment	CAP	FY 15	
ASF	4	Strategic planning (POAP)	Review Vision, Mission and Values (VMV)		Comments to final draft	CAP	FY 14	Completed
POAP Feb 14	5	Governance, Leadership and Management - GLM (POAP I)	Improve internal governance by: <ul style="list-style-type: none"> Reviewing By Laws Conducting General Assemblies (GA) Improving understanding of the roles and responsibilities of governance structures 		Comments to the final draft of By Laws	CAP	FY 14	Completed
					TA on procedures during GA	CAP	FY 14	Completed
					Capacity building on associativism in the context of the conduction of the GA	CAP	FY 14	Completed
					Clarify roles and responsibilities of new members elected for the governance structures	CAP	FY 14	Completed
					TA to assess the effectiveness of governance structures and required improvements through quarterly visits		FY 14/15	
Health Check Feb 14	6	Roles and responsibilities of the Fiscal Council - FC	Improve understanding on operations and responsibilities of the FC	FC	TA based on the action plan produced as a result of the training	CAP	FY 15	

		(Follow up of Phase I, POAP)				<ul style="list-style-type: none"> Conduct quarterly monitoring meetings (2-3 hour meetings) with FC, Board of Directors (BoD) and Executive Team support to conduct internal PP review 	CAP	FY 14/15	
			Improve ICS system for:			evaluation tools			
	5	Planning and Budgeting Health check)	<ul style="list-style-type: none"> Adequate asset management Aggregate financial management and procurement functions 	Creating access to project financing that will allow to establish the executive of the organization		TA to write a concrete project proposal to be submitted to a donor	CAP	TBD FY14/15	Underway
	6	Internal Control System – Health Check (CAP Annual Health check)	<ul style="list-style-type: none"> Improve financial management growth and identifying TA needs Improve recruitment 	Assessing financial management growth and identifying TA needs			CAP	FY14	Complete
		Health Check (CAP Annual Health Check)	Improve the capacity of leadership to analyze reports and sound decision-making	MANGO			CAP	FY 14	Completed
		PAOP (CAP Annual plan)							
	7	PAOP (CAP Annual plan)				TA to review Manual for Finances and Administration	CAP	FY14	Completed
	8	USAID Policy Compliance Assessment (CAP Annual Health Check)	Improve and finalize the Manual on Administrative and Financial Policy			<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies Comments to reviewed policy drafts (twice) 	CAP	FY 15	
		DO Policies and Procedures (Follow up Phase I, POAP priorities, FHC)							
		RELATE	Improve and finalize the Manual on HR Policies including:	Performance appraisals		<ul style="list-style-type: none"> TA on performance management Provide tools and implement pilot experience 	CAP	Sept 14	Completed
			<ul style="list-style-type: none"> Performance appraisals and job descriptions Compensation and travel policy 			TA to review RH Policies and Procedures Manual		FY 14	Completed
		DO							
		RELATE							

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
CA Bárue POAP March 2014 Health Check Feb 2014	BE							
	1	POAP I (CAP)	Assess organizational growth and identify TA needs.		Prioritize growth needs	CAP	FY 14	Completed
		POAP II (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY 15	
	2	Financial Health Check Assessment I (CAP annual plan)	Assess financial management capacities and identify TA needs.		Prioritize capacity building needs	CAP	FY 14	Completed
		Financial Health Check Assessment II (CAP annual plan)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 15	
	3	Graduation and compliance assessment with USAID policies (CAP annual plan)	Verify compliance with USAID requirements and readiness to become a direct USAID grantee		"Compliance" assessment	CAP	FY 15	
	4	Strategic plan (POAP)	Production of Strategic Plan 2015-2019: <ul style="list-style-type: none"> Creation of a Working Group Definition of a road map, and Submit to General Assembly for approval 		Provide examples of strategic plans	CAP	FY 15	
					TA to facilitate strategic plan production process	Africare	FY 15	
	5	Institutional capacity building plan (POAP)	<ul style="list-style-type: none"> Conduct a capacity needs assessment for staff and members of governance structures Produce an institutional capacity building plan for the implementation of the new strategic plan 		<ul style="list-style-type: none"> TA to design tools for data assessment, processing and analysis Comments to final draft of PCI 	CAP	TBD	
			Improve ICS to: <ul style="list-style-type: none"> Align compensation based on time allocated to different functions and actual timesheets Establish robust procurement management processes 			PCC/Africare	FY 14/15	Underway

	6	Internal Control Systems - ICS (Follow up Phase I, Health check)	<ul style="list-style-type: none"> Production of timely and quality financial reports 					
			Improve ICS system to improve: <ul style="list-style-type: none"> Stock management Disaggregation of financial management and procurement functions Improve filing system Improve account management 		Conduct quarterly visits (2-3 hour meetings) with FC and Executive Team	CAP	FY 14/15	Underway
			Improve the capacity leaders to analyze financial reports and sound decision-making	MANGO		CAP	FY 14	Completed
			Develop chart of accounts		TA based on CAP tool	CAP	TBD	
	7	Roles and responsibilities of the Fiscal Council - FC (Follow up Phase I, POAP, Health check)	Improve the understanding around FC operations and responsibilities, including field visits, internal audits and issuing of opinions	FC		CAP	FY 14	Completed
					<ul style="list-style-type: none"> TA through three monitoring meetings per year support to conduct internal PP compliance review 	CAP	FY 15/16	
	8	Policies and procedures (POAP, Health check)	Finalize Manual on HR Policies and Procedures, including: <ul style="list-style-type: none"> Compensation and travel policies Code of ethics Performance management tools 	Performance assessment	TA to develop and pilot performance assessment tools	CAP	FY 14	Completed
					Provide comments on the drafts of the RH PP Manual	CAP	FY 14/15	Underway
				<ul style="list-style-type: none"> Improve and finalize the Manual on Administrative and Financial Policies 		<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies Provide comments on draft policies reviewed 	CAP	FY 16
	DO							
10	M&E (POAP)	Improve the M&E capacities of the team, including:		<ul style="list-style-type: none"> Prepare TA plan 	PCC/	FY 15		

			<ul style="list-style-type: none"> • Understanding basic M&E principles • Ability to produce basic data collection tools • Ability to analyze data for decision making 		<ul style="list-style-type: none"> • Conduct training / refresher training • Ongoing monitoring and TA 	Africare		
	RELATE							

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Timing	Results
				Training	TA/follow-up action			
HOPEM POAP: Febr 2014 Health Check: Febr 2014	BE							
	1	Membership management (POAP)	Update knowledge on membership regularly and membership contributions		Update members data-bank	HOPE M	FY14/15	TA on-going
	2	POAP (CAP AWP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	CAP	FY14	Completed
							FY16	
	3	Health Check (CAP AWP)	Assess financial management Growth and identify TA needs		Training and TA based on findings	CAP	FY15	Completed
							FY16	
	4	Graduation and Compliance assessment (CAP AWP)	Ensure PPs comply with USAID requirements		<ul style="list-style-type: none"> Conduct USAID compliance assessment TA to ensure PP are compliant 	CAP	FY15	
	5	Capacity building for staff (POAP)	Identify and respond to professional development needs of staff			HOPE M	TBD	
	6	Internal control systems (Health check)	Improve internal control systems (CAP AWP): <ul style="list-style-type: none"> asset management; physical check and tags/stickers use; and update of inventory report 	ICS	TA	CAP	FY 14	
				Mango		CAP	FY14	Completed
				Conduct thrice yearly TA and coordinated on the same schedule as CF follow-up	CAP	FY15	TA on-going	
7	Role of the Fiscal Council (FC) (POAP, Health check)	Improve functioning and performance of the Fiscal Council	FC		CAP	FY14	Completed	
				<ul style="list-style-type: none"> Conduct thrice yearly TA with CF and Executive Support one internal PP compliance review 	CAP	FY 14/15	TA on-going	

	8	Policies and Procedures (POAP, Health check)	Finalize HR policy: <ul style="list-style-type: none"> include salaries and travel policies in HR policies 		TA to drafting of HR policies	CAP	FY14/15	TA on-going	
			<ul style="list-style-type: none"> review HR PP include code of ethics 		Review HR PP	CAP	FY14/15	TA on-going	
			Develop and pilot performance assessment tool				FY14	Completed	
			Finalize Admin and Finance Policies and Procedures, including: <ul style="list-style-type: none"> unallowable cost and allocation policy use and disposal of assets policy procurement policy 		<ul style="list-style-type: none"> Share samples of policy components Review drafts 	CAP	FY14/15	TA on-going	
	9	Archives (POAP)	Install an electronic archive and its back up system	IT service provider			TBD		
					TA on personnel files filling	CAP	FY 14/15	TA on-going	
	10	Time management and delegation	Improve capacity to: <ul style="list-style-type: none"> accurately assess HR needs for quality program implementation assess and assign individual workload 		TA - Share tool to analyse HR needs and work load, assist with analysis	CAP	FY14/15	TA on-going	
	DO								
	11	M&E (POAP)	Design of tools for data collection, analysis and decision making			TBD	TBD		
	12	Project cycle management (POAP)	Train members on project implementation	Project cycle management		TBD	TBD		
RELATE									
13	Communication strategy (POAP)	Develop a communication strategy			TBD	TBD			

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results	
				Training	TA				
Rubatano	BE								
	1	POAP I (CAP)	Assess organizational growth and identify TA needs.		Prioritize growth needs	CAP	FY 14	Completed	
		POAP II (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY 15		
	2	Health Check Assessment II (CAP annual plan)	Assess financial management capacities and identify TA needs.		Define TA priority needs	CAP	FY 14	Completed	
		Health Check Assessment II (CAP annual plan)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 15		
	POAP March 2014	3	Graduation and compliance assessment with USAID policies (CAP annual plan)	Verify compliance with USAID requirements and readiness to become a direct USAID grantee		<ul style="list-style-type: none"> “Compliance” assessment Include priorities set in ICBP 	CAP	FY 15	
	Health Check Feb 2014	4	Strategic plan (POAP)	Production of Strategic Plan 2015-2019: <ul style="list-style-type: none"> Creation of a Working Group Definition of a road map, and Submit to General Assembly for approval 		Provide examples of strategic plans	CAP	FY 15	
						TA to facilitate strategic plan production process	Africare		
		5	Governance, Leadership and Management – GLM (POAP)	<ul style="list-style-type: none"> Improve narrative and financial report flows between governance structures and executive team Enforcement of By Laws Include governance structure activities (Board of Directors - BoD), FC) in Rubatano’s annual plans and budgets 		TA through three quarterly visits	CAP	FY 15	
						Provide BoD and FC performance analysis tools	CAP	FY 14	Completed

	6	Internal Control Systems - ICS (Follow up Phase I, Health check)	<p>Improve ICS to:</p> <ul style="list-style-type: none"> Align compensation based on time allocated to different functions and actual timesheets Establish robust procurement management processes Production of timely and quality financial reports 			PCC/ Africare	FY 14/15	Underway
			<p>Improve ICS to improve:</p> <ul style="list-style-type: none"> Asset management Disaggregation of financial management and procurement functions Improve filing system 		Conduct quarterly monitoring visits (2-3 hour meetings) with FC and Executive Team	CAP	FY 14/15	Underway
			<p>Improve the capacity leaders to analyze financial reports and sound decision-making</p>	MANGO		CAP	FY 14	Completed
	7	Roles and responsibilities of the Fiscal Council - FC (Follow up Phase I, POAP)	<p>Improve the understanding around FC operations and responsibilities, including field visits, internal audits and issuing of opinions</p>	FC		CAP	FY 14	Completed
					<ul style="list-style-type: none"> TA through three monitoring meetings per year support to conduct internal PP compliance review 	CAP	FY 15/16	
	8	Policies and procedures (Follow up Phase I, CAP Annual Plan)	<p>Improve and finalize the Manual on Administrative and Financial Policies</p>		<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies Provide comments on draft policies reviewed 	CAP	FY 15	
			<p>Finalize Manual HR Policies, including:</p> <ul style="list-style-type: none"> Performance appraisals and job descriptions Compensation and travel policies 	Performance appraisal	<ul style="list-style-type: none"> TA on performance management Provide tools and conduct pilot experience 	CAP	FY 14	TA Completed

				TA to review RH PP Manual	CAP	FY 14	Completed
				TA on compensation and travel policy	CAP	FY 15	
DO							
9	Technical staff competencies (POAP)	Provide refresher training to community activists to effectively meet the needs of their target groups in the following areas: <ul style="list-style-type: none"> • Referrals for women before and after labor • Psychosocial support • Community mobilization 		<ul style="list-style-type: none"> • TA to define training plan and content based on the needs of target groups • Facilitate refresher training 	Africare	FY 15	
RELATE							

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
Shingirir ai POAP March 2014 Health Check Feb 2014	BE							
	1	POAP I (CAP)	Assess organizational growth and identify TA needs.		Prioritize growth needs	CAP	FY 14	Completed
		POAP II (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY 15	
	2	Health Check Assessment I (CAP annual plan)	Assess financial management capacities and identify TA needs.		Prioritize capacity building needs	CAP	FY 14	Completed
		Health Check Assessment II (CAP annual plan)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 15	
	3	Graduation and compliance assessment with USAID policies (CAP annual plan)	Verify compliance with USAID requirements and readiness to become a direct USAID grantee		"Compliance" assessment	CAP	FY 15	
	4	Strategic Planning (POAP)	Production of Strategic Plan 2015-2019: <ul style="list-style-type: none"> Creation of a Working Group Definition of a road map, and Submit to General Assembly for approval 		Provide examples of strategic plans	CAP	FY 15	
					TA to facilitate strategic plan production process	Africare		
	5	Governance and Leadership (POAP)	<ul style="list-style-type: none"> Improve communications among members of the governance structures and the Executive Team (reports, minutes, emails) Allocate computer to governance structure 		Provide electronic templates and models for documents	CAP	FY 15	
				Computer use	TA to create email accounts / addresses	Shinguirira		
6	Roles and responsibilities of the Fiscal Council - FC (Follow up Phase I, POAP)	Improve the understanding around FC operations and responsibilities, including field visits, internal audits and issuing of opinions	FC		CAP	FY 14	Completed	
				<ul style="list-style-type: none"> TA through three monitoring meetings per year support to conduct internal PP compliance review 	CAP	FY 15/16		

	7	Internal Control Systems – ICS (Follow up Phase I, Health check)	Improve ICS to: <ul style="list-style-type: none"> Align compensation based on time allocated to different functions and actual timesheets Establish robust procurement management processes Production of timely and quality financial reports 			PCC	FY 14/15	Underway	
			Improve ICS to improve: <ul style="list-style-type: none"> Asset management Disaggregation of financial management and procurement functions Improve filing system Improve account management 		Conduct quarterly monitoring visits (2-3 hour meetings) with FC and Executive Team	CAP	FY 14/15	Underway	
			Improve the capacity leaders to analyze financial reports and sound decision-making	MANGO		CAP	FY 14	Completed	
	8	Policies and procedures (Follow up Phase I, priorities)	Improve and finalize the Manual on Administrative and Financial Policies		<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies Provide comments on draft policies reviewed 	CAP	FY 16		
			Finalize Manual HR Policies and Procedures, including: <ul style="list-style-type: none"> Performance appraisals and job descriptions Compensation and travel policies 	Performance appraisal	<ul style="list-style-type: none"> TA on performance management Provide tools and conduct pilot experience 	CAP	FY 14	Completed	
					TA to review HR PP Manual	CAP	FY 14/15		
					TA on compensation and travel policy	CAP	TBD		
	DO								

	9	Technical staff competencies (POAP)	Strengthen staff ability to effectively respond to the needs of key target groups: <ul style="list-style-type: none"> • Referrals for women before and after labor • Psychosocial support • Community mobilization 		<ul style="list-style-type: none"> • TA to elaborate Terms of Reference (TORs) for refresher trainings • Implement refresher trainings • Monitor 	Africare	FY 15	
	10	M&E (POAP)	Improve the capacity of the M&E team to create tools and analyze data for decision-making.		<ul style="list-style-type: none"> • Prepare TA plan • Facilitate refresher trainings • Monitor 	Africare	FY 15	
	RELATE							

Annex 8: Analysis of Participatory Organizational Assessment Process (POAP)

The tables below illustrate the scores, TA provided, and analysis/results for each of the eleven Partners evaluated. Only those Capacity Areas that were addressed through CAP Mozambique TA are included in the tables for each Partner – regardless of the change represented in the follow-up POAP. All remaining Capacity Areas are included in the full POAP report for each partner, but not in the tables below.

ANDA				
Capacity Area	POAP I Score 2012	POAP II Score 2014	TA Provided	Results of TA/Training
Legal Statutes	3	3	CAP reviewed ANDA’s draft Statutes and provided TA on the steps to complete the final stage of the registration process.	ANDA finalized its Statutes and approved them in the December 2012 General Assembly. The Statutes were submitted for publication in the official gazette (<i>Boletim da Republica</i>). While waiting for the publication ANDA disseminated the Statues for enforcement.
Values	3	4	Create common understanding and agreement among members and staff of the meaning of ANDA’s institutional values.	The meaning of each of the ANDA’s seven institutional values was explained and all relevant stakeholders in the organization can talk about them.
Leadership	3	4	TA provided on the roles and responsibilities of Governing Bodies and Executive. TA provided to support the planning processes for the Board of Directors and Fiscal Council. Leadership Mentoring Initiative.	ANDA has clearly defined roles and responsibilities for the Governing Bodies and Executive. The Fiscal Council and the Board of Directors each have work plans that they are complying with (evidenced through minutes of meetings). Members of the governing bodies use their own resources and time to support organizational activities. For example, they help in translating documents free of charge, contribute to food costs, and use their own transportation to observe project implementation. Impact of LMI will be assessed after the time of this writing.
Governance	3	3	TA on Governance and <i>Associativism</i> (legal framework, process of creating associations, structures and	ANDA’s Governing Bodies comply with their role. They apply internal rules, and are rotating their positions. The Fiscal Council has conducted a PP compliance review and spot check and issued recommendations for solving

			functioning of associations). Training on the role of the Governing Bodies in financial management through Mango training. TA provided to support the development of ANDA's Fiscal Council.	weaknesses identified. ANDA still needs to finalize the revision of Regulations for the Governing Bodies.
Transparency and Accountability	3	3	TA on the development of tools for accountability by the Fiscal Council.	<p>ANDA convenes meeting quarterly during which the Executive presents the status of affairs to the Board of Directors, Fiscal Council and other interested members. The Board of Directors also speaks to beneficiaries to discuss project performance and assess satisfaction.</p> <p>The Fiscal Council presented its opinions on the GA reports.</p> <p>ANDA reports regularly to the government and the donors.</p>
Members	2	1	TA provided on strategies for recruiting new members.	<p>The Governing Bodies have learned and applied strategies to expand the organization's membership which has resulted in the registration of 10 new members. ANDA now has a bank account designated for member fees, which are paid with reasonable regularity.</p> <p>Although the recruitment plan for members is clear and was applied successfully, it is not written which is why ANDA felt that the score for this indicator should decrease. ANDA overestimated the score of this indicator during the previous POAP.</p>
Human Resources	3	3	TA given during revision of HR PP to define clear steps and documentation of hiring procedures; to structure and define contents of code of conduct; and to develop an excel matrix with formulas for liaising time sheet with salaries and sharing salary costs between different donors. TA to develop a salary scale and revise employment contracts.	<p>ANDA has adopted new hiring procedures based on the HR Policies and Procedures and local Labor Law.</p> <p>ANDA still needs to improve the documentation and archival of complete dossiers for staff members.</p> <p>ANDA has adopted a singular contract, singular timesheet and singular pay bill for respective tax and social security deductions for each worker.</p>
Filing System	2	3	TA provided to improve ANDA's filing system, including organizing and	ANDA files are now labeled and organized by project. There is a general file for letters sent and received. Each file has a visible identification of its

			labeling several files.	<p>contents, and the files are grouped by categories. Each category of files is stored in one part of a shelf.</p> <p>The physical and electronic files still need to be aligned and back- ups have to be created.</p>
Capacity Building	2	3	TA provided to develop a staff capacity building plan, based on individual needs identified through staff performance assessments.	<p>ANDA's Integrated Capacity Building Plan developed by CAP and ANDA based on POAP results and TA incorporates the capacity needs of Governing Bodies, the Executive and staff.</p> <p>The Governing Bodies and senior members of the Executive have received training and TA that is described above.</p> <p>Technical staff received training and TA on subject matters like SBCC, psychosocial support for boosting the project implementation quality. Supervisors cascade the knowledge from trainings to the supervisees during regular planning meetings.</p>
Performance Assessment	1	3	TA on management performance and provision of samples of appropriate tools (annual target definition and agreement between the supervisor and collaborator, performance assessment and review and renegotiation of targets)	<p>Based on TA provided, ANDA developed performance management tools. ANDA supervisors signed performance agreements with their staff. Each supervisor adopted and applied performance assessments on their staff, resulting in performance evaluations.</p> <p>ANDA's governing bodies have not yet signed a performance agreement with the Executive Director.</p>
Procedures	2	3	TA to assist ANDA's revision of policies and procedures manuals. TA on timesheets, payroll, chart of accounts.	ANDA approved its Human Resources Policies and Procedures Manual and has responded to comments from the Provincial Labor Department. ANDA is awaiting final approval from the Labor office. The Administration and Finance Policy and Procedures Manual has not been approved.
Reports	3	3	CAP provides comments on monthly financial and quarterly narrative reports. Comments on financial reports sent to program staff, leadership, the Board of Directors, and the Fiscal Council.	ANDA continues to submit quality financial and narrative reports.

			CAP provided financial management training (MANGO FM1) to improve financial reporting.	
Audits	2	3	Mango financial management training, Fiscal Council training and follow-up TA, including PP compliance review and Spot checks	<p>ANDA's Fiscal Council conducted two PP compliance reviews (May 2013 and Feb 2014). The Fiscal Council also conducted a financial spot check in March 2014 of a procurement process.</p> <p>ANDA's external audits are not regular due to lack of funds. ANDA is still encouraging its donors to finance external audits.</p>
Assets	2	3	TA on asset management and Inventory, including an assessment of current practices, sharing good practices and referencing asset management in Admin and Fin PPs.	<p>ANDA improved labeling and recording of equipment. An Asset Management for Private use Policy is being included in ANDA's Administrative and Finance Procedures Manual.</p> <p>Inventory is conducted regularly, and lists are on each office door.</p> <p>ANDA has its own propriety (office buildings, a training center, motorbikes and two cars).</p>
Technical Competence	3	3	TA on community consultation. TA to apply Child Status Index (CSI) and develop individual care plans to address the needs. TA and training on psycho-social support. Training and TA on Household Economic Strengthening. TA on network and referrals. TA on GBV screening	<p>ANDA negotiated OVC beneficiary selection criteria in collaboration with communities, and conducted a community consultation process to assess community needs. ANDA rapidly registered the targeted number of OVC.</p> <p>ANDA conducted two CSI applications for each OVC beneficiary and developed care plans without difficulties. In order to obtain a more consistent score, ANDA conducted the first few CSI repeat applications in pairs who afterwards agreed on an appropriate score.</p> <p>REPSSI conducted a TOT with three ANDA staff on select psycho-social support methodologies. All three became REPSSI accredited trainers who trained other staff and <i>activistas</i>. DSF provided filed level follow-up support and noted that ANDA was able to apply the methodologies. ANDA trainers also trained all Kubatsirana's <i>activistas</i>.</p> <p>ANDA expanded its program by including HIV prevention debate sessions, HIV defaulters tracing, household economic strengthening and GBV screening,</p>

				and reinstated its vocational training center. The organizations had conducted HIV prevention debate sessions under a CAP Prevention award and needed very little assistance to start up this activity. All other new activities also got off to a good start.
Analysis	2	4	TA provided on community mobilization and application of Child Status Index to assess individual needs and develop care plans.	<p>ANDA carried out four community needs assessments using the SARC methodology (semi-annual report questionnaire).</p> <p>They conducted a participative diagnosis in communities and jointly defined priorities. They also used Rapid Rural Appraisal methods – direct observation, thematic groups, aggregated in gender, interviews and secondary sources – to define project activities.</p> <p>ANDA is able to conduct assessments of individual OVC needs, analyse the results and prepare a six months care plan.</p>
Planning and Project Design	3	3	TA on project design during annual workplan process.	<p>ANDA developed and approved a Strategic Plan. Projects are aligned with the strategic plan.</p> <p>ANDA conducted an evaluation of its project achievement, identified challenges and formulated solutions that were included in ANDA's second annual workplan. ANDA required assistance to incorporate the many new activities it was going to introduce, particularly with the development of the budget for the vocational training centre.</p> <p>ANDA developed three concept papers on education (for DFID), governance and GBV (for AGIR) and livelihoods (for AGRA/ USAID) to mobilize funds to implement the Strategic Plan.</p>
Implementation	3	3	TA during field monitoring visits on all aspects of the program	ANDA has the technical competencies and the field support systems in place to implement its project and achieve good qualitative and quantitative results.
Monitoring	3	3	TA on new indicators, namely household economic strengthening, HTC for OVC families, GBV screening and HIV defaulters tracing.	ANDA submits good quality narrative reports and results tables. ANDA is using all data recording and reporting forms well but still needs some assistance with the introduction of new indicators. The organization is submitting success stories using the right format and providing relevant Information.

Partnership with the government and Civil Society Organisation	2	2	TA provided on how to formalize partnerships through Memorandums of Understanding.	ANDA has signed MOUs with SDSMAS (District government service for Women and social affairs), Community Radio Macequece, Association Magariro, Reaching Agents of Change (RAC) Project/ Centro Internacional de la Papa (International Potato Center);
Beneficiaries	3	4	TA on the importance of accountability to beneficiaries provided	ANDA is reporting project results to beneficiaries.

CCM Sofala				
Capacity Area	POAP III Score 2013	POAP IV Score 2014	TA Provided	Results of TA/Training
Legal Statutes	4	3	TA to revise Statutes of Provincial Delegations and CCM Headquarters to align with the Mozambican laws.	CCM-S analyzed, revised and submitted modified Statutes to its headquarters. The Statutes proposed by CCM-S are anticipated to be approved by the next General Conference (CCM's General Assembly) for national applications by all Provincial delegations and headquarters. After approval, the Statutes will be publicized in the <i>Boletim da Republica</i> .
Vision	3	3	TA to formulate and disseminate a Vision statement to Governing Body members, church members, and staff.	CCM-S has submitted a revised vision statement for approval by the General Conference/Assembly. If approved, the Values will apply to all delegations and headquarters. The Vision Statement of CCM-S is not yet known by the church members and leaders.
Mission	3	3	TA to formulate and disseminate a Mission statement to Governing Body members, church members, and staff.	CCM-S has submitted a revised Mission statement for approval by the General Conference/Assembly. If approved, the Values will apply to all delegations and headquarters. The Mission Statement is not yet well known among the churches members and leaders.
Values	3	3	TA to formulate and disseminate Values to Governing Body members, church members, and staff.	CCM-S has submitted revised Values for approval by the General Conference/Assembly. If approved, the Values will apply to all delegations and headquarters. The Values are not yet well known among the churches members and leaders.

Leadership	3	3	TA on roles and responsibilities of governing bodies. TA on use of governing bodies performance checklist. TA on structure and functioning of a Civil Society Organization according to Law 8/91.	CCM-S' Governing Bodies understand the Board of Directors and Fiscal Council's roles and responsibilities, and revised Statutes accordingly. Presently the Fiscal Council (FC) is part of the Board of Directors and does not have its own President. According to Mozambican law the FC is an independent body and should have its own president.
Transparency and Accountability	3	3	Intensive TA on separation of roles and responsibilities of Governing Bodies and Executive to improve communication and accountability.	CCM-S' organizational and operational structure remains unclear. The CCM-S provincial representative reports to the provincial board and national executive at the same time which at times creates confusion due to conflicting instructions. The General Conference of CCM is biannual, contrary to article 173 of the Civil Code that dictates yearly meetings for approval of narrative reports and accounts.
Members	3	3	TA on profiles of governing bodies' members as defined in CCM-S' Statutes.	CCM-S is undergoing an internal re-structuring process. Presently the Senate (advisory body) is composed of leaders of member churches who are not elected. The President of the Senate is the president of the permanent commission (Board of Directors). The CCM-S leaders understand that profiles are needed for each post.
Human Resources	3	4	TA to revise Human Resources Policies and Procedures Manual.	CCM-S has completed the revision of its Human Resources Policies and Procedures Manual, but it has not yet been approved by the Permanent Commission at the central level. CCM-S' recruitment process complies with the labor law.
Filing Systems	3	4	TA on physical and electronic filing systems.	CCM-S' archives are duly organized and the folders are separated by contents and subject. CCM-S creates back-ups for vital information of the organization, although the backup device is kept inside the office.

Performance Assessment	2	2	Training on staff performance management and simulation of a full cycle – definition of targets, agreement on performance targets, analysis of performance by each side and scoring.	CCM-S has not yet piloted the performance assessment tool and has not established performance agreements with employees.
Procedures	3	3	TA on revision of human resources policies and procedures manual, including design of staff performance evaluation tool. TA on timesheets, payroll, chart of accounts.	CCM-S revised its Human Resources Policies and Procedures Manual, but it has not yet been approved by the Permanent Commission. CCM-S produced a staff performance assessment tool, but has not yet piloted or finalized the tool.
Reports	3	4	CAP provides comments on monthly financial and quarterly narrative reports. Comments on financial reports sent to program staff, leadership, the Board of Directors, and the Fiscal Council. CAP provided financial management training (MANGO FM1) to improve financial reporting.	CCM-S' narrative and financial reports are of good quality.
Audits	3	3	TA on roles and responsibilities of the Fiscal Council, including conducting PP compliance review.	CCM-S is not able to grow in this area because it does not have an independent Fiscal Council (FC) to conduct internal PP compliance reviews. The FC is integrated with the Board of Directors (i.e. the Permanent commission) This is against the Mozambican law that states that the FC must be independent and must have its own President.
Assets	4	4	TA on assets inventory and asset disposal policy.	CCM-S' inventory has been updated. CCM-S has an asset disposal policy incorporated in the Administration and Finance Policies and Procedures Manual. Some assets have not yet been labeled, and CCM-S lacks a policy for private use of organizational assets.

Technical Competence	3	3	TA to include GBV, HIV treatment literacy, masculinity norms and SRH debate session manual. Training of staff and facilitators on the new topics. Training on facilitation techniques. TA on HIV care and treatment defaulters tracing, including liaising with experienced clinical partners.	<p>CCM-S' staff are able to independently analyse and determine ways to most efficiently deliver on results and introduce new project activities. Staff and facilitators are very competent as evidenced by the rapid introduction of new program elements and the results achieved.</p> <p>Since the last POAP, CCM-S has consolidated its efforts to provide HTC to its target groups, introduced HIV defaulters tracing, and revised its debate session manuals to include new topics. All facilitators were trained within a short interval and are delivering the new manual.</p> <p>With the assistance of CHASS SMT, staff and facilitators were trained on HIV care and treatment defaulters tracing and have demonstrated to be able to return the majority of identified defaulters to treatment.</p>
Analysis	3	4	TA to conduct community consultations on HIV treatment adherence. TA on use of data.	CCM-S has the technical capacity to analyze primary and secondary data for planning and project design purposes.
Planning and Project Design	2	3	TA to develop annual workplan, budget and targets.	<p>CCM-S is able to independently evaluate program results, and plan and budget annual workplans.</p> <p>CCM-S designed three new projects which were approved by donors and are under implementation.</p>
Implementation	3	4	In the past 12 months, the political situation limited CAP's ability to conduct field monitoring and Support visits. TA was provided long distance and at CCM-S' office.	<p>CCM-S is implementing good quality debate sessions as evidenced by the continuity of participation and uptake of HTC. CCM continued to efficiently refer or provide HTC services to its target groups.</p> <p>The organization also rapidly and successfully introduced HIV care and treatment defaulters tracing. CCM-S was able to return the majority of identified defaulters back to treatment.</p> <p>In preparation of debate session manual revisions, CCM-S implemented and reported on community consultations on access barriers to HIV care and treatment. The findings were used in conjunction with N'weti's desk review results to modify CCM-S; debate session manual. The new manual is already</p>

				<p>in use by facilitators.</p> <p>CCM-S does not have a staff member solely responsible for the monitoring and evaluation of its projects. At this time the role is performed by a Project Officer.</p>
Evaluation	2	3	TA to design new indicators for HIV testing, Gender based violence (GBV), reference and counter references.	<p>CCM-S understood the new indicators and is able to verifying the quality of data on GBV, defaulters tracing and referrals.</p> <p>CCM-S reported project data, including on new indicators, correctly.</p>
Partnership (Governance and CSO)	3	3	CAP recommended that CCM-S formalize partnerships with Government entities and other Civil Society Organizations (during POAP III).	CCM-S signed a Memorandum of Understanding with Community Radio Kuphedzana (Buzi district), Oxfam, and Food World Program. At the national level, CCM-S has a Memorandum of Understanding with the Ministry of Defense.
Beneficiaries	3	4	CAP recommended that CCM-S strengthens relationships with project beneficiaries.	The relationship between the beneficiaries and CCM-S improved significantly since CCM-S started to conduct regular meetings with beneficiaries to discuss project implementation progress and challenges.
Public Relations	3	4	CAP recommended that CCM-S design a communication and social marketing strategy to report on project implementation. TA to develop CCM-S fact sheet	<p>CCM-S is known by government entities, civil society organizations and the public in general.</p> <p>CCM-S produced brochures aimed at increasing public awareness on the organization and its programs.</p>

HACI				
Capacity Area	POAP II Score 2012	POAP III Score 2014	TA Provided	Results of TA/Training
Legal Statutes	4	4	TA provided on the review of Statutes to meet the growing needs of members.	HACI revised its Statutes, which still need to be approved by the General Assembly.
Leadership	4	3	TA on clarification of roles and responsibilities of the Governing Bodies, including the use of the Governing Bodies evaluation matrix and effectiveness of the Fiscal Council.	HACI clarified the roles and responsibilities of its Governing Bodies members. The performance of the Board of Directors is improving but the Fiscal Council is still not working well. The newly elected FC conducted two field visits and prepared travel reports. However, they have neither conducted an internal PP compliance review nor issued opinions on narrative or financial reports.
Transparency and Accountability	2	3	TA on the preparation of General Assembly.	HACI's General Assembly was held according to the organization's Statutes. The Board of Directors reported to members and the previous Fiscal Council presented its opinions on the documents submitted. HACI also reports to donors and Government authorities.
Members	2	3	TA to define profiles of Governing Bodies members for better performance and compliance with the Statutes	The newly elected FC is better qualified but less active.
Human Resources	3	4	TA for revision of Human Resources Policies and Procedures Manual. TA on salaries policy.	HACI revised its Human Resources Policy and Procedures Manual, including the salary policy which still requires approval by the Board of Directors (and has not yet been reviewed by CAP).
Filing System	2	3	TA on physical and electronic filing systems.	HACI makes backup of essential information, but the device is kept inside the office. HACI does not use a central server, and so each staff member only has access to his/her files. This is problematic when many staff members support the management of the same grant recipients and cannot access files. This has been a re-occurring recommendation on HACI's Grant Management Assessment.

Performance Assessment	2	3	TA to staff and Governing Bodies' members on performance assessments.	HACI has staff performance evaluation tools but is not using them yet.
Planning	2	3	TA through budget review for project extension.	HACI is able to develop a project and institutional budget. Project budgets are developed annually as part of the workplan process. HACI has not yet attempted to develop an institutional budget despite having the capacity to. HACI has improved its ability to evaluate program results, identify challenges and formulate solutions but still needs significant assistance with the introduction of new project elements.
Reports	2	3	CAP provides comments on monthly financial and quarterly narrative reports. Comments on financial reports sent to program staff, leadership, the Board of Directors, and the Fiscal Council. CAP provided financial management training (MANGO FM1) to improve financial reporting.	Narrative reports presented by HACI have fewer comments than previously, indicating a gradual improvement in report quality. Data reporting is also gradually improving. Financial reporting is inconsistent.
Audits	1	3	TA provided to comply with the procurement procedures for hiring an audit firm.	HACI conducted an external audit (as required through the CAP Project). HACI Fiscal Council has never carried out a PP compliance review.
Information Technology	2	3	TA on importance of backup of essential information of the organization.	The backup device is kept inside the office.
Technical Skills	3	3	Training/TA in application of the Child Status Index (CSI) to assess OVC needs, and developing a care plan on priority needs. TA for Exchange for establishment of a referral network and tool. TA/Training on psycho-social support for OVC. Training and TA on data management and reporting.	HACI has learned how to apply the CSI, develop care plans and use the MISAU approved referral form but is facing challenges to effectively pass this knowledge on to its subpartners who continue to struggle. REPSSI conducted a TOT with HACI and representatives of subpartners on providing psycho-social support. Eight trainees became REPSSI accredited trainers and trained other subpartner staff and activists. HACI has improved its data flow systems. Subpartners now submit their data earlier so that HACI has more time to analyze and verify the data. As a result, the quality of data reported by HACI improved.

Planning and Project Design	3	3	TA on project design provided in 2011, with follow-up support on-going. TA on annually planning process.	HACI is applying proposal development skills acquired with CAP support and has submitted 19 proposals, including to UN Women and the EU in partnership with Rede CAME. HACI collects and analysis data for project design. None of the proposals were accepted. Subpartner AKW developed a proposal for Quick Impact (US Embassy) that was selected.
Implementation	3	3	TA on monitoring of program implementation. TA in various technical areas as described under <i>Technical Skills</i> .	HACI improved its ability to monitor program implementation and provide support to subpartners. Firstly, HACI has identified a focal point for each subpartner. Secondly, focal points are required to visit their subpartners at least once a month which marks a significant increase in the frequency of visits. Thirdly, HACI is aligning the objective of the visits with the needs identified in the Integrated Capacity Building Plans. ICBPS were developed based on the results of technical assessments that HACI conducted with all its subpartners. HACI has supported partners to enhance their implementation capacity in various technical areas, including CSI, psycho-social support, networking with other service providers, and data management.
Monitoring	3	3	TA on new indicators and on how to ensure good data quality.	Overall data reporting has improved. HACI has not introduced the new indicators to subpartners.
Evaluation	3	2	Training on project life cycle, including project evaluation.	HACI has the capacity to conduct project evaluations but is not conducting any. HACI is only reviewing project implementation in the context of the annual planning process.
Partnership (Government and CSO)	2	3	CAP recommended that HACI formalize partnerships with the Government and other civil society organizations.	HACI works in partnership with some government institutions and civil society organizations but has not signed formal MoUs. According to HACI, it is not easy to formalize (through signature of Memorandum of Understanding) partnerships with Government institutions.
Beneficiaries	3	4	TA to develop Integrated Capacity Building Plans for subpartners based on sub-grantees technical assessment results.	HACI used the results of the technical assessments to develop Integrated Capacity Building Plans that identify capacity needs. The ICBPs are guiding HACI's TA. HACI conducts quarterly partner meetings and has improved the frequency and focus of TA visits.

Capacity and skills to provide capacity building to partners	3	3	TA to analyze workload of individual HACI staff members to re-distribute reporting and monitoring responsibilities; TA on increasing frequency and contents of HACI TA visits to subpartners to better monitor project implementation, quality of implementation and results.	<p>HACI has reallocated roles and responsibilities among staff to better monitor subpartners. Focal points have been appointed for each subpartner. HACI has increased the frequency of its visits to subpartners to one visit per month. The TA is more focussed and based on the needs identified in technical assessment and defined in the Integrated Capacity Building Plans for subpartners.</p> <p>Despite the increased frequency and better focus of the TA, subpartners are still not achieving targets. HACI will have to be more results oriented in it TA to subpartners. Also HACI has to improve the efficiency of introducing new project elements to subpartners.</p>
Access to resources to provide capacity building to partners	1	3	TA on project life cycle for Governing Bodies members and staff to learn how to prepare a project proposal for resource mobilization.	HACI has submitted 19 project proposals but has not been selected for an award.
Evaluation (of subgrantees)	3	2	Capacity building on project cycle including basic techniques for project evaluation.	HACI has the capacity to evaluate subpartners, but does not do it systematically. The results are analysed and priority capacity needs are defined in the Integrated Capacity Building Plans.

IBFAN				
Capacity Area	POAP II Score 2012	POAP III Score 2014	TA Provided	Results of TA/Training
Legal Statutes	4	4	TA to revise statutes and change the name of the organization.	IBFAN revised its Statutes. They will be submitted for approval at the next General Assembly (GA) before publication in the <i>Boletim da Republica</i>
Missão	2	3	TA to clarify IBFAN's Mission.	IBFAN improved its Mission statement and will disseminate it among stakeholders after approval by the General Assembly.
Governance	2	3	TA to conduct a General Assembly, namely agenda, documents to be submitted, electoral code and templates of minutes. TA to help IBFAN think through the consequences and steps of moving towards independence from their fiscal agent AMODEFA.	IBFAN held a General Assembly in accordance with its statutes. IBFAN's newly elected Board of Directors decided to pursue independence from AMODEFA and developed a one-year action plan that is being implemented. Key aspects of the action plan include the development and approval of HR, Admin and Finance Policy and Procedures, and hiring and training new staff.
Members	1	2	TA to define Governing Body members' profile. TA on Fiscal Council. CAP shared sample of a template that can be used with members of networks to consolidate commitment to a common goal and ethics. (<i>Termo de Adesão</i>).	IBFAN's members elected new members for its governing bodies during the last GA. The new elected members are more qualified for the posts and more available to participate in regular meetings. Fiscal Council meets regularly and is learning about its roles and responsibilities.
Human Resources	3	3	TA to design Human Resources Policies and Procedures. TA to develop performance management tools. TA on staff recruitment.	IBFAN developed a first draft of HR policies and procedures (PP). CAP will review and provide comments. IBFAN recruited three new staff (accountant, administrative assistant and project officer) applying transparent and good recruitment practices. IBFAN still needs to adapt the staff performance tools and carry out the assessments.

Policies and Procedures	2	2	TA to develop HR and Admin and Finance Policies and Procedures.	IBFAN developed drafts of HR and Admin and Finance Policies and Procedures. The PPs have been submitted to CAP for comments. IBFAN still needs support in designing a salary policy and scale, travel policy and USAID required policies such as allocation of shared costs and non-allowable costs.
Archives	3	3	TA to improve archive systems.	IBFAN's archiving systems have improved but more assistance is required. IBFAN does not have a back-up system yet.
Implementation	3	4	TA to prepare Exchange visit to Brazil and Gaza Province. TA to improve field level monitoring and support. Training and TA on facilitation skills. Training and TA on use of MISAU approved referral forms. TA to improve project planning capacity. Training on gender and GBV.	<p>The number of <i>activistas</i> and beneficiaries has increased since the last POAP. <i>Activistas</i> have demonstrated a significant improvement in their facilitation skills and techniques. Debate sessions and demonstrations are much more participatory. IBFAN increased the frequency of field monitoring visit until means of transportation became restricted.</p> <p>Project beneficiaries (mothers) receive correct messages about maternal health care. Continuity in participation in project activities by mothers and local leaders has increased. Mothers are joining the exclusive breastfeeding program and have more confidence in the <i>activistas</i> that work on the project.</p> <p>IBFAN <i>activistas</i> are said to refer women to services but the evidence base is lacking. IBFAN has not yet been able to institutionalize the use of the MISAU approved referral forms.</p> <p>MISAU recognized the importance of IBFAN's project activities, requesting support from IBFAN in the monitoring and supervision of activities under the "Baby Friendly Hospital Initiative".</p> <p>IBFAN demonstrated the ability to evaluate project activities, identify challenges, and formulate solutions. IBFAN is not yet able to integrate new project activities or develop a budget independently.</p>

Monitoring	2	3	TA in project monitoring, use of beneficiary database, data verification, data collection tool design, and qualitative and quantitative data collection and reporting for GBV.	<p>IBFAN's associations correctly collect and report data. They submit the data to IBFAN within pre-determined deadlines. Three of the six associations have significantly grown in their ability to manage data and use the data base, reducing IBFAN's data management burden.</p> <p>IBFAN's quality of reporting is improving over time.</p> <p>As mentioned above, MISAU approved referral forms are not used consistently and IFAN therefore has no evidence of referrals.</p>
Partnership (Government and CSO)	2	3	TA on importance of formalizing partnerships with government institutions and other civil society organizations.	<p>IBFAN is known by some government institutions and civil society organizations.</p> <p>Following the previous POAP, IBFAN signed a Memorandum of Understanding with the Ministry of Health.</p> <p>IBFAN established a partnership with MOZAic, a local organization in Gaza, which is in the final stages of finalization.</p>
Beneficiaries	2	4	CAP recommended IBFAN conducts regular meetings with the beneficiaries in order to share results and get feedback to improve interventions.	<p>Since last PAOP the number of beneficiaries has increased. IBFAN conducts monthly meetings with local leaders, activists and supervisors. Minutes of these meetings are prepared.</p> <p>IBFAN supports exchanges between members of network associations.</p>
Shared Objective	2	3	TA on structure, role and functioning of networks. Training and TA on Governance, Leadership and Management which includes discussion on IBFAN's goal.	<p>IBFAN members' understanding of the structure, role and functioning of a network has improved. The member associations share common objectives.</p> <p>Six of the nine members are implementing the project supported by CAP. CAP's award provides IBFAN the opportunity to demonstrate its ability to function as a Network organization by mobilizing resources for implementation of activities that aim to achieve the network's goal, and by providing TA to improve the quality of implementation.</p>

				IBFAN organizes regular exchange of experiences between members and the last one took place in April 2014, with 88 participants and lasted 3 days.
Members and accountability	1	2	TA on structure, role and functioning of networks.	IBFAN conducts regular meetings with member associations to share and discuss changes in Statues, activity updates, implementation challenges, progress with tasks allocated to achieve common goals.

Kubatsirana				
Capacity Area	POAP I 2013	POAP II 2014	TA Provided	Results of TA/Training
Legal Statutes	3	3	TA on revision of statutes.	Kubatsirana has revised statutes, but they are not yet published and still contain inconsistencies in how members are treated. For example, founding members have special powers, which threatens the democracy of the organization.
Vision	3	3	TA on dissemination of vision statement.	Kubatsirana produced a banner with its vision statement that is prominently displayed in the office.
Mission	3	3	TA on how to simplify the mission Statement.	A new mission statement was drafted but not yet approved by the General Assembly.
Values	3	2	Create common understanding and agreement among members and staff on the meaning of Kubatsirana's institutional values.	Members are still struggling to explain the meaning of the Values of the organization and are not able to mention them.
Leadership	4	3	TA to solve the leadership crisis.	Kubatsirana has suffered a leadership crisis since the first POAP which is why the score decreased. Although some organizational issues remain to be resolved, progress to solve the crisis has been made: An extraordinary general assembly was held; An interim commission was elected to lead the organization until the next General Assembly; The GA approved an action plan for the interim period that includes revision of statutes, an external audit and new general election.
Governance	3	2	TA on roles and responsibilities of governing bodies.	Kubatsirana needs to elect a Board of Directors compliant with the Statutes during the next General Assembly. The interim commission only has an even number of members which might hamper decision making.
Transparency and Accountability	3	2	TA on Internal control systems	Kubatsirana owns a property from which they receive rent. However, it is not clear how the revenues are being used.
Members	3	1	Frequent TA to define types of members, i.e. collective vs	Kubatsirana's members understand that they need to revise the Statues to clarify the type of membership, the voting rules, and the rights and duties of members. They have

			individuals, voting rules and rights and duties of members.	not started the revisions yet. After CAP TA, the Governing Bodies and Executive realized that the score given in the baseline assessment was overestimated.
Human Resources	3	1	TA on accurate maintenance of personnel files and staff members' induction. TA on timesheets and payroll. Provided tool to support correct completion of timesheets.	Kubatsirana does not have an induction process for employees and personnel files remain incomplete. Use of timesheets and completion payroll has improved over time.
Archives	2	1	TA to support Human Resource and Finance archives.	Staff that was trained on archiving left the organization. CAP will provide TA to new administrative staff.
Performance Evaluations	1	1	Training on performance evaluations and development of a performance management tools.	Staff performance evaluations are pending approval of HR policies and procedures.
Policies and Procedures	2	2	TA in Human Resource policies and procedures.	Existing policies are outdated. The review process is very slow. Kubatsirana does not have a salary and benefit policy.
Reports	3	2	CAP provides comments on monthly financial and quarterly narrative reports. Comments on financial reports sent to program staff, leadership, the Board of Directors, and the Fiscal Council.	Due to frequent personnel changes the quality of reporting is inconsistent.
Audits	2	2	TA through Fiscal council follow-up meetings. TA on internal control systems (bank reconciliations and petty-cash count).	Kubatsirana Fiscal Council has not yet conducted a PP compliance review. The new accountant is reconciling bank account monthly and conducting a petty cash count weekly.
Assets	3	2	TA on conducting inventory and controlling resources.	The organization has its own assets, but these are indistinguishable from donor assets because an inventory has not been made yet.
Information Technology	3	2	TA for revision of policies and procedures. Shared samples of IT policies.	Kubatsirana has a web site, but it is not updated regularly. The organization does not have an IT policy.

Technical Competence	2	3	TA on community consultation to define beneficiary needs. TA to apply Child Status Index (CSI) and develop individual care plans to address the needs. TA on referrals, including the use of the MISAU approved referral guide. Training and TA on psycho-social support. Training and TA on Household Economic Strengthening	Kubatsirana has struggled with frequent staff turn-over, senior management and governance issues. This has affected program implementation. CAP provided on-the-job TA and support to new staff members as staff that was trained had left the organizations. Technical and management staff currently employed is competent. CAP has already seen improvement in program implementation and expects this trend to continue.
Project Planning and Design	2	2	TA on project design during annual workplan development	Kubatsirana was struggling to review project implementation achievements during the annual planning process as most staff members involved were new.
Implementation	2	2	TA to improve technical skills in various areas and supervisory skills	Kubatsirana is showing improvements in implementation. New staff are committed and learning quickly. As a result, savings and loans groups have been established and started to save. Repeat CSIs were done with all beneficiaries and care plans developed. Activistas have access to the referral forms and are increasingly adept at using them. Activistas are providing psycho-social support to beneficiaries, using REPSSI tools. Mid-level supervisors' ability to conduct daily supervision and support activistas needs to improve. Kubatsirana is aware of this and is developing a strategy to address the capacity gap.
Monitoring	1	1	TA on tools for new indicators (household economic strengthening, HIV defaulters tracing and references).	Kubatsirana has improved data reporting.
Partners (Government, CSOs)	2	1	TA on the importance of Memorandums of Understanding with partner institutions.	No Memorandum of Understanding has been signed so far but they have good working relationships with various service providers.

KUKUMBI				
Capacity Area	POAP II 2013	POAP III 2014	TA Provided	Results of TA/Training
Legal Statutes	3	3	TA provided on the revision of statutes, internal regulations, and steps required for publication of Statutes in the <i>Boletim da República</i> .	Kukumbi's Statutes were approved by the last General Assembly and submitted for publication in the <i>Boletim da República</i> . Despite progress made since the last PAOP, Kukumbi did not increase the number of its members and the recently approved Statutes have not yet been widely disseminated to all members and key staff.
Leadership	3	2	Training in GLM (Governance, Leadership and Management); Training in MANGO Financial Management and Fiscal council.	The score decreased because there is no documented evidence of meetings between the Board of Directors and Executive, and within the various Governing Bodies. The Board of Directors has failed to recruit new members and hold the extraordinary General Assembly planned for the first quarter of 2014.
Governance	3	2	See above.	Kukumbi's score decreased due to weak coordination between the Governing Bodies and there is no evidence of a work plan for the Board of Directors. The Fiscal Council reiterated that it has plans but no evidence was provided.
Human Resources	3	4	TA on staff recruitment procedures. TA on personal files archives. TA on payroll, timesheets, and chart of accounts.	Kukumbi now has a recruitment policy, which was used in their last round of recruitment of staff. Individual personnel files are properly organized and include all of the required documents for the employee and dependents, as well as the complete recruitment portfolio. However signed code of ethics for all staff is still missing in the files.
Archives	2	2	TA on alignment of electronic and hard (paper) archives.	Kukumbi's archives are well labeled. Physical files are well organized, though electronic files could still be improved. However the organization does not have a back-up policy.

Capacity Building	3	1	TA on how to define individual training needs thru the staff performance evaluation process and to use that information for preparing an institutional capacity building plan.	Despite conducting staff training, Kukumbi does not have capacity building plans for staff based on individual needs. There isn't a clear link between trainings and the needs identified in performance evaluations.
Performance Evaluations	2	3	Training on staff performance assessment evaluation (concept, procedures and tools) and provision of appropriate tools for staff performance assessment.	Performance agreements were signed with all Kukumbi staff. Intermediate performance evaluations are planned for the period August-December 2014. However, the Board of Directors has not yet evaluated the Executive Director.
Procedures	3	3	Training in Policies and Procedures. TA in the development of policies and procedures. Introduction to policies that confirm with USAID regulations.	Finance and Administrative and Human Resources policies are aligned with USAID requirements and have been approved by the Board of Directors. However, the manuals are not yet known by key members of the technical team and Governing Bodies. In addition, the salary policies are not aligned with recommendations provided by CAP and the salaries are not sustainable for the organization.
Audits	4	3	Training in MANGO Financial Management and Fiscal Council; TA for policies and procedures compliance review.	Following CAP training on Fiscal Council and TA, the Kukumbi Fiscal Council conducted policies and procedures compliance reviews. However, it still needs to improve the process of documenting the findings and respective recommendations for overcoming the weaknesses.
Assets	3	4	TA for finalizing the policies and procedures. TA on assets inventory procedures and tagging.	Kukumbi has an asset management policy, which was used for last disposal of assets. The assets of the organization are properly inventoried and tagged. Kukumbi clearly distinguishes the assets and property of the organization and those that belong to donors.
Information Technology	3	2	TA on policies and procedures through provision of samples of IT policies and comments of the drafts.	Kukumbi has no IT policy.
Implementation	3	4	TA for integration of Testing and Counseling activities that were not in their original project.	Kukumbi achieved all its project targets. When an HTC partnership with SCIP had become less effective due to budget cuts and changing program priorities, Kukumbi successfully engaged Provincial Health Authorities to identify and recruit accredited counselors and obtain test kits.

Monitoring	3	4	TA for data analysis for decision making on implementation strategy	Kukumbi program staff members have the capacity to develop tools for monitoring, including the monitoring plan itself. The organization can also analyze data to make decisions.
Partners (Government, CSOs)	3	2	TA in resource mobilization during the semi-annual CAP partner meetings.	Despite not having a strategy for resource mobilization, Kukumbi has diversified sources of funding for its initiatives (Ibis/AGIR, CAP FHI 360, Dialogos, Stephen Lewis, PMA, Oxfam Novib). The score reduced because Kukumbi does not yet have memorandums of understanding with its partners in the government, namely in Education (DPEC), Public Works DPOPH) and Disaster Reduction (INGC).

LDC				
Capacity Area	POAP I 2013	POAP II 2014	TA Provided	Results of TA/Training
Legal Statutes	3	3	TA on Statutes revision, procedures for legal registration, and tips to follow up with revised statutes at the Legal Entity Registry Office.	LDC's Statutes were amended and approved through a General Assembly in November 2013. LDC obtained the relevant information for registration and publication of the amended Statutes. LDC initiated the process for registration of amended statutes at the Legal Entity Registry Office.
Vision	3	3	Review of LDC vision and provided tips to improve. Training in Governance, Leadership and Management and follow-up TA.	LDC revised its vision. The organization held meetings to present the Vision to LDC's members, staff and Governing Bodies. Improvements in this area are not enough to move to the next stage because the Vision statement still needs to be disseminated to other members.
Mission	3	3	Review of LDC mission and tips for improvement. Training in Governance, Leadership and Management and follow-up TA.	LDC revised its mission statement. The organization held meetings to present the mission to LDC's members, staff and Governing Bodies. Improvements in this area are not enough to move to the next stage because the mission statement still needs to be disseminated to other members.
Values	3	3	Review of LDC Values and tips for improvement. Training in Governance, Leadership and Management and follow-up TA.	LDC revised its Values and disseminated them through member meetings. A copy of the values were placed in prominent places, in manuals, and included in audio visual materials. Improvements in this area are not enough to move to the next stage because the Values still need to be disseminated to other members.
Leadership	3	4	Training on Governance, Leadership and Management. TA on shared Roles and Responsibilities of Board and Management teams. Training on MANGO Financial Management and Fiscal Council. Follow-up TA provided after each training.	LDC now has a clear separation of roles and responsibilities between the Governing Bodies and Executive. The role of each Governing Body member is understood, and the performance of the Governing Bodies has improved. The Board of Directors is involved in staff recruitment process (ex. the current contracts have the approval of the Board of Directors. In the past, the Executive Director's signature was sufficient). Partnership agreements with donors are signed by the Board of Directors (previously the Executive Director was responsible for this). Problems of not reaching targets in Lugela were solved by Board of Directors and Executive together. The last General Meeting was organized and held under the leadership of the Board of

				<p>Directors (without the presence of the founder and Executive Director who was unavailable for health reasons).</p> <p>CAP discovered financial irregularities. The Governing Bodies did not take sufficient corrective actions to restore CAP's confidence in LDC's financial management and CAP decided to terminate LDC's award.</p>
Governance	2	4	<p>Training on Governance, Leadership and Management, MANGO and Fiscal Council. Follow-up TA provided after each training.</p>	<p>The Board of Directors and Fiscal Council prepare work plans and reach agreement on them together with the Executive.</p> <p>Monitoring visits of field activities in Lugela and Quelimane were carried out by the Board of Directors and Fiscal Council.</p> <p>LDC's Fiscal Council shared best practices with NAFEZA's Fiscal Council during CAP TA provided to both.</p> <p>The Board of Directors and Fiscal Council hold regular meetings and coordinate. The governing bodies coordinate quarterly meetings between the Board and Management team, and extend invitations to members (minutes were produced in the latest 2014 meeting).</p> <p>CAP discovered financial irregularities. The Board did not take sufficient corrective actions to re-instate CAP confidence in LDC's financial management.</p>
Transparency and Accountability	2	4	<p>Training on Governance, Leadership and Management, MANGO, and Fiscal Council. TA to prepare a General Assembly.</p>	<p>LDC submits reports to donors and the government (Education and DPMAS) on a regular basis. Accountability to members was demonstrated at the General Assembly. The governing bodies coordinate quarterly meetings between the Board and Management team, and extend invitations to members (minutes were produced in the latest 2014 meeting).</p>
Members	2	1	<p>Training on Governance, Leadership and Management and Fiscal Council. TA on how to recruit and promote the participation of members and the importance of having a bank account for members.</p>	<p>LDC initiated the process of recruiting new members. Their score decreased in this area because they have not opened a member bank account, developed a recruitment tool for members, and allowed members that have not paid dues to participate in voting at the General Assembly level.</p>

Human Resources	2	3	<p>Training on Policies and Procedures.</p> <p>TA to adjust Policies and Procedures to match local legal requirements. TA on hiring procedures and HR management in accordance to the law. TA on organizing personnel files for employees.</p>	LDC harmonized its policies and procedures to match the local labor requirements. The organization improved personnel files to include all necessary documents, and documented and filed the recruitment process for staff.
Filing System	2	3	TA on physical and electronic filing systems and the organization and codification of files.	LDC improved the filing of documents and improved the organization of its files in general. The Board of Directors and Fiscal Council have their own files. Archive folders are duly identified and codified.
Performance Assessment	1	2	TA on Performance Management.	LDC established performance agreements (including defined personal targets) with key personnel. LDC initiated a performance assessment process for staff.
Planning	1	3	Training on MANGO Financial Management (and an additional course provided by another donor, Ibis).	Five LDC staff have technical skills for budgeting and finance planning. Increased numbers of staff and board members are now involved in financial planning.
Procedures	2	3	Training on Policies and Procedures. TA on the design of Administration, Finance and Human Resources policies and procedures manuals.	LDC's HR Policies and Procedures were revised.
Audits	1	2	Training on MANGO Financial Management and Fiscal Council. Follow-up TA on Fiscal Council operations.	LDC's Fiscal Council conducted an PP compliance review on individual files and assets.
Technical Skills	3	3	<p>CAP provided training on:</p> <ul style="list-style-type: none"> • Community consultation • MMAS minimum guidelines • Family centered care • M&E tools • Application of CSI and development of care plans • Psycho-social support <p>All training was followed by intensive TA on all subjects. Additional TA was provided to</p>	LDC incorporated essential elements from MMAS minimum standards for OVC care during community consultation. They also began to provide family centered care to all its beneficiaries based on needs identified through the CSI. The CSI application was a struggle in the beginning but the second application was of higher quality. LDC staff was trained on the use of <i>Journal of Life</i> – a methodology to mobilize community support for OVC – and integrated the use of methodology in their regular work. Data collection and reporting was challenging in the beginning but improved greatly during the year.

			ensure the establishment of a network with other service providers and referrals of beneficiaries. TA was more intensive than with most partners because the project coordinator fell ill and the district supervisor was not able to provide sufficient technical support. The district supervisor's contract was not extended and CAP provided intensive TA while a new coordinator was being recruited.	
Analysis	2	3	Training on re-application of the Child Status Index and implementation of action plans.	LDC <i>activistas</i> have re-applied the Child Status Index twice. The facilitators analyzed the results and assisted <i>activistas</i> and families in preparing action plans for follow-up support.
Planning and Project Design	2	1	Training and TA on formative research, and using data for proposal design	Improved capacity in project design. The organization felt that they had overestimated their ability during the first POAP and reduced the score during the second POAP.
Implementation	2	3	<p>TA on how to organize and supervise the work of <i>activistas</i>, in order to increase the number and quality of visits to OVCs.</p> <p>REPSSI and DSF training on psycho-social support.</p> <p>TA on the use of the MISAU approved referral forms to increase referrals and collect evidence.</p>	<p>LDC's implementation team demonstrated increased capacity to provide services to children. Supervisors are better able to plan <i>activistas</i> activities, monitor implementation and provide constructive feed-back. Through better supervision, LDC also increased the number of beneficiaries in order to meet the targets.</p> <p>Education has always been a focus of LDC's activities. LDC established a good working relation with school management to monitor school performance of beneficiaries. LDC also established kindergartens in collaboration with local government who contributed teachers. Communities raised funds to pay for teachers assistants.</p> <p><i>Activistas</i> have improved their ability to provide psycho-social support to children. In particular, they are able to use REPSSI's <i>Journal of Life</i> methodology.</p> <p>All <i>activistas</i> are using the MISAU approved referral forms and are more</p>

				frequently referring OVC beneficiaries to services.
Monitoring	2	2	Training in the use of the OVC database to manage data for OVC activities. TA in the use of the database. TA in collecting and reporting data on new indicators.	The quality of reported data has improved, partly because more staff in the organization is now able to manage data. Initially LDC depended on one person for reporting, but now more people are able to write reports with acceptable quality.
Beneficiaries	3	4	TA on how on how to assess beneficiary satisfaction and share project results with beneficiaries.	LDC established strong collaborative links with community leaders and families caring for OVC. LDC learned the importance and means of interacting with end beneficiaries to assess their level of satisfaction with the services provided.

NAFEZA				
Capacity Areas	POAP IV Score 2013	POAP V Score 2014	TA provided	Results of TA/Training
Vision	3	3	TA to improve and disseminate the Vision statement.	NAFEZA's Vision statement was improved and integrated in the Strategic Plan, however it is not yet placed in public places in the organization.
Mission	3	3	TA to improve and disseminate the Mission statement.	NAFEZA's Mission statement was improved and integrated in the Strategic Plan, however it is not yet placed in public places in the organization.
Values	3	3	TA to explain the meaning of each institutional Value and its dissemination.	The meaning of each of NAFEZA's Values has been defined and included in the Strategic Plan, but are not yet displayed in public places. Most of the members are not yet able to explain them.
Leadership	3	3	TA on roles and responsibilities of the Fiscal Council, including PP compliance review. Mango financial management training.	The Governing Bodies are more proactive now. Both Board of Directors and Fiscal Council meet regularly and prepare minutes. The Fiscal Council has a plan of activities and follows it.
Governance	3	3	CAP provided training on how a network should function and facilitated a reflection between NAFEZA and its members to create consensus on the role, functioning and structure of a network organization.	The Board of Directors, members and secretariat are beginning to distinguish between the roles of a network and its members. There is a positive trend in coordination among members. This is expected to gradually reducing the sense of competition between the network and its members that currently exists.
Transparency and Accountability	3	3	TA to the Fiscal Council for PP compliance review. Mango financial management training. CAP provided training on how a network should function and facilitated a reflection between NAFEZA and its members to create consensus on the role, functioning and structure of a network organization.	NAFEZA reports regularly to government, donors and beneficiaries, but doesn't request proofs of receipt. Internal accountability has improved. The Executive presents reports to the Governing Bodies more regularly. However, a well-defined internal reporting mechanism still doesn't exist. The newly elected Fiscal Council has not yet been able to carry out a PP compliance review or examined the reports of the Executive.
Members	2	2	TA on diversification of membership contribution.	NAFEZA already has a bank account for members' fees (quotas) and shares the bank statements with the Board of Directors and members. The Board of Directors created an internal charging mechanism, whereby

				the treasurer of the board sends letters to members alerting members that payments are due. After payment receipts are issued. They have put a system in place to monitor defaulters. Members who have not paid their fees are excluded from training events.
Human Resources	4	3	TA to define job descriptions and design a recruitment process to be included in the HR policies and procedures.	All staff has job descriptions and the recruitment process is clearer defined. The score decreased because personnel files are poorly organized and some important documents, like interview evaluation sheets and letter of offer of employment, are missing in some recruitment dossiers .
Performance evaluation	2	3	TA on management performance and provision of samples of appropriate tools (annual target definition and agreement between the supervisor and collaborator, performance assessment and review and renegotiation of targets)	Based on TA provided, NAFEZA developed performance management tools. NAFEZA supervisors signed performance agreements with their staff. NAFEZAS's Board of Directors has not yet signed performance agreement targets with the Executive Director.
Planning	2	3	Training Mango Course.	Most of the technical staff and some members of Governing Bodies are capable of conducting a comprehensive financial planning process.
Procedures	2	3	TA to revise NAFEZA's Admin and Finance Policies and Procedures, particularly of samples of Code of Ethics and Shared Costs Allocation policy, to ensure USAID compliance.	The Admin and Finance Policies and Procedures were revised in order to comply with USAID requirements. In addition, staff health insurance was added. The Board of Directors approved the new PP.
Audits	3	2	Mango financial management and Fiscal Council training and follow-up TA, including on PP compliance review. After these trainings and TA, a completely new Fiscal Council was elected. CAP provided intensive TA on the basic roles and responsibilities of a Fiscal Council. A new FC training is scheduled for FY15.	Following the TA the new FC designed its plan of activities and made one field visit. The score dropped because the Fiscal Council is still not able to conduct a PP compliance review.
Assets	3	2	TA on asset management and Inventory, including an assessment of current practices,	NAFEZA has a detailed and updated assets inventory.

			sharing good practices and referencing asset management in Admin and Fin PPs.	The score reduced because not all assets are labeled.
Information Technology	3	2	TA through provision of samples of IT policy and procedures.	The IT policy was approved, but it is not yet properly known by the key personnel of the organization. The score reduced because the NAFEZA staff use personal email accounts for official use, which jeopardizes safety of institutional documents. NAFEZA recognizes that the score of this indicator was overestimated in last POAP.
Analysis	3	3	Part of NAFEZA's team benefitted from the training and implementation of formative research.	NAFEZA surveys the needs of its members in formative research but not consistently. NAFEZA staff still need to deepen its knowledge on the techniques of community needs assessment
Planning and project Design	3	3	Training on SBCC project design. TA during annual project planning process.	The majority of NAFEZA's staff is capable of planning and designing projects, applying SBCC theory. The strategic plan was finalized and on-going projects align with NAFEZA's strategic direction. NAFEZA has demonstrated to be able to independently evaluate project results, identify challenges, and formulate solutions.
Implementation	3	3	TA for supervisors on how to improve the quality of implementation. TA on the importance of local leadership involvement to support social and individual behavior change.	NAFEZA exceeded its targets on debate session participants. When an HTC partnership with SCIP had become less effective due to budget cuts and changing program priorities, NAFEZA successfully engaged Provincial Health Authorities to identify and recruit accredited counselors and obtain test kits. NAFEZA also integrated GBV screening in its program – a complex and sensitive intervention. The activities are being implemented with active participation of community leaders.
Monitoring	2	2	TA to establish a basic, practical monitoring system.	NAFEZA is already reporting good quality data for new indicators.

			TA to define new indicators and tools for data collection and reporting. TA for data verification.	NAFEZA designed tools and a flow chart to help staff better understand and adhere to data collection and reporting systems. NAFEZA already conducts a second level internal report and data verification which contributes to improved data quality.
Network Structure	2	2	CAP provided training on how a network should function and facilitated a reflection between NAFEZA and its members to create consensus on the role, functioning and structure of a network organization.	The relationship between NAFEZA's secretariat and its members improved after the reflection, but changes need to be consolidated to become sustainable. Also, the involvement of members throughout the project cycle and the communication should be improved.
Members and Services	3	2	CAP provided training on how a network should function and facilitated a reflection between NAFEZA and its members to create consensus on the role, functioning and structure of a network organization.	Score decreased because NAFEZA's secretariat does not have a reporting and accountability system towards its members.

Niiwanane				
Capacity Area	POAP II Score 2012	POAP III Score 2014	TA Provided	Results of TA/Training
Legal Statutes	2	3	TA on preparation of a General Assembly. TA on revision of Statutes and Internal Regulations. Intensive TA on formal registration process.	Niiwanane held a General Assembly. The organization's Statutes and Internal Regulations were approved. Niiwanane initiated the process for formal registration, but it is not yet completed. The statutes are not yet known by every governing body member and key staff – the internal dissemination process is still taking place (See below).
Vision, Mission and Values	2	3	TA to revise the Mission, Vision, and Values statement. TA on how to report this statement to members and staff (through visual materials and meetings).	Niiwanane revised its Mission, Vision, and Values statement, but it is not yet fully internalized in the organization. The organization currently struggles with its strategic focus. It was created by and for People Living with HIV&AIDS. Over the years, Niiwanane's program evolved and the organization is now supporting more that PLHIV only. The organization is developing a strategic plan that will reflect this change.
Leadership	2	3	Training in Governance, Leadership and Management.	The Board of Directors invites the Executive Director to its meetings, who in turn contributes to the meeting agenda with subjects that require Board engagement. Board of Directors meetings are not held in accordance with the regularity established in the Statutes. Of the few meetings held, only one is documented through minutes.
Governance	1	2	Training and TA in Governance Leadership and Management. Training on <i>Associativismo</i> . Training and TA on Fiscal Council. TA on roles and responsibilities of Governing Bodies. Direct TA to Fiscal Council. Revision of Statutes to clarify the roles of Governing Bodies' members.	Before CAP TA, there was no clear separation between the Governing Bodies and the Executive. The revised statutes have addressed this gap. The Board of Directors and the Executive Director are now implementing their distinct roles. The newly elected Board of Directors and Fiscal Council members mostly come from the public sector, and are still becoming familiar with the functioning of not-for-profit associations. Niiwanane's Fiscal Council is carrying out Policy and Procedures

				compliance reviews but needs to improve documenting findings.
Transparency and Accountability	1	3	TA on the importance of internal and external accountability (these matters were raised in capacity building on Associations, Governance, Leadership, and Management, and Internal control systems (ICS).	<p>Niiwanane reports monthly to Provincial Government Departments and beneficiaries at community meetings (mainly on project progress).</p> <p>In the past, Niiwanane did not report the status of the organization to its members. As a result of CAP TA to General Assembly procedures, a report on project implementation progress is now included in the AG agenda.</p> <p>Niiwanane understands that it still needs to improve accountability towards its members.</p> <p>The Fiscal Council needs to become more actively involved in overseeing the organization and apply the knowledge acquired in trainings and TA organized by CAP.</p>
Members	1	2	TA on how to organize the registration of members (covered in Governance, Leadership and Management training and Association training).	Niiwanane has introduced a formal registration tool for members but it is not used properly yet.
Human Resources	2	3	TA to governing body members and executive staff on Performance Management (performance assessments), and HR Policies and Procedures (including policies required by USAID partners). TA on salary scales. TA on timesheets and payroll.	<p>Niiwanane created a committee to prepare HR and Admin and Finance policy and procedures manuals, and presented the first draft to CAP for comments.</p> <p>Niiwanane presented a draft of a performance agreement and performance assessment tool to CAP for comments as well.</p>
Filing Systems	2	2	TA on filing systems (physical and electronic).	Niiwanane improved its physical filing system. More documents are now correctly archived and labeled. CAP continues to provide assistance in filing.
Capacity Building	2	2	TA on the importance aligning institutional capacity build plan with individual capacity building needs identify through performance	The institutional training needs are included in the ICBP and will be addressed with CAP training and TA.

			management system.	
Performance Assessment	1	2	Share staff performance assessments tools, conduct practical exercises with staff and leadership. TA to review the first performance agreement made by supervisors.	Niiwanane's supervisors and key staff are familiar with the performance management tool. Niiwanane developed performance agreements with three supervisors at the start of the year but did not complete the process with a performance evaluation at the end of the year.
Plans and Budgets (Planning)	1	3	Training on MANGO Financial Management. TA on designing a chart of accounts and organizational budget. TA on cost allocation policy.	Niiwanane demonstrates a certain growth in its ability to develop project budgets. The organization has not yet finalized the first draft of a chart of accounts and the governing bodies have not yet developed an organizational budget.
Procedures	2	2	Training on policies and procedures. Comments provided on Administrative and Finance PP Manual, including USAID's minimum requirements.	Niiwanane developed a draft Administrative and Finance PP Manual, and presented it to CAP for comments.
Reports	2	3	Comments provided on Financial Reports and TA to improve these reports.	Niiwanane's financial reports have improved, and the number and substance of the comments has decreased. Niiwanane's financial and program reports need to be better aligned.
Audits	1	1	TA on conducting PP compliance review during Fiscal Council quarterly meetings.	Although TA has been provided, Niiwanane's Fiscal Council has not yet conducted a PP compliance review.
Assets	1	3	TA to conduct inventory of the organization's equipment, including labeling of each item. TA on including an Asset Disposal Policy in the policy and procedures manual.	Together with CAP, Niiwanane conducted an inventory of all of its equipment and property. An Asset Disposal Policy is included in the draft Admin and Finance Policy and Procedures Manual.
Information Technology	1	1	TA on the importance of external backups for relevant information and the need to develop an IT policy.	A draft IT Policy is included in the draft Admin and Finance Policy and Procedures Manual. Niiwanane is now able to correctly identify assets owned by the organization and those owned by their donors.
Technical Skills	2	3	TA on Application of CSI for assessment of OVC needs, prioritizing needs and	Niiwanane is very committed to deliver quality services to its beneficiaries. New initiatives are quickly and well incorporated in existing

			<p>developing care plan for each OVC TA for exchange for establishment of a referral network. TA on using the referral book to correctly record referrals and completed referrals. Training on Psycho-social support</p>	<p>activities.</p> <p>Niiwanane continues to improve its capacity to apply CSI, set priority needs and develop care plans for children. They correctly use the referral book and reports on referrals. A high percentage of referrals are completed as a result of the follow-up provided by the activists.</p> <p>Niiwanane established solid working relationships with various institutions that resulted in easy access of beneficiaries to health and education services.</p>
Analysis	2	3	TA on conducting FGD to assess needs and to validate data from primary and secondary sources.	Niiwanane learned to effectively document a needs assessment process and report this information back to its target communities. Some further improvements in this area are still necessary.
Planning and Project Design	2	3	TA on project design.	The capacity of the Governing Bodies to support project design increased. Niiwanane is able to independently evaluate program results, identify challenges and formulate solutions as demonstrated during the annual work plan process.
Implementation	2	4	TA on field supervision using tools developed by CAP.	<p>Evidence of change in management practice demonstrated through consistent use of supervision tool. Use of supervision tool and frequent monitoring visits help Niiwanane supervise <i>activists</i> better, resulting in higher quality of care for families.</p> <p>Niiwanane's program team has increased their capacity in OVC implementation, with an increasing knowledge about the minimum standards and how to assist the children and their families. Their OVC approach is family-centered.</p>

Monitoring	2	3	TA on project monitoring, the design of basic tools for quantitative and qualitative data collection, writing success stories, collecting data for new indicators, and using data for decision-making.	<p>Niiwanane strengthened its skills in documenting success stories and lessons learned. The organization increased its capacity to develop clear indicators for various activities.</p> <p>Niiwanane has designed efficient tools to capture, aggregate, and report on increasingly complex data.</p> <p>Good understanding and actual report of new indicators. More staff are able to managing data so that Niwanane is no longer dependent on one person for data management.</p>
Evaluation	1	3	No TA was provided on formal project evaluations.	Niiwanane does annual project reflections for annual planning purposes.
Partnership (Governance, OSC)	2	2	TA on importance of formalization of its relationship with key entities.	Although Niiwanane is well known by and works closely together with government partners and beneficiaries, they have not signed any memorandum of understanding with government entities.
Beneficiaries	2	4	TA on how to structure supervision, in order for the chief activist to check if the families are satisfied with the work done.	There is evidence of good collaboration with beneficiaries. The organization reaches out to beneficiaries and leadership through regular meetings. Beneficiaries are involved in every stage of projects.

OPHAVELA				
Capacity Area	POAP I Score 2013	POAP II Score 2014	TA Provided	Results of TA/Training
Legal Statutes	3	4	Training in Governance, Leadership and Management. TA to support revision of Statutes and Internal Regulations. TA and tool sharing in preparation of General Assembly.	Ophavela's General Assembly was more participative than the previous, as a result of CAP support in advance of the meeting. OPHAVELA's Statutes and Internal Regulations were approved in the General Assembly. The approved Statutes and Internal Regulations were disseminated to members for enforcement.
Values	3	4	TA to review and reflect upon Ophavela's Values.	Ophavela reviewed and disseminated its Values to staff, members and Governing Body members. All understand and support the Values.
Mission	3	4	TA to review Ophavela's Mission statement.	Ophavela revised its Mission statement to clearly represent the organization's thematic areas of intervention. The Mission statement is visible in the office and in organizational documents, such as policy and procedure manuals and public relations materials. The staff and the Governing Bodies know the Mission Statement very well.
Leadership	3	4	Training in Governance, Leadership and Management. Training in MANGO Financial Management and Fiscal Council. TA on roles and responsibilities of Governing Bodies (Board of Directors, FC, MAG) and the executive.	Ophavela's three Governing Bodies and the Executive know their roles and responsibilities, and act accordingly. The Fiscal Council provided its opinion in the last General Assembly as result of CAP TA. The Board of Directors invites the Executive Director to its meetings. (e.g. the Vice President of the Board of Directors is overseeing the construction contract for the building where OPHAVELA's office will be located).
Governance	3	3	Training in Governance, Leadership and Management. Training in MANGO Financial Management and Fiscal Council. TA on roles and responsibilities of Governing Bodies and	More collaboration now exists between the Governing Bodies and the Executive. The governing bodies strategically direct the Executive Director (ED). The ED is closely involved in managing daily affairs of the organization.

			the Executive. TA on roles and functioning of the Fiscal Council.	
Transparency and Accountability	2	3	Training in Governance, Leadership and Management. Training in MANGO Financial Management and Fiscal Council.	Ophavela has systems for internal and external accountability. The Fiscal Council has basic knowledge of how to monitor implementation of activities (programmatic, financial, and policies). The Fiscal Council provided constructive inputs to policies and Statutes revisions.
Members	2	3	TA on recruiting new members.	Ophavela developed a strategy and tools to recruit new members. The strategy is incorporated in the Internal Regulations but still needs to be operationalized.
Human Resources	4	4	TA on job descriptions for technical staff. TA on timesheets.	All staff positions have job descriptions. Performance Management has been introduced (performance agreement and assessment).
Performance Assessment	3	4	TA on Performance Management.	Ophavela reviewed its Performance Management tool, completed performance agreements with all staff, and promoted some staff based on the performance assessment process.
Finance Planning	3	4	Training on MANGO Financial Management and follow-up TA. TA on chart of accounts.	Ophavela's technical staff and most of the Governing Bodies members have the required qualifications for planning and budgeting for the short, medium, and long term.
Procedures	3	4	TA to include Code of Ethics and Sexual Harassment policy and procedures, review of HR and Administration and Finance Policy and Procedures Manual, and TA on dissemination of Policies and Procedures among staff and governing bodies. TA on cost allocation policy.	Ophavela included a policy on sexual harassment and Code of Ethics in their policies and procedures manuals. The organization revised and approved its Administration and Finance and Human Resources Policies and Procedures Manuals.
Reports	3	4	Provided comments and TA on financial reports.	Ophavela prepares high quality finance and narrative reports, resulting in few comments by donors. However, Ophavela still struggles to report accurately programmatic results (data) and to submit reports on time.
Audits	4	4	Training on MANGO Financial Management and follow-up TA. Training in Fiscal Council.	Ophavela's accounts are audited annually.

Assets	3	4	TA on inventory and management of assets.	Ophavela updated its inventory list and revised its Management and Sale of Property policies. Most of the existing property in use belongs to OPHAVELA. The organization also owns property on two floors of a building currently under construction.
Information Technology	2	1	TA on IT policy.	Ophavela does not have an internal IT policy. The organization introduced a server for exclusively administrative and financial issues, which limits the program team's capacity to manage files electronically. There are no back-ups, and IT knowledge is limited in the organization. The score dropped due to these factors and because the original score in the baseline was over-estimated.
Technical Skills	3	3	CAP provided training in facilitation skills and social mobilization, and conducted on-going TA during monitoring visits to reinforce learning.	Supervisors continue to use systems put in place to monitor and improve facilitation and data recording and reporting skills. Facilitation skills have improved significantly but data recording, aggregation and reporting still needs to improve.
Planning and Project Design	2	3	Training on Project Cycle. Training on SBCC project design.	Ophavela improved its understanding of behavior change theory and is better able to apply theories in proposal design. The team is also able to independently evaluate program results, identify challenges and formulate solutions as demonstrated during the annual work plan process.
Implementation	3	4	CAP provided TA to develop supervision tools and TA during routine visits to monitor efficient application of these tools, resulting in improved facilitation skills and better transfer of information to beneficiaries.	Ophavela improved its capacity for using and interpreting the information collected via the supervision tools.
Monitoring	3	3	TA on design of M&E tools, importance of monitoring in implementation of activities, capturing data on new indicators, preparation of quarterly reports, and on the definition and compliance of requirements for counting data from prevention sessions.	With CAP TA, the quality of data collection improved, but the ability to aggregate data remains weak. Reports are still submitted late.
Evaluation	1	3	TA on evaluating project is part of the project cycle management training that CAP provided.	Most of the technical staff and Governing Bodies have capacities for carrying out evaluation and some do consultancies for other organizations.

ECoSIDA				
Capacity Area	POAP I Score 2013	POAP II Score 2014	TA Provided	Results of TA/Training
Legal Statutes	3	4	TA to update Statutes.	ECoSIDA presented and discussed the Statutes during the General Assembly in 2013. The Board of Directors recommended that ECoSIDA analyze the gaps and submit a proposal to the General Assembly in 2014.
Human Resources	3	4	TA to align Human Resources (HR) Policies and Procedures Manual with current labor laws, including staff recruitment procedures and performance assessments.	The Human Resources Manual is in accordance with Labor Legislation. ECoSIDA developed job descriptions and selection criteria, and conducted and documented transparent recruitment processes. ECoSIDA should improve procedures to recruit consultants.
Performance Assessments	1	1	TA to develop performance management tools.	Performance management tools were developed and included in the Human Resources Policies and Procedures Manual.
Procedures	2	3	CAP conducted a "USAID compliance check" and provided TA to revise HR and Admin and Finance Policies and Procedures to include USAID requirements.	ECoSIDA updated its Human Resources Policies and Procedures Manuals, introduced performance management tools, revised Administrative and Finance Policies and Procedures, updated procurement systems, and improved internal control systems. ECoSIDA developed and included a Cost Allocation Policy in the Admin and Finance Manual.
Technical Skills	3	3	Training on SBCC theory. Training on project cycle. Training and TA to improve facilitation techniques	ECoSIDA improved its knowledge and skills on facilitation techniques. The quality of the sessions improved significantly as a result of better planning and improved supportive supervision by more knowledgeable staff. ECoSIDA matched IEC material selection with specific target groups.
Planning and Project Design	3	3	TA during annual work plan processes.	ECoSIDA improved the capacity to systematically evaluate project activities, identify challenges and formulate solutions. ECoSIDA should consider improving its research capacity in order to include primary data in proposal development. Currently, ECoSIDA mainly relies on secondary data sources.

Implementation	3	4	TA in facilitation techniques. TA on filing of project documentation. TA on supportive supervision.	ECOSIDA significantly improved the quality of the debate sessions. With the support from ECoSIDA's supervisors, facilitators conducted more lively and participatory debate sessions. ECoSIDA understands the importance of creating a supportive environment outside of the workplace to support individual behavior change. However, workers' residences were too dispersed and distant to work in their communities. ECoSIDA was CAP's first partner to successfully mobilize and offer HTC to its target group. They shared their experiences during Partner meeting.
Monitoring	2	3	TA to collect and report qualitative and quantitative data. TA on data verification process.	ECoSIDA improved its capacity to collect and report data which enabled senior managers to make program related decisions. Data was mainly collected to assess achievements towards targets. Supervisors routinely included data quality reviews in their visits.
Partners (Government, CSOs)	2	3	TA to formalize partnerships through memorandums of understanding.	ECoSIDA signed Memorandums of Understanding with Ministry of Health (Gov), UEM (University), OTM (labor union), OIT International Labor Organization (ILO), Elisabeth Glaser Pediatric Foundation and ARIEL. ECoSIDA improved its marketing strategy.
Public Relations	2	3	TA to Resource Mobilization	ECoSIDA produced a one-page leaflet to market the organization's work and achievements. ECoSIDA's website is regularly updated.

Annex 9. POAP Technical Brief

Motivating Change: Mozambican Organizations Transform Themselves through the Participatory Organizational Assessment Process (POAP)

From revitalizing dormant governance bodies to learning about the interdependence of basic structures and systems, Mozambican civil society organizations (CSOs) are creating concrete and lasting changes using an institutional strengthening process and tools that fosters transparency and accountability. That process is the Participatory Organizational Assessment Process (POAP), introduced by the Capable Partners Program (CAP Mozambique).

In creating the POAP, we drew from the best of available organizational capacity assessments (OCAs) then, “Mozambicanized” the tool and the process to suit the country context.

CAP has been building the capacity of Mozambican CSOs implementing HIV and AIDS treatment, care and prevention activities since 2006. CAP Mozambique is both a funder (as an intermediary for USAID) and training and technical assistance provider. As a funder, we must ensure that our grant recipients have sufficient capacity to effectively manage project funds and implement quality programs. As an institutional strengthening resource, we understand that tackling broader organizational issues is fundamental to achieving quality results in local communities and, more importantly, to helping Mozambican civil society develop and thrive.

Ingredients for Success

Through interviews for this article, and during the CAP mid-term evaluation, a number of critical elements emerged that have contributed to the success of the POAP in the past seven years of its utilization in CAP Mozambique.

Five Ingredients to Spur Successful Learning and Growth

1. Ownership through self-assessment
2. Engagement of all levels of the organization
3. Training on organizational development
4. Strong facilitation
5. Commitment of resources to implement capacity building plan

1. Ownership through self-assessment

To start, we debated which is best for measuring and supporting institutional growth—external or internal organizational assessments. Both have advantages and disadvantages.

External assessments may introduce more objectivity to a scoring process; however, external evaluators may be less likely to uncover what is really going on inside an organization (USAID 2000). When a donor-recipient relationship is added to the mix, assessments can also feel more like an externally imposed activity that extracts knowledge rather than facilitates local reflection or new learning (INTRAC 2005). In the end, organizational learning is sacrificed for potential increased accuracy in measurement.

The Participatory Organizational Assessment (POAP)

The POAP provides tools to facilitate self-assessment of an organization’s systems, assets and activities. During the assessment, participants assign numerical ratings to the organization’s current status or performance in key organizational development (OD) domains.

The POAP data yield both an organizational profile and a calculation sheet that presents a baseline from which to track the future evolution of the organization along a development continuum.

The POAP process compresses multiple steps—data collection, analysis and decision-making—into one activity.

In reality, all institutional assessment processes are subjective, relying heavily on individual perception, judgment, and interpretation (USAID 2000). Although external assessments might reduce some bias, we deliberately chose to use a participatory self-assessment process in Mozambique to emphasize the opportunity for learning. This coincides with a growing appreciation in the field that unless there is an element of participatory self-assessment then the process is likely to fail (INTRAC 2005) – largely because organizations that do not feel they own the assessment process or have access to the results have little incentive to do what it takes to grow.

The Starting Point

Most grant recipients were surprised that CAP did not intend to evaluate their organization during the POAP, but rather facilitate a conversation to help them discover their own strengths and areas for improvement. Multiple perspectives within the organization are engaged (all levels within the staff through the Board of Directors); the facilitator makes clear his/her role to ask probing questions, help people understand all of the areas and the meaning of the scores, and create a safe space; the participants work together to agree on each score. As a result, the POAP belongs to each organization—it is not a product of CAP.

In order to maintain a balance between self-assessment for learning and informed measurements of growth, certain measures are introduced to reduce bias in the process: the ratings at each level of organizational growth are clearly described; and actual documents and complementary evidence are consulted to verify ratings as often as possible. In addition, in 2009, CAP Mozambique introduced a number of complementary external assessments encompassing mainly programmatic expertise (HIV&AIDS behavior change communications and OVC care), financial management, umbrella grant management, and the quality of reporting. The results of these external assessments are shared with the organizations as evidence to consider when rating specific categories of their organizational performance.

The POAP is a learning process that typically takes a few applications before showing results. As an ADC staff member said, “For us the POAP was new, so we thought that we should show all of our strengths. But then we learned that, no, the purpose was to look at the reality and accept our problems so that we can correct them.”

Many CAP partners have begun implementing the POAP within their networks or with their own sub-partners. Organizations have also requested that CAP facilitate follow-up POAPs with them even after their financial relationship with CAP ends. This shows that organizations appreciate the inherent value of the process, even when the donor does not require it.

“It was better than a SWOT exercise done (to us) externally in the past. In the POAP, we felt that the facilitators were there shoulder-by-shoulder with us, so we understood that it was ECoSIDA making the analysis...”

...“There are many issues that are ours to take care of. It wasn’t CAP that did the evaluation (POAP). It was us that did the evaluation.”

—ECoSIDA staff members

2. Engagement of all levels of the organization

Typically in Mozambique, an organization’s governing bodies—Board of Directors, Fiscal Council—play a tangential role in the life of the organization, called upon when there is a problem to solve, but otherwise not engaged. The POAP reveals the potential consequences of this absence to staff and

“The POAP helps me as a person. I can accept my errors and the opinions of others about my mistakes. It helps you become more humble. First it cleans your mind, and opens your conscience to be open to hear about your mistakes in order to improve.”

—ADC staff member

leadership alike. For example, we share stories of multiple cases where a lack of effective, timely oversight permitted relatively small problems to go unaddressed, and become serious issues that resulted in a loss of funding and/or credibility. As a result, the members of governing bodies welcome TA interventions (internal controls, role of the fiscal council, governance & leadership), tools and resources that are designed to improve the odds their organizations will be successful over the long term.

“The inclusion of the Board of Directors helped the growth of LDC because before it was only the staff that participated in meetings with donors. We are happy when the Board now asks staff to be accountable,” said LDC staff member.

3. Training on organizational development

Because Mozambican civil society is still relatively young, discussing – much less evaluating and scoring – aspects of organizational performance is a new concept. To tackle this, we integrated training on OD in the first and second applications of the POAP. This helped organizations develop a frame of reference from which to assess themselves and enabled them to more realistically score each organizational area.

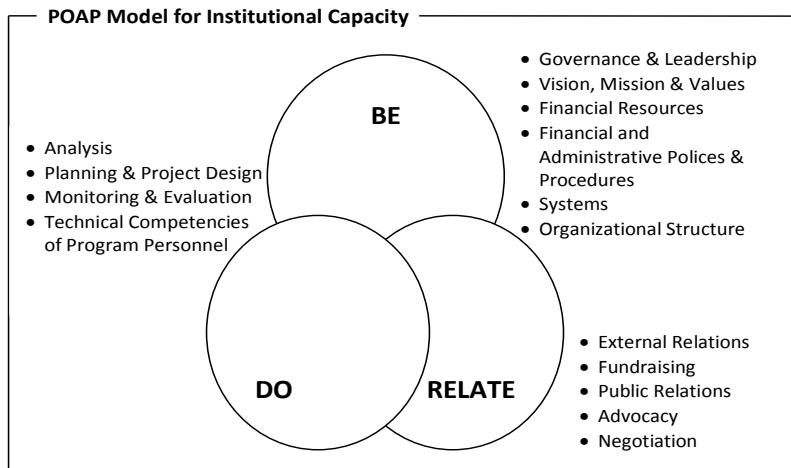


Figure 1. The POAP Model for institutional capacity strengthening uses a holistic approach.

We developed a methodology that simultaneously orients organizations on basic OD elements and facilitates their conversations about where they fit along a scale of clearly identified criteria for each of four stages of organizational growth. And yet, we discovered early on that this wasn’t enough. Organizations were struggling to understand how the components fit together. To bring complex ideas closer to ground, CAP adapted the widely recognized “be-do-relate” model. This model groups key elements together by function (see figure 1), and helped

organizations visualize the linkages between components within a circle, as well as across circles. “The be-do-relate model helped us to be open to discuss more things. It helped stimulate conversation. When we talked about administrative issues, we saw how these are related to other areas,” says ECOSIDA staff member.

4. Strong facilitation

Helping an organization take stock of sensitive topics, including staff competence, salary policies and conflicts of interest, in front of its Board and a donor is a challenging task. In Mozambique, it is rare for employees of an organization to speak out against the opinions of colleagues or board members present

in the same room. The facilitator must recognize and understand the needs, motivations and agendas of those involved (whether hidden or not), negotiate a genuine consensus about what the impact assessment process is for, and ensure that each individual in the room accept responsibility for his or her role in bringing the organization to its current stage and moving it forward. That is why we nurtured highly-skilled internal facilitators who, over time, have built the trust necessary to help organizations conduct authentic self-evaluations. Using Appreciative Inquiry as an approach, the facilitators are able to engage organizations in a new way, by exploring the positive rather than focusing on the negative.

“The facilitator raised questions to make us think about reality. Not about what I would like to be the reality, but in fact the reality (of the status of our organization),” said ANEMO member about his transformative POAP experience. Another added, “The methodology was great. It made the people reflect and created an opening and conditions for people to tell the truth, without being afraid.”

Experience shows that poor facilitation of the POAP can de-rail the process. Early in the project, CAP Mozambique contracted external consultants to facilitate the process, and it didn't always go well. In some cases, organizations felt they were being asked to evaluate CAP, rather than themselves. In other cases, the consultants were not able to create a safe environment for sharing—which is the starting point of the POAP process. From that point on, we focused on training a few key individuals to facilitate all POAPs, thus providing both the organizations and CAP with a consistent application of the tool and the process.

“The dynamics created by the facilitators help the participants talk about things they were never able to discuss before in the organization,” said the CAP OD Technical Officer. “The facilitators bring the spice to the room – stir up the debate – and then leave to let the participants talk amongst themselves before wrapping up key points when the facilitator returns.”

CAP facilitators set the mood by asking those who have participated in the process before to share their experiences and by using ice-breakers and other tactics create an open atmosphere. Without a doubt, humor is also one of the best tools for helping people open up. “That's what (the facilitators) would do bring up a serious issue but use a little humor to help people talk comfortably,” commented an ECoSIDA staff member.

5. Commitment of resources to implement capacity-building plans

Many OD tools have an action plan component built into the process. Just as frequently, these plans are shelved almost as soon as they are written, due to lack of commitment, time, resources or a combination of all of these elements. Yet, it is the application of what is learned and the implementation of plans that leads to meaningful change and advancement.

CAP partners quickly learn that the POAP Capacity Building Plan is an exciting mechanism for real institutional growth. Resources for institutional strengthening are typically quite scarce, but USAID has demonstrated a commitment to Mozambican organizations by channeling these funds through CAP to its partners. We tackle the priorities in conjunction with each organization, providing training and follow-up TA over the period of time necessary to reach positive results. In some cases, this may take a few months. In other cases, we support organizations for a few years to reach their goals.

Organizations tell us they appreciate our systematic approach to prioritizing, assigning responsibilities, and follow-up. Says one ADC staff member, “It is important to have priorities to know where you need to attack first. And it is (equally) important to identify who is responsible for doing each thing. Otherwise, when the moment arrives it is hard to peg down who should have completed the task. Now (with the Capacity Building Plan) we have already identified who should do each thing, and it is much clearer how the work will get done.”

Conclusion

Our partners are witnessing real and lasting changes in their organizations by their and our measures. Progress reflects each organization’s own priorities.

According to the externally-conducted CAP Midterm Evaluation, many partners described the POAP as one of the most valuable elements of their work with us. Many are replicating at least some form of the POAP in their own organizations and/or with their sub-partners. One faith-based organization said, “The majority of our churches (14 of 17 churches) have adopted the POAP tool.”

In addition to providing organizations with an assessment process that they can call their own, the POAP provides them with the skills to reflect and act. “The POAP has forced (Mozambican) organizations to look critically at each component of their organizations that affect service provision and develop the critical analysis skills that they will need post-CAP to continue their growth and development,” stated the CAP Midterm Evaluation.

The PAOP was new in Mozambique when CAP introduced it, and we faced some skepticism and resistance. Yet, the way we designed the process, chose to implement it and adjust and improve it along the way have made this one of the most transformational elements of the CAP Mozambique program.

“In the beginning (of the process) we realized that we had a problem with criticism. We discussed this between ourselves and came to the conclusion that we need to be critical and honest about these issues. The facilitators told us that they were mediating the conversation and that it was a safe space. This made us feel more comfortable in sharing the information,” said one CAP partner. In a culture that tends to avoid conflict, candor is powerful.

CAP Mozambique & Partners: Concrete Results

As a result of the POAP, subsequent training and/or technical assistance, CAP partners attained the following:

- 9 organizations have Board-approved HR policies and procedures manuals.
- 7 organizations have “ready-to-approve” HR policy & procedures manuals.
- 8 organizations have Board-approved Finance and Admin policies and procedures manuals.
- 7 organizations have “ready-to-approve” Finance and Admin P&P manuals.
- 9 organizations have conducted General Assemblies.
- 11 organizations revised and approved their organizations’ mission, vision, and/or value statement.
- 6 organizations have revised their Statutes and Internal Regulations.
- 6 organizations have conducted staff performance evaluations.
- 3 organizations completed their registration as legal entities in Mozambique.
- 3 organizations have created Strategic Plans.
- 4 organizations have board-approved salary policies.
- 9 organizations have board-approved Codes of Ethics and Sexual Harassment Policies.
- 5 organizations improved financial systems, resulting in grant awards.

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AUTO-AVALIAÇÃO DA EFECTIVIDADE DO CONSELHO DE DIRECÇÃO

Nome da organização _____ Data _____

- Favor de indicar a sua resposta com **X** na célula que melhor descreva a sua opinião
- Quanto mais correcta e honesta for a sua resposta a cada uma das afirmações, mais útil esta avaliação será para sua organização
- Some quantas as respostas por coluna e compare os resultados
- Comente a sua descoberta

Número de ordem	Indicadores de desempenho do Conselho de Direcção (CD)	NUNCA	RARAMENTE	QUASE SEMPRE	SEMPRE
01	O Conselho de Direcção (CD) tem um plano anual de actividades				
02	O trabalho do CD é feito com base nesse plano de actividades				
03	O plano de actividades baseia-se nos papéis e responsabilidades estatutárias do CD				
04	Existe uma clara distribuição de tarefas e responsabilidades entre os titulares do CD				
05	O plano de actividades do CD é revisto, de forma a responder as reais necessidades da organização				
06	O CD reúne-se com base no que está definido nos Estatutos (periodicidades definida nos estatutos)				
07	O CD ausculta o Executivo e o Conselho Fiscal e usa a informação recolhida para elaborar a agenda dos seus encontros				
08	O CD convida o Director Executivo ou outras pessoas – chave a participar nos encontros do CD				
09	O CD convida o CF aos encontros do CD, em casos pertinentes				
10	O CD envia atempadamente instruções sobre o papel dos convidados no encontro do CD				
11	A tomada de decisão (deliberações) do CD é baseada em análise, discussão e consenso ou votação dos titulares do CD				
12	O CD lavra actas dos seus encontros, que são devidamente				

AUTO-AVALIAÇÃO DA EFECTIVIDADE DO CONSELHO DE DIRECÇÃO

	assinadas e arquivadas				
13	O CD regista as suas deliberações nas actas				
14	O CD comunica as suas deliberações em casos pertinentes para servirem de orientação o Executivo				
15	Os papéis e responsabilidades do CD e do Executivo são claras e não há sobreposição				
16	As funções de supervisão financeira e programática são distribuídas pelos titulares do CD e não há sobreposição de tarefas				
17	O CD através dos seus titulares, faz a supervisão da execução financeira e do desempenho programático				
18	O CD participa na monitoria e avaliação dos projectos ou programas da organização				
19	O CD dirige o processo de recrutamento, selecção, integração do Director Executivo				
20	O presidente do CD avalia o desempenho do Director Executivo/ Coordenador				
21	O CD através dos seus titulares no âmbito do seu papel e responsabilidade reúnem-se com o executivo				
22	As instruções do CD para o executivo são previamente discutidas e posteriormente transmitidas por escrito				
23	O CD fixa um calendário para a prestação de contas do Executivo (Director Executivo ou Coordenador)				
24	O CD define políticas e apoia o Executivo na definição e actualização de políticas e procedimentos da organização (Recursos Humanos, Administrativos e Financeiros)				
25	O CD estabelece sistemas, políticas e procedimentos para a prevenção de fraude e de conflito de interesses.				
26	O CD acompanha no terreno a implementação das actividades planificadas pela organização junto dos beneficiários.				
27	O CD tem promovido encontros de prestação de contas às comunidades beneficiárias na área dos projectos.				
28	O CD presta contas em Assembleia Geral, através de Relatórios de Actividades e de Contas Anuais (programáticos e financeiros)				
29	O CD submete à apreciação da Assembleia Geral, o Plano de Actividades e Respectivo Orçamento para o ano seguinte				
	O CD submete atempadamente ao CF os relatórios de				

AUTO-AVALIAÇÃO DA EFECTIVIDADE DO CONSELHO DE DIRECÇÃO

30	actividades e de contas, as propostas de orçamentos e planos, assim como outros documentos relevantes a fim de emitir o seu parecer antes da apreciação da Assembleia Geral				
31	Todos os documentos submetidos à deliberação da Assembleia Geral têm o parecer formal escrito do Conselho Fiscal				
32	O Presidente do CD orienta a avaliação do desempenho individual dos titulares do seu órgão social				
33	Os titulares do CD respeitam a duração de mandatos do seu órgão social				
34	O Tesoureiro do CD faz a cobrança de quotas aos membros				
35	Os titulares do CD pagam suas quotas e outras contribuições financeiras				
36	O CD presta contas às entidades do governo que tutelam a área de actuação da organização				
37	O CD dirige o processo de elaboração ou revisão do Plano Estratégico				
38	Os titulares do CD participam no processo de mobilização de recursos para a sustentabilidade da organização				
39	Os titulares do CD participam nos eventos de capacitação institucional				
40	Os titulares do CD promovem, e orientam sessões de divulgação dos Valores, da Visão e da Missão da organização.				
41	O CD define procedimentos de angariação e orientação de novos membros para a organização.				
42	O CD define como é feita a representação da organização nos eventos externos, nomeadamente com o governo e OSC				
43	O CD assina os seguintes Acordos de parceria:				
	Contratos com doadores				
	Memorandos de entendimento com os parceiros de cooperação				
Totais					

Comentários de auto-avaliador:

Local: _____/_____/_____

Fiscal Council Self-Assessment

Ficha de auto-análise da efectividade dos Conselhos Fiscais

Nome da organização _____ Data ____/____/____

- Favor de indicar a vossa resposta com **X** na célula que melhor descreva a vossa opinião
- Quanto mais correcta e honesta for a vossa resposta para cada uma das afirmações, mais útil esta avaliação será para o vosso crescimento organizacional
- Somem as respostas por coluna e comparem os resultados
- Comentem a vossa descoberta

Número de ordem	Indicadores de desempenho do Conselho Fiscal	NUNCA	RARAMENTE	QUASE SEMPRE	SEMPRE
01	O CF tem um plano anual de actividades				
02	O trabalho do CF é feito com base nesse plano de actividades				
03	O plano de actividades baseia-se nas atribuições estatutárias do CF				
04	O plano de actividades do CF é revisto, de forma a responder as reais necessidades da organização				
05	Existe uma clara distribuição de tarefas e responsabilidades entre os membros do CF				
06	O CF reúne-se com base nas disposições estatutárias				
07	Em casos pertinentes, o PCD é convidado aos encontros do CF, mas sem direito a voto				
08	As deliberações do CF são baseadas em análise, discussão e consenso ou por votação dos seus titulares				
09	São lavradas actas dos encontros do CF e são devidamente assinadas e arquivadas na sede da organização				
10	As deliberações do CF são disseminadas e em casos pertinentes são transformadas em recomendações para o CD e Executivo				
11	As atribuições do CF são claras e não há sobreposição de funções e responsabilidades com outros órgãos				
12	O CF presta contas em Assembleia-geral, através de Relatórios de Actividades realizadas por si realizadas				
	O CF emite parecer formal aos relatórios de actividades e de				

13	contas anuais, antes da apreciação e aprovação pela Assembleia-geral.				
14	O CF emite parecer formal sobre a proposta do plano de actividades e respectivo orçamento para o ano seguinte				
15	O CF emite parecer formal a outros documentos/propostas a serem submetidos à apreciação e deliberação pela Assembleia-geral.				
16	O Presidente do CF orienta a avaliação do desempenho individual dos titulares do seu órgão social				
17	Os titulares do CF respeitam a duração do mandato do seu órgão social				
18	O CF fiscaliza os actos do CD e do Executivo relativos ao cumprimento dos seus deveres legais e estatutários				
19	O CF conhece e domina os instrumentos do sistema do controlo interno da organização				
20	O CF faz denúncia ao CD dos erros e fraudes detectados no âmbito do seu trabalho e recomenda medidas correctivas				
21	O CF articula com os auditores externos, facilitando-lhes e recebendo informações relativas à auditoria				
22	O CF analisa os relatórios financeiros da organização				
23	Cada acção fiscalizadora é acompanhada por um relatório contendo as constatações e recomendações e é entregue ao Conselho de Direcção				
24	O CF faz auditorias internas				
25	Os titulares do CF participam nos eventos de capacitação institucional				
26	Os titulares do CF pagam pontualmente as quotas mensais à organização				

Anexo I
FISCALIZAÇÃO NA ÁREA ADMINISTRATIVA

a	O CF avalia o cumprimento da legislação laboral vigente: recrutamento do pessoal, contratos de trabalho, licenças, despedimentos e indemnizações				
b	O CF verifica os processos das contratações para se indagar quanto ao cumprimento dos procedimentos estabelecidos para o efeito				
c	O CF verifica se o desempenho é avaliado conforme o estabelecido no Manual de gestão dos Recursos Humanos				
d	O CF confronta as folhas de salários e os comprovativos dos pagamentos dos funcionários com a tabela-estabelecida e verifica as retenções na fonte.				
e	O CF verifica as folhas de efectividade (time-sheets) e confronta-as com as respectivas folhas de salário para verificar a coerência nos processamentos das remunerações				
f	O CF examinar os processos relacionados com as viagens do pessoal para apurar se cumprem as normas previstas e verificar se estão no plano de implementação e se estão previstas no plano				
g	O CF verifica as autorizações do uso dos bens da organização e se os bens estão registados na lista do inventário e a quem pertence				
h	O CF verifica especificamente o uso dos meios circulantes (viaturas): programas, consumo de combustível e registo de quilometragem				
i	Verificar os processos de aquisição de bens e serviços de modo a verificar-se do cumprimento das normas estabelecidas em especial a transparência no processo das aquisições				
j	O CF verifica o montante de ajudas de custo pagas aos dirigentes e aos funcionários no exercício das suas funções e se estão previstos no orçamento e no limite fixado pelas políticas da organização, assim com as suas justificações				
k	Verifica o cumprimento das normas de segurança e higiene no trabalho, através de visitas aos locais de implementação de projectos				
l	Verifica se a organização está familiarizada com as normas e regulamentos dos doadores, tais como os da USAID e outros que têm suas próprias normas				
m	Verificar o sistema de arquivo, especialmente as pastas dos processos do pessoal, finanças e secretaria geral, incluindo da correspondência com o exterior				

Anexo II
FISCALIZAÇÃO NA ÁREA FINANCEIRA

i	Verifica o nível de realização das despesas comparando-as com o orçamento				
ii	Verifica os processos de aquisições (procurement) para aferir a sua conformidade com o manual de políticas e procedimentos				
iii	Examina os relatórios financeiros e a validade dos documentos de suporte comparando-os com as actividades para se inteirar da sua conformidade				
iv	Analisa os livros do banco, extractos e as reconciliações para assegurar-se da saúde financeira, verificando se não há desvios de aplicação				
v	Verifica o respeito pelos níveis de autoridade e a segregação de funções segundo o Manual de políticas e procedimentos administrativos e financeiros				
vi	Examina os livros, documentos e registos contabilísticos e a correspondência a eles atinente				
vii	Aprecia os balancetes mensais para verificar a exactidão das contas				
viii	Verifica as actas, relatórios e outros documentos para avaliar o grau de cumprimento das recomendações contidas nestes documentos				
ix	Verificar a natureza das despesas e compará-las com as previstas no orçamento, assegurando a separação de papéis e responsabilidades				
x	Verifica se as transacções efectuadas tiveram as autorizações necessárias, se foi feito procurement conforme o estipulado no Manual de políticas e procedimentos administrativos e financeiros, se observou as normas dos doadores				
xi	Verifica a validade de apólices de seguro - gestão de risco e segurança do património.				
xii	Verifica se há partilha de custos entre os diferentes projectos em curso				

Anexo III FISCALIZAÇÃO NA ÁREA PROGRAMÁTICA					
X	Verifica se os projectos estão alinhados com a declaração da visão e missão da organização e com o Plano Estratégico da organização em geral				
Y	Verifica o cumprimento e nível de execução dos planos de actividades confrontando-os com as realizações no terreno				
Z	Ausulta os beneficiários dos serviços e outros envolvidos para obter informação sobre o grau de satisfação dos mesmos.				
β	Verifica se as actividades estão sendo realizadas conforme os padrões de qualidade, tomando como referência o estabelecido nos documentos da sua concepção				

Annex 11: Leadership and Mentoring Initiative (LMI) Workshop Agenda

Iniciativa Liderança e *Mentoring* (ILM)
Projecto CAP (FHI-360) em parceria com o Projecto de Políticas em Saúde (HPP)
31 Março – 02 Abril, 2014 • Maputo, Moçambique

Segunda-Feira 31/03	Terça-Feira 01/04	Quarta-Feira 02/04
<p>09h00 – 12h30</p> <p>Reunião e orientação com os/as Mentores</p> <ul style="list-style-type: none"> • O papel do Mentor • As destrezas de comunicação • Uma sessão típica • Aspectos logísticos do programa <p>(nota: esta sessão da manha conta somente com a presença dos Mentores)</p>	<p>08h30 – 12h30</p> <p>A Motivação e o Feedback Laboral</p> <ul style="list-style-type: none"> • Teorias de motivação • Qualificando o nosso pessoal e estratégias para chegar a um ótimo desempenho 	<p>08h30 – 13h00</p> <ul style="list-style-type: none"> • A delegação como ferramenta de gestão • Definir objetivos individuais para a ILM • Primeira sessão entre Mentor e Cliente <p>(Os/as mentores integram-se ao sessão a partir das 11h00)</p>
Almoço	Almoço	Almoço
<p>13h30 – 17h00</p> <p>Sessão 1 com DE/Coordenadores</p> <ul style="list-style-type: none"> • Apresentação da ILM • A relação entre liderança e gestão • Auto-avaliação de liderança <p>(nota: os/as Mentores podem participar segundo a sua escolha)</p>	<p>13h30 – 16h30</p> <ul style="list-style-type: none"> • O feedback laboral – características importantes e prática • Elementos do Feedback 360° 	<p>Avaliação da reunião- workshop</p>

Handout: Leadership Styles

Estilos de Liderança

Adaptado de “The Wall Street Journal Guide to Management”, por Alan Murray, publicado pela Harper Business.

A liderança está menos relacionada com as suas necessidades e mais com as necessidades das pessoas e da organização que você está liderando. Estilos de liderança não são algo que se possa experimentar, como um fato e gravata, para ver qual se ajusta melhor. Em vez disso, devem ser adaptados às demandas específicas da situação, aos requisitos específicos das pessoas envolvidas e aos desafios específicos enfrentados pela organização.

Em seu livro “Primal Leadership”, Daniel Goleman, que popularizou a noção de “Inteligência Emocional”, descreve seis diferentes estilos de liderança. Os líderes mais eficazes podem percorrer esses estilos, adotando aquele que atender às necessidades do momento. Todos eles podem fazer parte do repertório do líder.

Visionário. Este estilo é mais apropriado quando a organização precisa de uma nova direção. Sua meta é conduzir as pessoas em direção a um novo conjunto de sonhos compartilhados. “Líderes visionários articulam o rumo que um grupo está tomando, mas não como ele chegará até lá – deixando as pessoas livres para inovar, experimentar, assumir riscos calculados”, escreve o Sr. Goleman e seus coautores.

Coaching. Este estilo um a um concentra seu foco no desenvolvimento de indivíduos, mostrando-lhes como melhorar seu desempenho e ajudando-os a conectar suas metas com as metas da organização. Segundo o Sr. Goleman, o coaching funciona melhor “com funcionários que demonstram iniciativa e querem mais desenvolvimento profissional.” Mas o tiro pode sair pela culatra se for percebido como um “microgerenciamento” do funcionário e minar sua autoconfiança.

Afiliativo. Este estilo enfatiza a importância do trabalho em equipe e cria harmonia em um grupo por conectar as pessoas umas às outras. O Sr. Goleman argumenta que esta abordagem é especialmente valiosa “quando se tenta elevar a harmonia da equipe, elevar o moral, melhorar a comunicação ou restabelecer a confiança perdida em uma organização.” Mas ele adverte contra usá-lo como único estilo, visto que sua ênfase no enaltecimento do grupo pode permitir que um desempenho insatisfatório deixe de ser corrigido. “Os funcionários podem entender”, escreve ele, “que a mediocridade é tolerada.”

Democrático. Este estilo se vale do conhecimento e das habilidades das pessoas e cria um compromisso de grupo com as metas resultantes. Ele funciona melhor quando a direção que a organização deve tomar é incerta e o líder precisa valer-se

da sabedoria colectiva do grupo. O Sr. Goleman adverte que essa abordagem de criação de um consenso pode ser desastrosa em momentos de crise, quando eventos urgentes demandam decisões rápidas.

Cadenciador. Neste estilo, o líder define altos padrões de desempenho. Ele é “obsessivo quanto a fazer as coisas melhor e mais rápido e exige o mesmo de todos.” Mas o Sr. Goleman adverte que este estilo deve ser usado com moderação, visto que pode minar a moral e fazer com que as pessoas sintam que estão falhando. “Nossos dados mostram que, na maioria dos casos, o cadenciador envenena o ambiente”, escreve.

Directivo. Este é o modelo clássico da liderança no estilo “militar” – provavelmente o estilo usado com maior frequência, mas o menos frequentemente eficaz. Porque ele raramente envolve elogios e frequentemente emprega criticismo, mina a moral e a satisfação no trabalho. O Sr. Goleman argumenta que só é eficaz em tempos de crise, quando uma mudança urgente é necessária. Até mesmo as forças armadas modernas reconhecem sua utilidade limitada.

Handout: Leadership vs. Management

Qual é a Diferença entre Gestão e Liderança?

Adaptado de “The Wall Street Journal Guide to Management”, por Alan Murray, publicado pela Harper Business.

A liderança e a gestão devem andar de mãos dadas. Elas não são a mesma coisa. Mas estão vinculadas, sendo complementares. Qualquer esforço para separar as duas provavelmente irá causar mais problemas do que pode solucionar.

Ainda assim, muita tinta de caneta foi gasta na tentativa de delinear as diferenças. O trabalho do gestor é planejar, organizar e coordenar. O trabalho do líder é inspirar e motivar. Em seu livro escrito em 1989, “On Becoming a Leader”, Warren Bennis elaborou uma lista das diferenças:

- O gestor administra; o líder inova.
- O gestor é uma cópia; o líder é um original.
- O gestor mantém; o líder desenvolve.
- O gestor concentra seu foco em sistemas e estrutura; o líder se concentra nas pessoas.
- O gestor depende do controle; o líder inspira confiança.
- O gestor tem uma visão de curto alcance; o líder tem uma perspectiva de longo alcance.
- O gestor pergunta como e quando; o líder pergunta o quê e por quê.
- O gestor mantém os olhos sempre nos resultados; o olhar do líder está voltado para o horizonte.
- O gestor imita; o líder cria.
- O gestor aceita o status quo; o líder o desafia.
- O gestor é o bom soldado clássico; o líder é senhor de si mesmo.
- O gestor faz as coisas da maneira correta; o líder faz a coisa certa.

Pode ter havido um tempo em que a vocação para gestor e para líder pudessem ser separadas. Talvez um supervisor em uma fábrica da era industrial não tenha precisado pensar muito sobre o que estava produzindo ou sobre as pessoas que trabalhavam na produção. Seu trabalho era seguir ordens, organizar o trabalho, atribuir as tarefas necessárias às pessoas certas, coordenar os resultados e garantir que o trabalho fosse feito conforme o solicitado. O foco estava na eficiência.

Mas na nova economia, em que o valor vem cada vez mais do conhecimento das pessoas, e onde os trabalhadores não são mais dentes de engrenagem indiferenciados em uma máquina industrial, gestão e liderança não podem ser facilmente separadas. As pessoas não esperam apenas que seus gestores lhes atribuam uma tarefa, mas que defina um propósito para elas. E os gestores devem organizar os trabalhadores, não apenas para maximizar a eficiência, mas para nutrir habilidades, desenvolver talentos e inspirar resultados.

O famoso guru da gestão, Peter Drucker, foi um dos primeiros a reconhecer essa verdade, entre tantas outras verdades sobre a gestão. Ele identificou a emergência do “trabalhador do conhecimento” e as profundas diferenças que iria causar na forma como os negócios eram organizados.

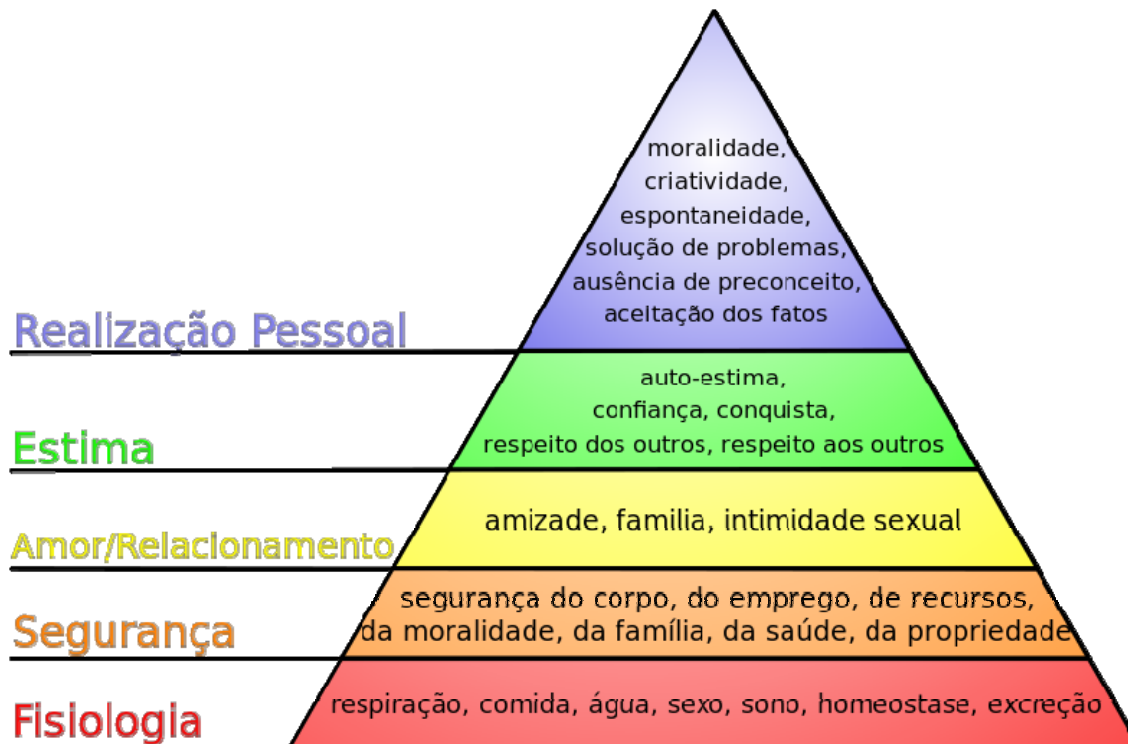
Com o surgimento do trabalhador do conhecimento, “não se gerem pessoas”, escreveu o Sr. Drucker. “A tarefa é liderar pessoas. E a meta é tornar produtivos os pontos fortes e o conhecimento específicos de cada indivíduo.”

Teoria da hierarquia das necessidades de Maslow

Desde os anos 50, numerosas teorias têm tentado explicar as motivações prioritárias dos funcionários: em primeiro lugar, o que faz com que as pessoas compareçam ao trabalho e, talvez ainda mais importante, que as motiva a manter a qualidade e a produtividade laboral com o passar do tempo. Uma das primeiras e até hoje mais respeitadas teorias é a *Hierarquia das Necessidades* de Abraham Maslow. Maslow concebe as motivações como as forças que nos impulsionam a fazer o que fazemos, considerando que nossos motivos são realmente as nossas necessidades. A teoria de Maslow sugere que as pessoas são formadas por um conjunto de necessidades, que residem na mesma pessoa ao mesmo tempo, estando ordenadas de maneira hierárquica. Ou seja, algumas necessidades são mais primárias ou básicas que outras. As necessidades mais básicas devem ser satisfeitas antes que outras necessidades mais “elevadas” possam ser abordadas, mas somente quando as necessidades mais elevadas forem satisfeitas as pessoas poderão considerar-se a si mesmas como seres humanos. A teoria de Maslow pressupõe que:

- As necessidades das pessoas estão organizadas em uma ordem de importância (hierarquia) que vai desde as necessidades básicas (fisiológicas) até as necessidades mais complexas (realizar-se como pessoa).
- Necessidades não satisfeitas motivam ou influenciam o comportamento.
- Enquanto as necessidades não forem satisfeitas, monopolizam a consciência das pessoas e praticamente se convertem no único poder que as motiva.
- Assim que as necessidades são satisfeitas, perdem o poder de motivar.
- As pessoas não se sentirão motivadas a satisfazer suas necessidades mais elevadas, a menos que suas necessidades mais básicas tenham sido satisfeitas, pelo menos de forma mínima.

Hierarquia de Necessidades de Maslow



Maslow representa a hierarquia das necessidades na forma de uma pirâmide. Começando de baixo para cima na pirâmide, definimos as necessidades de carácter geral e organizacional:

Necessidades fisiológicas ou de sobrevivência

Geral: necessidades básicas, como ar, comida, dispor de um teto, sexo, sentir alívio/evitar dor.

Organizacional: contar com um salário adequado, remuneração, descanso e condições trabalhistas.

Necessidades de segurança

Geral: contar com a segurança de que as necessidades fisiológicas sejam protegidas e satisfeitas com consistência e previsibilidade

Organizacional: condições de trabalho seguras, aumento salarial equivalente à taxa de inflação, segurança de possuir um trabalho e um salário que satisfaçam às necessidades fisiológicas.

Necessidades de aceitação social

Geral: oportunidade de amar, ter amigos, ser aceito e sentir-se amado.

Organizacional: oportunidade de relacionar-se com outras pessoas, ser aceito e ter amigos.

Necessidades de autoestima

Geral: têm a ver com o ego, o status social, o respeito por si mesmo, o reconhecimento das conquistas alcançadas e a confiança em si mesmo/prestígio.

Organizacional: satisfação com relação ao trabalho realizado, aumentos salariais por mérito, reconhecimento, actividades que sejam estimulantes, participação na tomada de decisões e oportunidades de avançar.

Necessidades de autorrealização

Geral: referem-se ao desenvolvimento dos potenciais de uma pessoa através do crescimento pessoal, do avanço e da conquista de metas.

Organizacional: desenvolvimento das capacidades inatas, oportunidade de ser criativo e habilidade de ter controle do trabalho realizado.

Adaptado dos livros *Leadership and Motivation* de Gilbert Whiteman, Business and Legal Reports Inc. e *Supervision: A Skill Building Approach* de Robert Lussier, Irwin Publishing.

Teoria das necessidades aprendidas de McClelland (sucesso, poder e afiliação)

A teoria da motivação de David McClelland considera que as necessidades se baseiam na personalidade do indivíduo e surgem quando as pessoas se relacionam com seu meio. Todas as pessoas têm a necessidade de obter **sucesso, poder e afiliação**. Uma dessas três necessidades tendem a dominar em cada um de nós e motiva nosso comportamento. McClelland considera que, porque essas três necessidades/motivações explicam a maioria dos comportamentos, os funcionários podem ser classificados e motivados de acordo com elas.

Necessidade de obter sucesso

As pessoas com necessidades elevadas de obter sucesso tendem a ter as seguintes características:

- Querem assumir a responsabilidade por solucionar problemas.
- São ambiciosas; estabelecem metas moderadas, realistas e atingíveis.
- Buscam exercer sua individualidade, superar desafios e alcançar a excelência.
- Assumem riscos calculados e moderados.
- Desejam receber feedback sobre seu desempenho.
- Estão dispostos a trabalhar arduamente.

As pessoas com uma grande necessidade de atingir o sucesso pensam no modo como podem fazer melhor o seu trabalho, conquistar algo importante e, em geral, avançar profissionalmente. Apresentam melhor desempenho em situações que não sejam rotineiras e onde haja competição e desafios.

Como motivar pessoas com grande necessidade de conquistar o sucesso: dê a elas tarefas que não sejam rotineiras e que apresentem desafios, nas quais haja metas claras e alcançáveis. Dê a elas feedback rápido e frequente sobre seu desempenho no trabalho. De forma progressiva, dê a elas maiores responsabilidades para que desenvolvam novas tarefas.

Necessidade de ter poder

As pessoas que têm uma grande necessidade de obter poder tendem a apresentar as seguintes características:

- Querem controlar a situação.
- Querem ter influência ou controle sobre os demais.
- Gostam de competir em actividades nas quais possam sair vencedores; não gostam de perder.
- Estão dispostas a confrontar-se com outras pessoas.

As pessoas com grande necessidade de obter poder pensam em como podem controlar situações e as outras pessoas, enquanto buscam cargos que lhes confirmem autoridade e status. Tendem a ter pouca necessidade de fazer parte de um grupo. É essencial ter algum grau de poder para poder supervisionar de maneira bem-sucedida.

Como motivar pessoas com grande necessidade de obter poder: permita a elas planejar e ter controle de suas ocupações, tanto quanto possível. Trate de incluí-las na tomada de decisões, especialmente quando se vejam afectadas pela decisão em questão. Elas tendem a trabalhar melhor individualmente do que em um grupo de trabalho. Tente dar a elas a responsabilidade de realizar tarefas completas em vez de parte de tarefas maiores.

Necessidade de afiliação

As pessoas com uma grande necessidade de fazer parte de um grupo tendem a apresentar as seguintes características:

- Buscam estabelecer relacionamentos estreitos com os demais.
- Querem que as outras pessoas as apreciem.
- Desfrutam muito de actividades sociais.
- Buscam pertencer e afiliar-se a grupos e organizações.

As pessoas com grande necessidade de afiliação precisam pensar em seus amigos e relacionamentos sociais. Gostam de ensinar e ajudar outras pessoas. Tendem a não ter muita necessidade de obter poder. Buscam trabalhos como professores, na área de recursos humanos ou em outras profissões que tratam de ajudar outras pessoas, e tendem a evitar a supervisão do pessoal, visto que gostam mais de fazer parte de um grupo do que de liderá-lo.

Como motivar pessoas com grande necessidade de pertencer a um grupo: permita a elas trabalhar em grupo. Parabeneze-as e reconheça o seu trabalho. Atribua a elas a responsabilidade por orientar e capacitar novos funcionários. Elas gostam de se tornar tutores e orientar outras pessoas.

Adaptado dos livros *Leadership and Motivation* de Gilbert Whiteman, Business and Legal Reports Inc. e *Supervision: A Skill Building Approach* de Robert Lussier, Irwin Publishing.

Efeito Pigmalião

Mais um fenómeno do que uma teoria, o efeito Pigmalião foi identificado em uma fascinante pesquisa realizada com crianças e adultos nos Estados Unidos. A seguir, explicaremos esse fenómeno por meio da descrição de um estudo de caso específico realizado com estudantes da escola secundária. No início do ano lectivo, o pesquisador foi a um colégio de bacharelado e disse aos professores da sétima série que tinha um método “científico” infalível que lhe permitia prever quais estudantes seriam os mais bem-sucedidos e quais os mais atrasados. Ele mostrou aos professores listas com nomes dos alunos que tirariam as melhores notas, dos que tirariam notas médias e assim sucessivamente.

Ao final do ano lectivo, os professores se surpreenderam ao se darem conta de que um grande número das previsões se realizou! No entanto, houve um pequeno problema com o método: o pesquisador havia elaborado a lista de maneira totalmente aleatória. Então, por que a correlação? O pesquisador visitou as aulas da turma durante todo o ano e descobriu (como havia antecipado) que suas “previsões” influenciaram na maneira como os professores tratavam vários de seus alunos. Eles estimularam e elogiaram os estudantes com as melhores notas e ignoraram e envergonharam os alunos com as notas mais baixas. Os estudantes com notas altas pensaram que eram brilhantes e, já que tinham confiança em si mesmos e sabiam que seus professores confiavam neles, como resultado: seu rendimento académico foi excelente! Por outro lado, os alunos com notas baixas aceitaram que seus professores os julgassem e creram que eram burros, o que fez com que seu rendimento académico fosse baixo.

O mesmo experimento foi conduzido com grupos de adultos, sendo que alguns deles foram prognosticados como sendo “bons” funcionários e outros “maus” funcionários. Outra vez, essas categorias foram completamente arbitrarias e, mais uma vez, os funcionários apresentaram um desempenho em seu trabalho de acordo com as previsões feitas (87% em um caso documentado).

A esse fenómeno se denomina Efeito Pigmalião, com base no mito de um escultor que esculpiu a imagem de uma mulher perfeita que, posteriormente, ganhou vida. Esse é um nome adaptado para um experimento que enfatiza que: **as pessoas cumprem as expectativas que os outros têm delas**. Isso é bastante certo quando essas pessoas desempenham um papel importante em nossas vidas. A autoestima e a confiança em si mesmo não provêm simplesmente do interior de cada pessoa, mas devem ser alimentadas e estimuladas por outras pessoas.

Quanto maior for a auto-estima das pessoas, maior confiança terão em suas habilidades de alcançar suas metas. Quanto mais as pessoas acreditarem que podem alcançar suas metas, maior motivação terão para concretiza-las. As pessoas responsáveis pela supervisão de outros funcionários não podem tentar motivá-los por meio de persuasão, força ou incentivos materiais. Ao exercer uma influência sobre a autoestima de seus funcionários, os gerentes podem estimular suas motivações pessoais.

Adaptado do livro *Leadership and Motivation* de Gilbert Whiteman, Business and Legal Reports Inc.

Mentoring Session Plan and Report

SESSÃO de MENTORING (IML)

FORMULÁRIO DE DOCUMENTAÇÃO

Nome do Mentor: _____

Nome do Cliente: _____

Data sa Sessão: _____ Número da Sessão: _____

1. O que foi planificado para esta sessão de mentoring? Resuma as metas estabelecidas durante a última sessão.

2. O que é que o cliente alcançou desde a última sessão?

3. O que é que esperava alcançar e não conseguiu? Que desafios, se algum, estão a afectar a sua habilidade de avançar?

5. Que novas oportunidades surgiram desde a última sessão?

--

6. Quais são as metas ou planos acordados para a próxima sessão de mentoring?

--

Data acordada para a próxima sessão:

Assinatura do Mentor

--

No fim de cada mês, por favor mande este formulário de documentação da sessão para: Orlando Jalane, ojalane@fhi360.org

Iniciativa de *Mentoring* e Liderança

Guia para os Mentores

31 Março 2014

Com apoio técnico do Projecto Políticas em Saúde (HPP)



Iniciativa *Mentoring* e Liderança

Programa CAP com apoio do HPP

Guia para o Mentor

Mentoring

Três aspectos do *mentoring* são geralmente aceites como universais:

- O processo de *mentoring* é um relacionamento contínuo cuja meta é melhorar o desempenho, permitindo que o cliente realize um trabalho melhor.
- O processo de *mentoring* é o de ajudar o cliente a esclarecer suas próprias questões, fazer um *brainstorm* das opções e seleccionar uma linha de acção.
- A responsabilidade pela melhoria e pelo avanço cabe à pessoa que recebe o suporte do mentor.

Benefícios para o Mentor

Os mentores obtêm vários benefícios da participação neste programa. O primeiro e mais importante é a satisfação pessoal que vem de ajudar outra pessoa a melhorar seu desempenho. Os mentores estão contribuindo para fortalecer os líderes da sociedade civil no contexto moçambicano. Muitos mentores também obtêm satisfação pessoal ao saberem que os clientes que assistem trabalham em organizações que promovem uma mudança social positiva em Moçambique. Além disso, os mentores adquirem novas habilidades à medida que praticam o *mentoring* – escuta activa, identificação de problemas de desempenho, solução de problemas, etc.

Benefícios para o Cliente

Podem-se obter muitos benefícios da participação no programa de *mentoring* como cliente. Se a meta do programa é ajudar o cliente a maximizar seu desempenho, agora o cliente tem uma caixa de ressonância para testar novas ideias antes de efectivamente experimentá-las em sua organização ou com seu pessoal ou equipe. O mentor oferece um ouvido prestativo e objectivo, ajuda a esclarecer problemas e questões e orienta seu cliente na busca de soluções para os quebra-cabeças e dilemas de seu local de trabalho, que ocupam tanto tempo de um gerente. Um colega com quem desabafar, conversar sobre futuros planos de carreira ou explorar novas habilidades e ferramentas do local de trabalho pode ser um recurso valioso para um cliente, oferecendo uma competência imparcial e confidencial e compartilhando experiências do mundo real.

O que faz com que alguém se torne um excelente mentor?

O Programa CAP identificou várias qualificações desejáveis para os mentores. Dentre elas incluem-se:

- Experiência em gestão – uma experiência significativa na função de Director(a) Executivo(a) de uma OSC;
- Competência sectorial ou técnica em uma área de interesse do cliente;
- Sólidas habilidades de comunicação;

Capable Partners Program (CAP), Mozambique
Um sério compromisso com: fazer o *mentoring* de outras pessoas para fins de crescimento
Semi-annual Report No. 11: April 1, 2014 – September 30, 2014

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pessoal e profissional.

Esta lista não é, em absoluto, totalmente inclusiva. Nem a responsabilidade de um relacionamento eficaz de *mentoring* cabe exclusivamente ao mentor. O *mentoring* é um processo de aprendizado de duas vias, que envolve um relacionamento mutuamente benéfico. A pessoa que recebe o suporte do mentor precisa ser um parceiro disposto a ajudar a estimular o crescimento.

Etapas da Sessão de Mentoring

Enquanto mentor, será esperado de você que siga o modelo de *mentoring* ILM. Caberá a você liderar o cliente através das etapas. Nem todas as sessões de *mentoring* incluirão as etapas a seguir e, às vezes, as etapas se mesclarão umas com as outras. Os clientes serão informados sobre este modelo e esperarão que você siga, mais ou menos, o padrão.

I. Definição das bases e avaliação dos resultados de conversas anteriores

Nas primeiras sessões, você precisa, com o cliente, estabelecer um diálogo aberto, definir o escopo de suas metas, criar *rapport*, chegar a um acordo quanto às regras básicas e limites, examinar os resultados da última conversa, comemorar as conquistas e melhorias, avaliar a situação actual, conversar sobre as expectativas para a sessão e estabelecer os resultados desejados para sessões futuras.

Possíveis Perguntas:

- *Quais são suas metas de desempenho?*
- *Quais são suas metas para esta sessão?*
- *O que você está tentando realizar?*
- *Que progresso você fez com relação às etapas de acções da última sessão?*
- *Sua situação mudou desde a nossa última conversa? Como?*

2. Identificação e definição clara da questão ou problema a ser trabalhado

Assim que a situação actual estiver clara e vocês tiverem identificado e priorizado as áreas de necessidade, você, o mentor, irá ajudar o cliente a:

- 1) identificar comportamentos que impedem seu sucesso,
- 2) questionar suas premissas a fim de remodelar padrões de pensamento e
- 3) fazer perguntas que lhe permitam avançar. É importante neste estágio, tanto para o mentor quanto para o cliente, ter uma compreensão muito clara da questão ou problema.

O mentor também deve ajudar o cliente a identificar as áreas em que apresenta pontos fortes.

Possíveis Perguntas:

- *Que resultados você obteve até o momento?*
- *Que tipo de problemas está enfrentando?*
- *O que está funcionando?*
- *O que não está funcionando?*
- *De que premissas você está partindo com relação à questão?*
- *Quais pontos fortes o estão ajudando agora que você poderia aplicar a esta questão?*

3. Geração de possíveis soluções

O mentor ajuda o cliente a pensar sobre possibilidades para acções futuras e mudança, a explorar novos territórios e a delinear soluções para o problema. O mentor e o cliente devem gerar possibilidades que sejam Específicas, Mensuráveis, Realizáveis, Realistas e com Duração limitada (SMART, da sigla em inglês). O mentor e o cliente devem tentar não emitir julgamentos a esta altura. (Evite respostas como, “Isso não teria como funcionar”; ”já tentei isso e não deu certo no passado; essa solução não é realista, etc.”)

Possíveis Perguntas:

- *Quais você acha que são as suas opções?*
- *Já tentou alguma solução?*
- *O que fez no passado em situações semelhantes e que tenha funcionado?*
- *Eis algo que funcionou para mim. Parece realista para você?*

4. Exploração de opções

Depois que vocês dois tiverem gerado possibilidades, explorem as opções disponíveis. Dentre todas as possibilidades que discutiram, você como mentor deve orientar o cliente a considerar as opções de acção que sejam realistas para ele. O mentor deve limitar o número de etapas de acções e a amplitude ou distância a serem abrangidas. Uma longa lista de tarefas não é algo útil.

- *Já testou alguma solução?*
- *O que fez no passado em situações semelhantes e que tenha funcionado?*
- *Eis algo que funcionou para mim. Parece realista para você?*

- *Em seu contexto, isso é possível?*
- *Que outros factores devem ser levados em conta?*

5. Selecção de uma opção específica e desenvolvimento de um plano de acção

Você, o mentor, deve orientar o cliente rumo à melhor opção para ele, além de criarem, juntos, um plano de acção – etapas específicas para ele experimentar durante o período até a próxima conversa.

Possíveis Perguntas:

- *Qual você acredita ser sua próxima etapa?*
- *Qual seu nível de confiança no seguimento deste plano de acção?*
- *O que pode actuar como um obstáculo?*
- *De que recursos você precisa para concretizá-lo?*

6. Resumo da sessão

O mentor deve resumir a sessão e preparar-se para a próxima conversa.

Possíveis Perguntas:

- *Você gostaria de acrescentar alguma coisa ao meu resumo da sessão de hoje?*
- *Quando seria útil voltar a conversar?*
- *Você acredita que pode precisar de ajuda antes disso?*
- *Você conta com recursos no local para obter ajuda?*

Crítérios para uma Excelente Sessão de Mentoring

Esta seção relaciona os critérios para uma excelente sessão de *mentoring*. O mentor e o cliente devem usar esta lista para monitorar seu processo de aprendizado. Parte-se do pressuposto de que o relacionamento de *mentoring* envolve o aprendizado de ambas as partes e de que as conversas iniciais podem não ser perfeitas. Isso é inteiramente aceitável. Tanto o mentor quanto o cliente devem ter paciência com o processo à medida que ele se desenrola.

Cada parceiro no relacionamento precisa ajudar o outro. Por meio da definição de critérios específicos para uma excelente sessão de *mentoring*, o *feedback* se torna mais preciso entre as partes. Cada pessoa pode falar sobre a parte específica da sessão que pode precisar ser melhorada.

A seguir, apresentamos exemplos de afirmações de cada parte que indicam uma sessão produtiva:

O Cliente diz: Em uma Excelente Sessão de Mentoring...

- Eu me sinto seguro o suficiente para falar francamente.
- Eu sinto que o mentor tem tempo para mim e não está apressado.
- O mentor faz perguntas em vez de fazer afirmações declarativas.
- Existe uma escuta activa – traduzindo por paráfrases e resumindo – por parte do mentor.
- Consigo ver muitos ângulos diferentes da situação.
- Eu saio de lá com um plano.
- Sinto que o mentor está ouvindo.
- Fico ansioso pela próxima conversa!

O Mentor diz: Em uma Excelente Sessão de Mentoring...

- Mantenho uma conversa de aquecimento longa o suficiente para fazer com que o cliente se sinta relaxado e pronto para continuar.
- Dou início á conversa central com uma pergunta aberta cujo foco se concentre na discussão da situação do cliente.
- Escuto activamente e com frequência traduzo por paráfrases e faço resumos.
- Presto atenção ao tom de voz do cliente, além do conteúdo de suas palavras (se estiver ao telefone).
- Não estou pensando sobre outras coisas nem fazendo nenhuma outra coisa ao mesmo tempo.
- Descrevo e dou a quantidade certa de aconselhamento.
- Ofereço a oportunidade de explorar muitas possibilidades.
- Estimulo a responsabilidade por parte do cliente de trabalhar suas próprias questões.

MENTOR-AID I: Etapas de uma Sessão de *Mentoring*

Definição

Uma sessão de *mentoring* é definida como um período durante o qual o mentor e o cliente percorrem uma série de etapas a fim de atingir às metas pré-estabelecidas para a sessão.

As etapas da sessão de *mentoring* são:

- Definição das bases e avaliação dos resultados da conversa anterior,
- Identificação e definição, de forma tão clara quanto possível, da questão/problema a ser trabalhada,
- Geração de possíveis soluções,
- Exploração das opções,
- Seleção de uma opção específica e desenvolvimento de um plano de acção e
- Resumo da sessão.

Por que isso é importante para um mentor?

O *mentoring* deve capacitar a pessoa que recebe o suporte do mentor a assumir a responsabilidade pelo avanço ao lidar com questões que actuem como obstáculos ao seu desempenho. Facilitando as etapas em um ciclo, o mentor ajuda o cliente nesse sentido. **As etapas funcionam como um roteiro para a sessão.**

Como devo usar essas informações enquanto mentor?

É importante preparar-se para cada uma das etapas e fazer um resumo ao final da conversa. É responsabilidade do mentor garantir que cada etapa seja concluída antes de passar à seguinte e resistir à tentação de simplesmente dizer à pessoa que recebe o *mentoring* o que fazer. As sessões de *mentoring* devem ser principalmente descritivas, e não prescritivas.

O que acontece se eu deixar uma etapa de fora?

Se você achar que a sessão antecipou-se, pulando uma etapa, não tenha medo de voltar. Se, por exemplo, vocês começarem a examinar possíveis soluções e concluírem que não são adequadas, isso deve estar acontecendo provavelmente porque a conversa não chegou a concluir a etapa de identificação e definição.

Conselhos práticos

Use as etapas como um roteiro para a sessão. Se não tiver certeza de onde se encontra no processo, pergunte-se, “Em que etapa estou trabalhando no momento?” A preparação ajuda. Contar com perguntas previamente definidas à mão o desobriga de ter que pensar rapidamente. No entanto, não se apegue ao seu *script* caso não esteja funcionando. Respeite o processo!

Suas próprias anotações aqui:

MENTOR-AID 2: Habilidades de Escuta Activa: Tradução por Paráfrases

Definição

A tradução por paráfrases é dizer de volta ao interlocutor o significado do que ele acabou de dizer, mas em suas próprias palavras. É uma maneira de verificar para certificar-se de ter entendido emocional e intelectualmente o que a pessoa está dizendo.

Por que isso é importante para um mentor?

É *crucial* ao processo de *mentoring* que o mentor entenda com muita clareza o que o cliente tem em mente. A tradução por paráfrases pode auxiliar o mentor ao ajudar o cliente a esclarecer seus pensamentos, bem como a garantir que o mentor compreenda totalmente a questão.

Como devo praticar a tradução por paráfrases enquanto mentor?

Traduza com bastante frequência valendo-se de paráfrases. No início, pode parecer forçado ou estranho. Varie as frases que usa para introduzir uma paráfrase. Por exemplo:

- Então...
- Se estou entendendo bem...
- O que eu estou ouvindo é que...
- Parece que você está dizendo que...
- Deixe-me ver se o estou entendendo correctamente...
- Você parece estar dizendo...

O que pode acontecer se eu não traduzir em paráfrases ou fizer isso incorrectamente?

Se você não se valer suficientemente das paráfrases, estará arriscando um mal-entendido com relação a o que seu cliente tem em mente e o cliente pode deixar de ver aspectos importantes do problema. Se a pessoa que recebe o suporte do mentor disser, “Por que você não ouve apenas em vez de fazer toda essa tradução em paráfrases?”, você pode dizer, “Preciso me certificar de que estou entendendo correctamente o que você tem em mente”. Em seguida, varie a maneira como traduz em paráfrases.

Suas próprias anotações aqui:

MENTOR-AID 3: Habilidades de Escuta Activa: Elaboração de Perguntas

Definição

—Perguntas fechadas são aquelas que podem ser respondidas com uma só palavra: **sim** ou **não**. Fazer perguntas fechadas normalmente sinaliza que é hora de encerrar a sessão. Por exemplo, “Nós cobrimos todas as questões?” indica que você está pronto para encerrar uma sessão.

—Perguntas abertas são perguntas que convidam à discussão ou precisam de mais do que algumas poucas palavras para serem respondidas. Elas iniciam um tópico ou solicitam mais informações. Por exemplo, “De que outras maneiras isso poderia funcionar?” ou “O que mais você gostaria de discutir durante esta sessão?”

Por que isso é importante para um mentor?

Essas perguntas fazem com que a sessão avance, seja para obter mais informações ou incentivar o cliente a investigar mais profundamente uma questão, ou para sinalizar que um estágio ou uma sessão foi concluída.

Como mentor, como pratico fazer perguntas fechadas e abertas?

Pense em boas perguntas que irão incentivar seu cliente a explorar as opções, identificar próximas etapas, etc., ou para chegar a um fechamento no momento oportuno. Você pode preparar perguntas de antemão para as diferentes partes da sessão.

O que pode acontecer se eu não fizer perguntas ou não as fizer de forma correcta?

Se você não fizer muitas perguntas em suas sessões, correrá o risco de cair no modo prescritivo. O objectivo do *mentoring* é ajudar o cliente a descobrir possibilidades e manter o rumo, não dar-lhe ordens ou ouvir suas divagações.

Conselhos práticos

Se perceber que você está dizendo “Você deve...”, tente pensar em uma pergunta para fazer em vez disso. Use perguntas para fazer com que discussões que começam a se perder retomem um caminho útil.

Suas próprias anotações aqui:

MENTOR-AID 4: Habilidades de Escuta Activa: Uso de Estímulos

Definição

Existem estímulos verbais, como “Você pode falar mais sobre isso?”, e existem estímulos na forma de linguagem corporal, como um ligeiro sorriso, contacto visual, inclinar-se para a frente, afirmar com um aceno de cabeça, etc. Todos eles servem para incentivar o cliente a falar e a abrir-se.

Por que isso é importante para um mentor?

O objectivo da escuta activa é certificar-se de que você está ouvindo o que o cliente está dizendo e de que todas as ideias sejam exploradas antes de passar para as possíveis soluções. Usando estímulos juntamente com paráfrases, perguntas e resumos, o mentor está demonstrando que está activamente envolvido na conversa.

Como devo praticar o uso de estímulos enquanto mentor?

Se você estiver conversando pessoalmente, incline-se em direcção à pessoa que está falando, faça o contacto visual apropriado, mantenha o rosto aberto, deixe os braços e pernas descruzados, etc. Se estiver ao telefone, levante da cadeira, caminhe enquanto fala ao telefone (usar auscultadores pode ajudar) e faça gestos como se o cliente estivesse sentado à sua frente. Se estiver fazendo o *mentoring* por email, use um tom de conversa e tome muito cuidado com como molda suas sentenças. O email está facilmente sujeito a mal-entendidos.

O que pode acontecer se eu não usar estímulos ou não os usar de forma correcta?

Se você estimular bastante o cliente, este poderá se fechar e ficar menos disposto a compartilhar seus pensamentos e sentimentos.

Suas próprias anotações aqui:

MENTOR-AID 5: Habilidades de Escuta Activa: Elaboração de um Resumo

Definição

- A elaboração de um resumo é o processo de reunir ideias, fatos ou dados importantes.
- A elaboração de um resumo estabelece as bases para uma discussão futura ou ajuda nas transições.
- A elaboração de um resumo pode verificar se há acordo ao final de uma discussão.
- A elaboração de um resumo proporciona fechamento ao cliente com relação a uma questão antes de passar para a próxima.

Por que isso é importante para um mentor?

A elaboração de um resumo na conclusão de cada etapa do processo sinaliza uma conquista ou sucesso e diz ao cliente que é hora de passar para a etapa seguinte (consulte as seis etapas descritas em *MentorAid 2*). O mentor também deve fazer um resumo ao final da sessão.

Como devo praticar a elaboração de resumos enquanto mentor?

Faça isso com frequência. Por exemplo,

- Vamos repassar o que concordamos que você deve fazer em preparação para a próxima sessão...
- Acho que identificamos claramente as barreiras para um desempenho eficaz como sendo...
- Fizemos um *brainstorm* de várias maneiras possíveis de lidar com as questões...

O que pode acontecer se eu não elaborar resumos ou se fizer isso incorrectamente?

Se você não fizer muitos resumos, as ideias e conclusões a que chegarem nas discussões poderão acabar se perdendo, especialmente os acordos que você fizer com seu cliente. O cliente não terá uma sensação tão grande de movimento e realização.

Suas próprias anotações aqui:

Annex 14: Resource Mobilization (RM) Workshop Agenda

Agenda do Encontro Sobre Mobilização de Recursos

Beira, 11-15 de Agosto de 2014

Dia 1		
Horas	Temas/Sessões	Objectivos/ Actividades
10:30 – 11:00	lanche	
11:00 - 12:30	Sessão de Abertura e Apresentação dos participantes	<ul style="list-style-type: none"> Boas vindas, Dinâmica, Apresentação dos participantes Pre-teste Apresentação da agenda Apresentação dos objectivos do Encontro, regras básicas e expectativas.
12:30-13:30	Sustentabilidade das ONG's	<ul style="list-style-type: none"> Conceito Componentes da sustentabilidade
13:30- 14:30	Almoco	
14:30 – 16:00	Avaliação da sustentabilidade organizacional	<ul style="list-style-type: none"> Exercício de Auto-avaliação Discussão
16:00 – 16:30	O que torna a minha organização especial	Introdução ao conceito de Nicho
16:30 – 17:30	O que torna a minha organização especial (continuação)	<ul style="list-style-type: none"> Elementos do Nicho O Nicho da minha organização (exercício)
Dia 2		
08:30 - 08:15	Revisão do dia I	
08:15 – 08:45	Recapitulação do modelo de Mobilização de Recursos	Tríade de Recursos, Meios e Provedores
08:45 - 09:15	Etapas do processo de mobilização de recursos	Sequência de acções e eventos
09:15 – 10:15	Planos estratégicos e seus orçamentos	Apresentação do PE de cada organização
10:15 - 10:45	Intervalo - Café	
10:45 - 11:45	Análise dos compromissos actuais em provimento de recursos	Exercício
11:45 – 13:00	Implementação do Plano Estratégico	Identificação e detalhe de lacunas (Exercício)
13:00 - 14:00	Intervalo - Almoço	

14:00 – 16:45	Implementação do Plano Estratégico (Continuação)	Continuação
Dia 3		
08:00 – 08:15	Recapitulação do dia anterior	
08:15 – 09:45	Mecanismos de mobilização de recursos	Inventariação das capacidades para cada mecanismo (exercício)
09:45 – 10:15	Actividades de geração de renda	<ul style="list-style-type: none"> • Discussão sobre potencialidades de cada organização • Cuidados a ter
10:15 - 10:45	Intervalo - café	
10:45 – 12:15	Motivação dos provedores de recursos	Discussão
12:15 – 13:15	Provedores actuais de recursos	<ul style="list-style-type: none"> • Actualização da tabela de provedores • Classificação de provedores
13:15 – 14:15	Intervalo - Almoço	
14:15 – 16:45	Pesquisa on-line de provedores de recursos	Exercício de actualização de dados sobre os provedores
Dia 4		
08:00 – 08:15	Revisão do dia anterior	
08:15 – 10:15	Relação entre lacunas em recursos e potenciais provedores de recursos	Alinhar lacunas, provedores e mecanismos
10:15 – 10:45	Intervalo - Café	
10:45 – 12:15	Quem conhece a quem	Exercício
12:15 – 13:00	Plano de Mobilização de Recursos	<ul style="list-style-type: none"> • Trabalho em grupo • Apresentação e discussão em plenário
13:00 – 14:00	Intervalo - Almoço	
14:00 – 16:30	Plano de Mobilização de Recursos (continuação)	Continuação
Dia 5		
08:00 – 08:15	Revisão do dia anterior	
08:15 – 10:15	Plano detalhado de Mobilização de Recursos	Subactividades e responsáveis
10:15 – 10:45	Intervalo - Café	
10:45 – 11:15	Passos seguintes	Plano de acção
11:15 – 11:45	Pós teste	
11:45 – 12:15	Avaliação do WS	
12:15 – 12:30	Encerramento	
12:30	Almoço e Fim	

Perguntas Chave a Responder Antes do Encontro com um Doador

É essencial fazer a lição de casa para se preparar para o encontro com um doador novo em potencial. Você não quer perder tempo – o seu tempo ou o dos doadores - procurando oportunidades de financiamento que não correspondem à sua estratégia de crescimento e/ou áreas de programas.

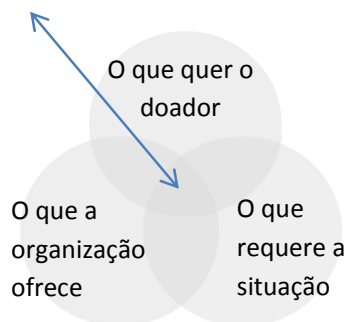
Responda às seguintes perguntas *antes de* entrar em contacto com um potencial doador:

1. Qual é a sua missão?
2. Quais são os seus temas específicos de interesse?
3. Que tipo de apoio eles oferecem?
4. Quem são os seus beneficiários?
5. Qual é a sua actual estratégia de financiamento?
6. Qual o montante em dinheiro/bens que doam anualmente?
7. Que programas/organizações financiaram no passado?
8. Quais são as suas políticas de doação?
9. Qual é o processo de candidatura?
10. Quais as ligações que têm, se houver alguma, com a sua organização? (Por exemplo, eles têm relações pessoais ou profissionais com os membros do Conselho ou com o pessoal?)

Fazer esta pesquisa é tão essencial como o é encontrar-se cara-a-cara, como o é quando se escreve uma declaração de capacidade. Você quer estabelecer uma ligação com o doador para tornar a reunião valiosa para ambos. Isso significa pensar sobre como pode estabelecer a ligação ou ajudar a resolver o problema ou abordar a questão mais importante para esse doador. Para ajudá-lo a decidir se quer ir em busca desse doador ou não, crie três listas curtas:

1. O que quer o doador?
2. O que é que a situação exige?
3. O que é que a nossa organização tem para oferecer?

Onde as respostas a estas três questões se sobrepõem é a área em que você se deve focar ao solicitar uma reunião com um doador:



Annex 16: NAFEZA Resource Mobilization Plan

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA NAFEZA

Tabela B.3-1 Compromissos actuais

Plano estratégico	Provedor de recursos	Anos					Regime de uso	Recursos garantido por provedores		Necessário		Lacunas em recursos	Provedores potenciais de Recursos	O Que a sua organização pode oferecer aos potenciais provedores	Mecanismo apropriado	A pessoa de contacto/contacto
		2014	2015	2016	2017	2018		Total	Restritos Dinheiro	Irrestritos	Dinheiro					
Estratégia 1: Cuidar da Mulher																
Resultado 1 Atendidos os casos de Fistulas obstétricas, cancro de colo uterino (CCU), mortes maternas e abortos inseguros	Por Angariar	0	626,815	3,133,555	1,843,980	1,843,980	7,448,330	7,448,330	0	0	0	7,448,330	Forum Mulher	Fortalecimento organizacional; experiência em mobilização comunitária; recursos humanos com experiência em trabalhar na área de saúde sexual e reprodutiva; boas relações com o Governo; cumprimento de planos e mecanismos nacionais e internacionais, o alcance dos resultados dos pilares dos provedores;	sumário executivo/comunicação frequente com o provedor, pagamento de quotas; apresentações de relatórios narrativos e financeiros;	Maira Domingos 84-0485483
R.E.2 Aumentada a Capacidade de resposta as questões de violência baseada em género em todas os distritos que NAFEZA trabalha	Oxfam Novib; CAP-FHI36	3,167,313	1,196,335	3,646,665	1,133,640	2,231,260	11,375,213	11,375,213			3,167,313	8,207,900	AGIR II; FHI360 CAP- Mocambique; Oxfam Novib	habilidades técnicas para a elaboração de propostas; experiência em mobilização comunitária; recursos humanos com experiência em trabalhar na área de VBG; atendimento de vítimas de violência; Rastreio de VBG-na comunidade; boas relações com o Governo; cumprimento de planos e mecanismos nacionais e internacionais; Coordenar princípios de Co-gestão com outras ONG's; experiências em trabalhar com a PRM, DPMAS, SDMAS, IPAJ, Procuradoria, Tribunais LDH	Responder a pedidos de propostas como um consórcio de ONG/OCB	AGIR - Hassan, Contacto: 21492948; Fh360 - CAP - Mocambique- Edith Morch: 21485745; 823034816; Oxfam Novib - Tima Sualé, contacto: 21492948, 82-0259680
Resultado 3:Aumentado o acesso ao ATSC e ao TARV por mulheres seropositivas elegíveis	FHI 360	4,269,243	3,549,510	1,972,635	2,036,385	1,352,835	13,180,608	13,180,608		4,269,243		8,911,365	FHI360 - CAP Mocambique; NAIMA+	Conhecimento e habilidades técnicas para a elaborar propostas; experiência em mobilização comunitária; recursos humanos com experiência em trabalhar na área de ATSC; TARV a Busca Consentida; boas relações com o Governo; cumprimento de planos e mecanismos nacionais e internacionais, alcance dos resultados do nosso Plano estratégico, em consonância com dos planos estratégicos dos nossos provedores; experiência em trabalhar com a DPS, NPFS,SDMAS	Responder a pedidos de propostas como um consórcio de ONG/OCB, apresentar o nicho da Organização	FHI360 - CAP Mocambique - Edith Morch: 21485745; 823034816; NAIMA+; Leonel: 823013902
Sub- Total		7,436,556	5,372,660	8,752,855	5,014,005	5,428,075	32,004,151	32,004,151			7,436,556	0	24,567,595			
Estratégia 2. DE OLHO NA POLITICA																
Resultado 1: Melhorado o atendimento dos serviços públicos sensíveis a igualdade de género.	Forum Mulher; IBIS; AGIR II	0	1,921,850	1,420,665	874,230	874,230	5,090,975	5,090,975	0	0	0	5,090,975	Forum Mulher; IBIS; AGIR II	organização do NAFEZA como rede; Conhecimentos e habilidades técnicas para a elaborar propostas baseadas na abordagem sobre a mudança de comportamento; experiência em mobilização comunitária; Recursos humanos com experiência em trabalhar na área de advocacia para mudança de comportamento; boas relações com o Governo; cumprimento de planos e mecanismos nacionais e internacionais; Coordenar princípios de Co-gestão com OCB's membros	Responder a pedidos de propostas como um consórcio de ONG/OCB, apresentar o nicho da Organização	Forum Mulher- Sheila Mandate: 82 5223029; IBIS - Delma Comissario: 82 4609270; AGIR II - Hassan: 21492948
Resultado 2: Integradas as questões de género a nível das instituições e dos partidos políticos com participação activa e efectiva de Mulheres em processos de tomada de decisao.	Forum mulher , AGIR (Oxfam Novib) UnWOMEN e por angariar	1,609,368	773,550	1,229,320	1,229,320	773,550	5,615,108	5,615,108			1,609,368	4,005,740	Forum Mulher; IBIS; AGIR II	Conhecimentos e habilidades técnicas para a elaborar propostas baseadas na abordagem sobre a mudança de comportamento; experiência em mobilização comunitária; Recursos humanos com experiência em trabalhar na área de advocacia para mudança de comportamento, boas relações com o Governo; cumprimento de planos e mecanismos nacionais e internacionais; Coordenar princípios de Co-gestão com OCB's membros	Responder a pedidos de propostas como um consórcio de ONG/OCB, apresentar o nicho da Organização	Forum Mulher- Sheila Mandate: 82 5223029; IBIS - Delma Comissario: 82 4609270; AGIR II - Hassan: 21492948
Sub- Total		1,609,368	2,695,400	2,649,985	2,103,550	1,647,780	10,706,083	10,706,083	0	1,609,368	0	9,096,715				
Estratégia 3: Acesso a recursos sustentáveis																
Resultado: 1 Aumentada a escolarização de Raparigas e Mulheres.	Por Angariar	0	1,297,640	1,253,210	693,990	693,990	3,938,830	3,938,830	0	0	0	3,938,830	Project Hope; Ford Foundation (Mozambique); IBIS; AGIR II	Fortalecimento organizacional; Conhecimentos e habilidades para implementar estratégias que visam a participação da mulher e da rapariga através da formação, ensino inclusivo; apoio técnico social; cumprimento das agendas internacionais e nacionais dos provedores e do governo (Política Nacional de Educação, Objectivos do Milenio, Agenda 2025, etc)	Responder a pedidos de propostas como um consórcio de ONG/OCB, apresentar o nicho da Organização	Project Hope - Simiao Mahuma - 82 3100099 ; Ford Foundation (Mozambique); IBIS- Elisa Langa: 82 9550350; AGIR II - Hassan: 21492948
Resultado 2 Aumentada a produtividade e a distribuição agrícola com mulheres no acesso e controle dos recursos.	Por Angariar	0	1,617,020	1,369,190	675,060	456,900	4,118,170	4,118,170	0	0	0	4,118,170	Consortio Zambéze; Forum Mulher	Partilha de estratégias de advocacia para implementação de políticas de saúde, educação, agricultura; Recursos humanos e envolvimento das associações membros com experiência em trabalhar Educacao; aumento da credibilidade dos provedores nas suas relações com o Governo para cumprimento dos planos e mecanismos nacionais e internacionais; providenciarmos o alcance dos resultados dos pilares estratégicos dos nossos provedores	Remeter proposta de projectos; Apresentar o nicho da organização em questoes de advocacia	Consortio Zambéze Gierma Ciccone: 00393403438219; Forum Mulher - Niza Chipe: 82 - 3911030
Resultado :3 Promovida a participação da mulher no acesso e gestão dos recursos naturais e em contextos de mudanças climáticas	Por Angariar	470,000	5,221,975	6,957,700	3,668,500	3,668,500	19,986,675	19,986,675	0	470,000	0	19,516,675	Forum Mulher; AGIR II; Oxfam Novib	partilhar conhecimentos e habilidades para que as mulheres tenham acesso e controle de recursos naturais através de informação (ex.DUAT) ; acesso recursos financeiros(PCR; AGR, FIL, gestão de pequenos negocios); partilhar informacao para que as mulheres aumentem a produtividade a partir de técnicas agrícolas (agro-ecologia); cumprimento de agendas e acordos nacionais, regionais e internacionais (Protocolo de SADC, Plataforma de Beijing, Lei de Terra, Agenda 2025, etc)	Responder a pedidos de propostas como um consórcio de ONG/OCB, apresentar o nicho da Organização	Forum Mulher - Niza Chipe: 82 - 3911030; AGIR II- Hassan; Oxfam Novib - Hassan: 21492948

Annex 16: NAFEZA Resource Mobilization Plan

Sub- Total		470,000	8,136,635	9,580,100	5,037,550	4,819,390	28,043,675	28,043,675	0	470,000		27,573,675					
Estratégia 4: Fortalecimento Institucional																	
Resultado 1: Fortalecida a coordenação e acção das associações membros e seu compromisso para a igualdade de género.	NAFEZA	28,900	820,245	670,440	670,440	670,440	2,860,465	2,860,465	0	0	0	2,860,465	AGIR II; Consorcio Zambeze; Oxfam Novib; Forum Mulher; Project Hope; Ford Foundation (Mozambique) ;IBIS; Norad; FH360 - CAP- Mozambique	partilhar conhecimentos e habilidades na abordagem de violencia baseada no genero em contexto de mudancas climaticas para prevencao, preparacao, resposta, reabilitacao e desenvolvimento .	Responder a pedidos de propostas como um consórcio de ONG (Rede de Organizações)	Directora Executiva Candida Quintano: 82 72 29250; Assistente Administrativa e Financeira - Adelia Raul: 82-0382020 e Oficial Financeira - Paulina Bo: 82 0028080	
Resultado 2: Fortalecida a gestão programática, financeira e administrativa do NAFEZA e seu compromisso para a igualdade de género.	Por angariar	0	2,179,005	4,226,380	2,055,800	4,508,575	12,969,760	12,969,760	0	0	0	12,969,760	AGIR II; Consorcio Zambeze; Oxfam Novib; Forum Mulher; Project Hope; Ford Foundation (Mozambique) ;IBIS; Norad; FH360 - CAP- Mozambique	O NAFEZA tem um manual administrativo e Financeiro. Tem um manual de Procedimento de Recursos Humanos. Pessoal tecnico administrativo e financeiro competente; possui um pacote de contabilidade Primavera funcional, possui um sistema de arquivo	Responder a pedidos de propostas como um consórcio de ONG (Rede de Organizações)	Directora Executiva Candida Quintano: 82 72 29250; Assistente Administrativa e Financeira - Adelia Raul: 82-0382020 e Oficial Financeira - Paulina Bo: 82 0028080	
Sub- Total		28,900	2,999,250	4,896,820	2,726,240	5,179,015	15,830,225	15,830,225				15,830,225					
Sub- Total de actividades		9,544,824	19,203,945	25,879,760	14,881,345	17,074,260	86,584,134	86,584,134	0	9,515,924	0	77,068,210					
Contengencia 7%							6,060,889	6,060,889	0	0	0	5,394,775					
Custo Administrativo 5%							4,329,207	4,329,207	0	0	0	3,853,411					
Custo de Equipamentos e escritorio	Por angariar	227,553	5,688,100	1,544,920	1,544,920	1,544,920	10,550,413	10,550,413	0	227,553	0	10,322,860	AGIR II; Consorcio Zambeze; Oxfam Novib; Forum Mulher; Project Hope; Ford Foundation (Mozambique) ;IBIS; Norad; FH360 - CAP- Mozambique	Secretarias, cadeiras, computadores de mesa, computadores manual, uma viatura, aparelhos de ar condicionado; fotocopadora, printers, armarios, mesa, geladeiras, congelador, fogao, micro-ondas, aparelhos de telefone, Casa de atendimento as vitimas apetrechadas, viatura	Responder a pedidos de propostas como um consórcio de ONG/OCB; apresentar o nicho da Organizacao	Directora Executiva Candida Quintano: 82 72 29250; Assistente Administrativa e Financeira - Adelia Raul: 82-0382020 e Oficial Financeira - Paulina Bo: 82 0028080	
Custo com Pessoal	Por angariar	4,884,364	13,565,569	13,565,569	13,565,569	13,565,569	59,146,640	59,146,640		Pessoal tecnico 15 5 de Apoio	4,884,364	54,262,276					
Total Geral							166,671,283	166,671,283			14,627,841	150,901,531					

Nota Explicativa: O NAFEZA possui uma equipe tecnica com habilidades, que corresponde em 70% que sera necessario a contratacao de mais 30% do pessoal.

Annex 17: Financial Health Check Results

Organization	Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change	
ANDA	#1	Jul 12	25	29	20	40	25	26	165-MED	-	
	#2	Jun 13	35	47	32	54	29	35	232-MED	+67	Improved
	#3	Jun 14	39	48	30	70	33	36	256-LOW	+24	Improved
CCM Sofala	#1	Jul 12	39	49	30	60	33	30	241-LOW	-	
	#2	Jun 13	32	49	30	65	31	34	241-LOW	0	No Change
	#3	Jul 14	40	49	32	71	32	32	256-LOW	+15	Improved
ECoSIDA	#1	Mar 12	38	54	29	71	34	37	263-LOW	-17	Declined
	#2	Apr 14	34	57	22	63	33	37	246-LOW		
HACI	#1	Mar 12	25	48	18	65	30	23	209-MED	-	
	#2	Jun 13	34	45	25	66	34	39	243-LOW	+34	Improved
	#3	Jul 14	28	45	21	72	32	32	230-MED	-13	Declined
Kubatsirana	#1	Jan 13	25	28	16	43	23	20	155-MED	+26	Improved
	#2	Jun 14	25	40	23	49	21	23	181-MED		
Kukumbi	#1	Jun 12	26	46	21	56	27	30	206-MED	+48	Improved
	#2	Jul 13	37	45	29	73	31	39	254-LOW		
	#3	Jul 14	40	54	21	74	31	40	260-LOW		
LDC	#1	Feb 13	18	39	22	45	25	23	172-MED	+38	Improved
	#2	Mar 14	28	44	13	58	33	34	210-MED		
NAFEZA	#1	Jun 12	31	39	15	57	27	26	195-MED	+44	Improved
	#2	Jul 13	22	42	30	74	34	37	239-MED		
	#3	Jun 14	33	44	28	74	33	35	247-LOW		
Niiwanane	#1	Sep 11	37	59	23	65	35	30	249-LOW	-23	Declined
	#2	Feb 14	28	45	16	64	33	40	226-MED		
OPHAVELA	#1	Jan 13	26	35	27	63	22	29	202-MED	+41	Improved
	#2	Feb 14	39	50	21	74	32	27	243-LOW		

Annex 18: Semi-Annual Partners' Meeting Agenda

**Agenda do Intercâmbio de Desenvolvimento Profissional
CONFHIC – Marracuene
Maputo, 18-19 de Setembro de 2014**

Dias 18 de Setembro	
Horas	Temas/Objectivos
08:00 - 8:30	Chegada dos participantes e Registo
08:30 - 09:30	- Observadores - Exercício de Team Building - Reflexão sobre o que foi aprendido no último Intercâmbio (sobre a Sustentabilidade das Organizações da Sociedade Civil)
09:30 - 10:45	O Impacto dos membros fundadores na Governação das OSC <ul style="list-style-type: none"> • Trabalhos em pequenos grupos - Análise do estudo de caso sobre os membros fundadores
10:45 - 11:15	Intervalo – Café
11:15 - 13:00	<ul style="list-style-type: none"> • Apresentação dos pequenos grupos em Plenária • Perguntas e respostas de clarificação • Debate à volta das apresentações <p>Enquadramento e síntese do facilitador sobre a influência e o papel que os membros fundadores jogam na vida da organização.</p> <p>Sessão de troca de Experiência:</p> <ul style="list-style-type: none"> • Apresentação de experiências de duas organizações sobre desafios e oportunidades sobre os membros fundadores <ul style="list-style-type: none"> ○ <u>Anda de Manica (desafios sobre o síndrome do membro fundador – formas de superação)</u> ○ <u>Ophavela de Nampula (membros fundadores proactivos e colaborativos)</u> • Perguntas e respostas • Apresentação de uma organização com experiência positiva sobre a influência dos membros fundadores • Perguntas e respostas

	<ul style="list-style-type: none"> • O Síndrome dos membros Fundadores -Desafios e oportunidades • – Síntese do Facilitador
13:00 - 14:00	Intervalo – Almoço
14:00 - 16:00	<p>O Impacto dos membros fundadores na Governação das OSC Troca de Experiência entre os profissionais de desenvolvimento das capacidades Trabalhos em pequenos grupos</p> <ul style="list-style-type: none"> • Que desafios encontram no seu trabalho com as OSC devido a influência dos membros fundadores • Como ajudam as organizações que enfrentam esse desafio a ultrapassar • Que abordagem usam/ ferramenta de usam no fortalecimento das OSC • Apresentação dos pequenos grupos em sessão plenária • Enquadramento do Facilitador
16:00 - 16:30	Preparação do Mercado – Montagem das bancas
16:30 - 18:00	<p>Mercado: As organizações participantes irão apresentar uma exposição viva sobre as suas abordagens, ferramentas e tudo quanto acharem relevante na sua intervenção. Cada organização deverá organizar com antecedência os materiais a expor na feira. Um representante da organização estará disponível para explicar aos visitantes sobre a sua organização- Momento de venda.</p> <ul style="list-style-type: none"> • Os participantes visitam a feira como forma de reforçar as conexões • Troca de contactos e ferramentas entre os participantes
19:30	<p>Jantar e Confraternização Favor trazer histórias, anedotas e música (viola...etc.) para animar o espaço de convívio – espaço cultural</p>
Dia 19 de Setembro de 2014	
08:30 - 09:30	Revisão do dia anterior: O que aprendemos sobre a influência dos membros fundadores na vida da organização?
09:30 - 10:30	<p>Como Profissionalizar as Organizações da Sociedade Civil Moçambicana? Que desafios? Que oportunidades?</p> <ul style="list-style-type: none"> • Apresentação do MASC sobre os Dilemas na profissionalização das OSC • Trabalhos em grupo reflectir à volta da apresentação sobre desafios e oportunidades na profissionalização das OSC
10:30 - 10:45	Intervalo – Café

<p>10:45 - 13:00</p>	<p>Como Profissionalizar as Organizações da Sociedade Civil Moçambicana? Que desafios? Que oportunidades?</p> <ul style="list-style-type: none"> • Apresentação dos pequenos grupos • Perguntas e respostas • Debate em sessão plenária <p>O impacto das acções dos profissionais de desenvolvimento institucional na profissionalização das OSC – Trabalhos em grupos</p> <ul style="list-style-type: none"> • Reflexão em pequenos grupos sobre como coordenação, complementaridade, abordagens dos parceiros de cooperação na profissionalização das OSC • Desafios e oportunidades • Apresentação dos pequenos grupos e debate em plenária
<p>13:00 - 14:00</p>	<p style="text-align: center;">Intervalo – Almoço</p>
<p>14:00 - 14:30</p>	<p>Síntese do Facilitador sobre os desafios e oportunidades na profissionalização das OSC da Sociedade Civil</p>
<p>14:30 - 16:00</p>	<p><u>Taking Home:</u></p> <ul style="list-style-type: none"> • Reflectir sobre o que aprendemos deste Intercâmbio, como aplicar o aprendizado no trabalho e quais os desafios antecipados ao nível institucional (procedência) – Pequenos grupos • Considerações Finais • Avaliação Geral do Intercâmbio • Encerramento

Termos de Referência

ESTUDO DE SUSTENTABILIDADE

I. ANTECEDENTES

A sustentabilidade das Organizações da Sociedade Civil (OSC) tem preenchido vários debates por parte das ONGs Nacionais e Internacionais que operam no fortalecimento das capacidades das OSC, bem como dos doadores e governos. Claramente que não tem havido consensos quanto a definição da sustentabilidade, tradicionalmente o conceito sempre esteve relacionado ao seu aspecto económico, limitando-se à viabilidade económico-financeira das organizações.

Ainda influenciados por essa concepção, ao tratar da sustentabilidade das OSC, muitos autores e os próprios membros dessas organizações tendem associá-la à eficiência económica e à capacidade de obter recursos financeiros.

Recentemente, aquando da realização do intercâmbio sobre a sustentabilidade das OSC, havido nos dias 9 e 10 de Setembro de 2013, floresceu a ideia de realização dum estudo de sustentabilidade. O Intercâmbio em referência da responsabilidade de FHI360-CAP em coordenação com Oxfam Novib através do programa AGIR, Ibis, Diakonia, MASC, We Efectt, bem como com a participação de organizações por estas subvencionadas, debruçou-se sobre a sustentabilidade das Organizações da Sociedade Civil – Desafios e Oportunidades.

No final do intercâmbio os participantes ficaram com um entendimento mais amplo sobre o campo de sustentabilidade das OSC. Pois, vezes sem conta a sustentabilidade era tida como uma situação em que uma organização tinha suficientes recursos financeiros para prossecução das suas actividades ou então tinha autonomia financeira, ou ainda quando a organização tinha sistemas que a permitisse gerir eficazmente os seus recursos financeiros. Enfim, o enfoque na maioria dos casos era dado às finanças. Todavia, o debate trouxe outras matérias que embora não sendo financeiras, foram consensuais entre os participantes sobre a necessidade de sua integração no âmbito de sustentabilidade sob pena de todo esforço tendente ao alcance da mesma ser infrutífero.

Conclui-se ao falar de sustentabilidade era necessário analisar a organização numa forma holística de modo que as questões de estabilidade governativa, de sistemas, da qualidade do pessoal, da consistência programática, da transparência dos processos, da participação, da prestação de contas, entre outras, sejam consideradas.

O Intercâmbio em referência levantou pontos de reflexão sobre a sustentabilidade das OSC, identificou desafios e oportunidades no processo de sustentabilidade das organizações. Os participantes e a organização do Intercâmbio, ficaram cientes de que em dois dias não seria possível entender sobre esta complexa matéria, para o efeito recomendaram que fosse criada sinergia através de um consórcio de forma a encomendar-se serviços de consultoria externa

Annex 19: Sustainability Study Terms of Reference

para a condução de um estudo mais pormenorizado. Do referido estudo, objecto dos presentes termos de referência, espera-se que seja uma contribuição para os actores que trabalham no apoio às organizações da sociedade civil.

II. INTRODUÇÃO

As OSC como não tem o lucro como objectivo principal, justificam sua existência na medida em que logram consolidar e incrementar sua contribuição à sociedade. A sustentabilidade financeira de uma OSC não é um fim em si mesmo, mas o resultado de algo mais amplo: uma gestão eficiente, e eficaz das actividades relacionadas com o seu objectivo de contribuir ao desenvolvimento social.

A complexidade da matéria sobre a sustentabilidade das OSC é um facto conhecido e face a isso, tendencialmente a análise é feita na vertente financeira descurando as outras perspectivas, nomeadamente, posicionamento político, diálogo com outros actores, execução de parcerias, busca e garantia de credibilidade e legitimidade, capacidade de transformação e adaptação, desenvolvimento institucional, governação interna, Sistemas de Controlo Interno, entre outros. Assim, o consórcio formado pelas organizações: OXFAM NOVIB, FHI360 CAP, IBIS, DIAKONIA, WE EFFECT e MASC, decidiu remeter esta matéria a um estudo profundo através da contratação de serviços de consultoria independente, com o propósito de trazer informações relevantes sobre o actual cenário de sustentabilidade das OSC, desafios, oportunidades e recomendações para a reversão do actual cenário.

O presente documento constitui os Termos de Referência (TORs) para o estudo a ser levado a cabo sobre a sustentabilidade das organizações da sociedade civil. É nosso entendimento de que o estudo não irá substituir os outros que eventualmente já tenham sido realizados em torno desta matéria, e sim, subsidiá-los, e sobretudo trazer a ribalta este assunto que tem preocupado os doadores e as próprias OSCs.

III. OBJECTIVO DO ESTUDO

O estudo tem como objectivo definir claramente as premissas que influenciam a sustentabilidade das OSC, bem como os desafios que se impõem face a actual conjuntura social, económico-financeira e política na qual operam as organizações do terceiro sector.

Ademais, pretende-se realizar um levantamento objectivo do entendimento da governação e gestão das OSC sobre a sustentabilidade, quais são os desafios (incluindo ameaças) e oportunidades para a sustentabilidade das OSC. O estudo irá ajudar a desconstruir a percepção que limita a sustentabilidade à viabilidade económica-financeira das OSC, trazendo a ribalta outras dimensões relevantes para o efeito.

Importa salientar que o levantamento terá como grupo alvo as organizações comunitárias de base, Associações, fundações, Organizações Baseadas na Fé, ONGs Internacionais, representantes do sector público e académicos. Á área de estudo compreenderá as regiões Sul, Centro e Norte do país.

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Por fim espera-se que as constatações e as recomendações chave sirvam de base de informação para a tomada de decisão dos diversos actores que trabalham no fortalecimento das OSC e sobretudo na resposta qualitativa e responsável aos desafios mais urgentes das comunidades de base.

IV. ESCOPO DO ESTUDO (METODOLOGIA)

A metodologia a adoptar será apresentada pelo consultor, esperando-se que seja privilegiada a abordagem participativa.

Importa salientar que o estudo a ser realizado compreenderá uma clara identificação e mapeamento das premissas que garantem a uma sustentabilidade efectiva. Ademais, o estudo irá analisar de forma estruturada e holística a organização, avaliando os factores internos e externos nas dimensões de governação, programática e de relacionamento com outros, de forma mais exaustiva os mecanismos de mobilização de recursos, angariação e manutenção de amigos.

Os proponentes desta consultoria seleccionaram previamente três organizações que servirão de estudo de caso, nomeadamente: N'weti, CIP, HOPEM (nota o consorcio poderá indicar mais organizações para esta lista). O estudo de caso irá explorar os modelos de sustentabilidade adoptados por estas organizações, capitalizando as lições aprendidas ao longo do seu ciclo de vida.

Finalmente, apresentação das várias oportunidades e possibilidades existentes na praça e que podem ser aproveitadas pelas OSCs para contribuir no seu esforço de se tornarem sustentáveis.

Paralelamente ao estudo supra mencionado, espera-se que a consultoria priorize as seguintes actividades:

1. Identificação os grupos alvos para a pesquisa e metodologias adequadas para o efeito;
2. Desenvolver instrumentos de pesquisa, nomeadamente: questionários para entrevistas, guiões de debate para os grupos focais;
3. Preparação da equipa de pesquisa, realizar diferentes momentos de pesquisa e dar feedback: inclusive: identificar as características dos entrevistadores e dos líderes dos grupos focais de debate; preparação e realização do trabalho de campo, análise (desenvolver matriz de resultados) e preparação de relatórios e as recomendações sobre as características das OSC e conceitos sobre a sustentabilidade.
4. Identificação dos determinantes de sustentabilidade das OSC;
5. Identificação dos factores/aspectos limitantes de sustentabilidade e sugerir a forma de ultrapassá-los;
6. Levantamento bibliográfico sobre a temática de sustentabilidade;

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7. Levantamento, identificação e registo de pesquisas que já foram feitas sobre a sustentabilidade;
8. Realização de estudos de caso sobre matéria de sustentabilidade para as organizações Nweti, Hopem, CIP;
9. Elaboração de proposta estratégica básica que possa ser implementada pelas OSC para dinamizar a sustentabilidade.
10. Oferecer algumas sugestões úteis a serem exploradas pelas OSC como parte de um conjunto de esforços que visam o alcance da sustentabilidade.

V. PRODUTOS ESPERADOS

Espera-se que a consultoria apresente os seguintes produtos:

1. Plano de Trabalho detalhado contendo o cronograma de actividades;
2. Identificados os aspectos que favorecem a sustentabilidade das OSC;
3. Identificadas as limitantes da sustentabilidade nas OSC;
4. Produzidos os estudos de caso mostrando as boas práticas para estimular a sustentabilidade organizacional;
5. Elaborada uma proposta estratégica básica com dicas para a sustentabilidade das OSC;
6. Apresentadas conclusões e recomendações efectivas e um leque de oportunidades disponíveis a sustentabilidade organizacional em todas as dimensões;
7. Apresentação do relatório preliminar numa conferência com os principais parceiros (A ser decidido em coordenação com o contratante);
8. Relatório Final do estudo redigido e aprovado pelo consórcio.

Observação: A contagem do prazo para entrega de todos os produtos inicia-se a partir do primeiro dia após a assinatura do contrato. E o desenvolvimento do trabalho deve satisfazer o seguinte:

1. O Consultor(a) irá apresentar um plano de trabalho detalhando os passos metodológicos a adoptar para o alcance efectivo dos objectivos do presente trabalho. Recomenda-se que a metodologia seja participativa.
2. Que os instrumentos usados sejam claros, apropriados e específicos, adoptando boas práticas de pesquisa.
3. Que a execução da pesquisa traga dados qualitativos e quantitativos
4. Que as organizações reconheçam a sua própria análise de resultados
5. Que o relatório da pesquisa inclua uma documentação clara e específica sobre a metodologia, a pesquisa, os resultados, a análise dos resultados e recomendações consistentes com boas práticas de mudanças de comportamento.

VII. COORDENAÇÃO

A coordenação geral estará a cargo da Oxfam Novib através do Programa AGIR. Porém, tratando-se dum trabalho de interesse e participação contributiva de várias partes, cada uma delas, dependendo do seu domínio relativamente as matérias que serão tratadas no decurso da consultoria, serão envolvidos na coordenação.

VIII. CONDIÇÕES DE PAGAMENTO

O pagamento será realizado pelo AGIR e será efectuado em três parcelas, sendo, 20% na assinatura do contacto, 30% na entrega do primeiro draft do trabalho e 50% após a aprovação do produto final pelo contratante.

IX. LOCAL DO TRABALHO E INSUMOS

A consultoria decorrerá em Maputo e pela natureza da mesma, os trabalhos a ela inerentes decorrerão tanto no escritório da Oxfam Novib e dos parceiros, bem como noutro lugar onde o contratado julgar adequado para a sua realizacao. Todavia, ao longo do trabalho haverá necessidade de viagem para as provincias e sedes distritais do Sul, Centro e Norte do país. Ademais, o consórcio fornecerá, enquanto insumos, ambiente de trabalho, acesso à informação pertinente, facilidade de acesso aos escritórios dos parceiros envolvidos no estudo.

X. PERFIL DO CONSULTOR

1. Formação superior na área de ciências sociais ou afins (mandatório);
2. Experiência profissional na área de estudos de desenvolvimento organizacional (mandatorio);
3. Experiência e interesse nas areas temáticas de sustentabilidade ou desenvolvimento organizacional.
4. Conhecimentos de Word, Excel, Powerpoint e internet.
5. Conhecimentos basico de língua inglesa;
6. Conhecimento sobre o associativismo em Mocambique.

XI. PROCEDIMENTOS PARA AVALIAÇÃO

A habilitação profissional e a capacidade técnica serão atestadas mediante procedimento de avaliação divididos em três etapas, sendo:

1. Análise dos requisitos obrigatórios (etapa eliminatória);
2. Análise dos requisitos desejáveis e proposta técnica, por meio da avaliação do plano de trabalho simplificado, e da proposta financeira (etapa classificatória, de acordo com a tabela de pontos dos critérios de avaliação);
3. Entrevista.

A proposta financeira deve abarcar informações sobre o custo do trabalho, especificamente quanto ao valor a ser pago à consultoria.

Apenas os os/as três primeiros/as classificados/as, serão convidados para a entrevista..

XII. CRITERIO DE AVALIACAO

Item	Crítérios de Avaliação	Pontuação Máxima
A	Formação em ensino superior na área de ciências sociais ou relacionadas (mandatorio)	16
B	Experiência profissional na área de estudos de desenvolvimento organizacional (mandatorio);	16

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C	Experiência e interesse nas áreas temáticas de sustentabilidade ou desenvolvimento organizacional.	15
D	Conhecimentos de Word, Excel e Powerpoint.	10
E	Conhecimentos básico de língua inglesa;	10
F	Conhecimento sobre o associativismo em Moçambique.	13
G	Proposta técnica	20
Avaliação Financeira (30%)		
H	Proposta Financeira – analisada sob a óptica da metodologia de <i>Best Value for Money</i> .	>1 (Qualidade da Proposta/ Preço Oferecido)

XIII. APRESENTAÇÃO DE PROPOSTAS

Os interessados poderão apresentar propostas (técnicas e financeiras), até o dia de de 2014 ao seguinte endereço: Escritório da Oxfam em Moçambique, Rua do Parque 19, Bairro da Sommerschild, Caixa Postal 356, Telefone 21492948, Maputo ou para o email: Licinia.gadaga@oxfamnovib.nl



Escritórios em Nampula
 Rua de Sofala No. 635
 Bairro de Muahivire
 Tel +258 26 21 7274/5;
 Fax. +258 26 21 7294;
 E-mail: alcidio@tdm.co.mz

QUESTIONÁRIO DE ENTREVISTA

POSTO DE OFICIAL DE MOBILIZAÇÃO COMUNITÁRIA DO PROJECTO WISSUPUWÉLA (HIV e SIDA)

Identificação pessoal

Nome Completo: _____ Idade: _____ Anos, Estado civil: _____,

Nacionalidade: _____ Naturalidade: _____ Morada: _____

	QUESTÕES	COMENTÁRIOS	PONTUAÇÃO (1 á 5)
1. Introdução \ Perguntas Gerais			
	O que lhe atraiu para se candidatar a esta posição		
	Experiência Profissional: Breve descrição da vida Profissional		
	Considerando a DT do posto, porque acha que é o candidato ideal?		
	Fale-nos dos seus pontos fortes e fracos (pelo menos 2 de cada)		
2. Perguntas Técnicas			
	O que entende por HIV? E SIDA?		
	Qual a taxa actual de prevalência do HIV&SIDA em Moçambique?		
	Fale-nos do que entende sobre		

Annex 20: Ophavela's Staff Recruitment Guide

	Saúde Sexual Reprodutiva		
	Qual é a importância do aconselhamento e testagem em saúde?		
	O que entende por Violência Baseada no Género?		
	Que consequências trazem a violência baseada no género para as vítimas?		
	Que relação existe entre violência baseada no género e HIV&SIDA?		
	O que é um quadro lógico, e que tipo de informações ele contém?		
	Que personalidade deve ter uma pessoa que lida/trabalha com a comunidade?		
	Que passos se devem tomar para induzir a comunidade a mudar o seu ponto de vista ou hábitos?		
	Como manter um líder motivado pra colaborar com o Projecto?		
3. Perguntas de trabalho em equipe			
	Acha que o trabalho de equipa é importante? Se sim, porquê?		
	Quais os princípios mais importantes do trabalho de equipe.		
	O que você faria se um membro da sua equipe não estivesse a produzir resultados desejáveis		

Annex 20: Ophavela's Staff Recruitment Guide

	para o projecto?		
4. Perguntas de fecho			
	Disponibilidade		
	Expectativa salarial		
	Perguntas para o júri		
	Referências: 3		

Observações dos entrevistadores

Capacidade de se expressar		(observação directa)		TOTAL
Expressa-se facilmente	5 4 3 2 1	Descontraído	5 4 3 2 1	
Escuta atentamente	5 4 3 2 1	Responsável	5 4 3 2 1	
Expressa-se com clareza	5 4 3 2 1	Respeitoso	5 4 3 2 1	
Responde objectivamente	5 4 3 2 1	Auto confiante	5 4 3 2 1	
Faz perguntas pertinentes	5 4 3 2 1	Espontâneo	5 4 3 2 1	

PONTUAÇÃO TOTAL	
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Conclusões: Boas Suficientes Insuficientes Repetir

Local da entrevista: _____

Data: ____/____/____

Entrevista conduzida por: _____ Com participação de: _____

Annex 21: SBCC Technical Assessment Results and Analysis

The tables below illustrate the scores, percentage change, TA provided, and analysis/results for each of the five SBCC partners evaluated (NAFEZA, KUKUMBI, OPHAVELA, CCM Sofala, and ECoSIDA).

NAFEZA					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.19	2.54	15.98%		
Theory-Driven Planning & Design	2.00	2.00	0%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	The majority of NAFEZA's team for the CAP award was recruited after this TA was provided. No growth was recorded for this indicator.
Collection and Use of Data	2.00	2.50	25%	TA on use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	The team is increasingly using data to take programmatic decisions.
Negotiation and Strategic Partnership	2.00	2.67	33.5%	TA on strategic partnerships during preparation of proposals. TA to establish partnerships for HTC, GBV and HIV defaulters tracing.	NAFEZA is routinely approaching potential partners during proposals development if they believe that this will result in better project achievements. NAFEZA established partnerships with DPS and SCIP for HTC mid-way during implementation of CAP award.
Development of Strategies	2.75	3.00	9.09%	TA during project expansion to develop an implementation strategy that responded to formative research results.	NAFEZA expanded project activities and was able to design strategies to reach new targets groups.
Component 2: SBCC Program Implementation	2.71	3.40	25.46%		

Implementation of Communication Strategies	2.00	2.63	31.50%	<p>TA to develop messages on new topics and adapt debate session manuals to correspond to findings of community consultation and desk review.</p> <p>TA to development and implementation of social mobilization activities.</p>	<p>NAFEZA is able to design a communication strategy as well as adapt existing strategies to emerging or changing situations.</p> <p>NAFEZA implemented and reported on community consultations on GBV in preparation of the integration of new topics in debate session manuals.</p>
Strengthening of Staff Competencies	2.60	3.20	23.08%	<p>Training in facilitation skills and social mobilization, and on-going TA during monitoring visits to reinforce learning.</p> <p>TA to expand staff capacity to conduct HIV defaulters tracing, HTC and GBV screening.</p>	<p>NAFEZA is effectively implementing supervisory structures and strategies to identify and address staff capacity needs.</p> <p>NAFEZA has successfully integrated HTC, HIV care and treatment defaulters tracing and GBV screening interventions.</p>
Implementation Structure	2.25	3.75	66.67%	<p>TA on recruitment, including developing selection criteria, job descriptions, and outlining supervision and reporting obligations.</p>	<p>NAFEZA applied good and transparent recruitment practices for various post, including developing job descriptions with clear selection criteria to select the most competent candidate.</p>
Supervision of the Quality of SBCC Service Delivery	4.00	4.00	0%	<p>TA during routine visits to monitor efficient application of supervision tools aimed at improving facilitation skills and better transfer of information to beneficiaries.</p>	<p>NAFEZA is routinely supervising and verifying data collection, recording and reporting in order to generate valid data.</p>
Component 3: SBCC Monitoring & Evaluation	2.25	2.42	7.56%		
Frameworks and Mechanisms	3.25	3.75	15.38%	<p>TA to adjust monitoring systems to include new indicators. TA to correct application of monitoring tools. TA to review data presented in quarterly reports.</p>	<p>NAFEZA's is correctly using data collection tools and reports good quality data.</p>
Use of Research to Measure Impact	1.00	1.00	0%	<p>TA on data analysis to better understand the participation of men and women in the debate sessions</p>	<p>The team had not the opportunity to put into practice the knowledge learned on data analysis over implementation of activities, and also they are not clear on how to implement such activity.</p>

Utilizing and Communicating Results	2.50	2.50	0%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora; TA to develop fact sheet for resource mobilization. Workshop on resource mobilization.	NAFEZA routinely reports to the Government. The organization understands the importance of sharing data with field level staff and is planning on putting mechanism in place to do this. NAFEZA developed a resource mobilization strategy based on organizational strengths, project results and a gap analysis funding available to implement its strategic plan.
TOTAL SCORE	2.40	2.82	17.50%		

KUKUMBI					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.25	2.31	2.67%		
Theory-Driven Planning & Design	2.00	1.67	-16.50%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	Kukumbi's knowledge on SBCC is limited and the organization is still not able to confidently apply SBCC theory in proposal development.
Collection and Use of Data	2.75	3.00	9.09%	TA on the use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	Kukumbi now routinely collects and analyzes data necessary for the designing of proposals as evidenced by recent proposal submissions.
Negotiation and Strategic Partnership	2.00	2.33	16.50%	TA on strategic partnerships during preparation of proposals. TA to establish partnerships for HTC.	Kukumbi built strategic partnerships with government authorities and INGOs to implement project activities. The organization is now also more regularly participating in Government coordination meetings and NGO fora. Kukumbi's work is becoming better known.
Development of Strategies	2.25	2.25	0%	TA during project expansion to develop an implementation strategy.	Kukumbi responded to RFAs with pre-defined target groups, communication channels and objectives. Hence, Kukumbi did not have the possibility to re-apply their formative research skills. Kukumbi expanded project activities and was able to design strategies to reach new targets groups.
Component 2: SBCC Program Implementation	3.46	3.56	2.89%		
Implementation of Communication Strategies	2.75	2.63	-4.36%	TA to develop and implement social mobilization activities.	Kukumbi is facing challenges with social mobilization activities. The organization has recently recruited an SBCC Officer and is anticipated to perform better in this area.
Strengthening of Staff Competencies	3.40	3.60	5.88%	Training in facilitation skills and social mobilization, and conducted on-going TA during monitoring visits to reinforce learning.	Kukumbi improved its attention for and means to assess and address staff capacity needs. Kukumbi has successfully integrated HTC and HIV care

				TA to expand staff capacity to conduct HIV defaulters tracing and HTC.	and treatment defaulters tracing interventions.
Implementation Structure	4.00	4.00	0%	TA to recruitment, including selection criteria, job descriptions, supervision and reporting obligation.	Kukumbi applied good and transparent recruitment practices for the recruitment of the social mobilization officer. Kukumbi developed a job description with clear selection criteria to select the most competent candidate. Organogram and delegation of authority are clearly defined and know to all staff.
Supervision of the Quality of SBCC Service Delivery	3.67	4.00	8.99%	TA during routine visits to monitor efficient application of supervision tools aimed at improving facilitation skills and better transfer of information to beneficiaries.	Kukumbi applies supervisory tools during routine monitoring visits to maintain quality of program implementation and verify accuracy of data.
Component 3: SBCC Monitoring & Evaluation	2.39	2.72	13.81%		
Frameworks and Mechanisms	3.25	3.75	15.38%	TA to adjust monitoring systems to include new indicators. TA to monitor correct application of monitoring tools. TA to review data presented in quarterly reports.	Kukumbi is correctly using M&E tools and accurately reporting on the results.
Use of Research to Measure Impact	1.67	1.67	0%	CAP provided TA on data analysis to better understand the participation of men and women in the debate sessions.	Kukumbi understands how to analyze data to evaluate participation. They have not actually conducted an analysis to put their knowledge to the test and identify potential challenges.
Utilizing and Communicating Results	2.25	2.75	22.22%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora; TA to develop fact sheet for resource mobilization.	Kukumbi reports to the Government. The organization understands the importance of sharing data with field level staff and is increasingly creating opportunities to do this.
TOTAL SCORE	2.73	2.88	5.49%		

OPHAVELA					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	1.00	1.20	20%		
Theory-Driven Planning & Design	1.00	1.30	30%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	OPHAVELA's knowledge of SBCC theory is limited and the organization is still not able to confidently apply SBCC theory in proposal development.
Collection and Use of Data	1.00	1.50	50%	TA on the use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	OPHAVELA has participated in the TA and training and their ability to use data has improved. They have, however, not yet had the opportunity to apply the skills to develop a proposal.
Negotiation and Strategic Partnership	1.00	1.00	0%	TA on strategic partnerships during proposal design. TA to establish partnerships for HTC.	OPHAVELA has put a lot of effort in establishing a working relationship with SCIP. The efforts have not yet led to an efficient partnership to no fault of OPHAVELA.
Development of Strategies	1.00	1.00	0%	TA during project development to develop an implementation strategy that responded to formative research results and the organization's mission.	OPHAVELA has not yet had the opportunity to re-apply its formative research skills to develop a new project but has been able to design strategies aimed at reaching new target groups within its CAP award.
Component 2: SBCC Program Implementation	1.97	2.48	25.89%		
Implementation of Communication Strategies	1.88	2.25	19.68%	TA to develop messages and adapt debate session manuals to correspond to findings of formative research and community consultations; TA to development and implementation of social mobilization activities.	OPHAVELA has improved its capacity to mobilize communities and their leaders. OPHAVELA implemented community consultations on Sexual Reproductive Health in preparation of the integration of new topics in debate session manuals.
Strengthening of Staff Competencies	1.00	1.40	40%	CAP provided training in facilitation skills and social mobilization, and conducted on-going TA during monitoring visits to reinforce learning.	OPHAVELA improved the use of tools and systems to identify and address staff capacity needs.
Implementation Structure	3.00	3.25	8.33%	TA to recruitment, including selection	Organogram and delegation of authority are clearly

				criteria, job descriptions, supervision and reporting obligation.	defined and know to all staff. OPHAVELA conducts transparent and competency based recruitment practices.
Supervision of the Quality of SBCC Service Delivery	2.00	3.00	50%	TA to develop supervision tools. TA during routine visits to monitor efficient application of these tools, resulting in improved facilitation skills and better transfer of information to beneficiaries.	OPHAVELA has improved the use of the tools designed to monitor quality of implementation and identification of challenges.
Component 3: SBCC Monitoring & Evaluation	1.75	2.00	14.29%		
Frameworks and Mechanisms	2.50	2.50	0%	TA to develop simple, practical monitoring systems and adjustments to include new indicators. TA on correct application of monitoring tools. TA to review data presented in quarterly reports.	OPHAVELA is correctly using M&E tools but is still struggling with aggregation and reporting of results.
Use of Research to Measure Impact	1.00	1.00	0%	No TA was provided by CAP Mozambique in this area.	
Utilizing and Communicating Results	1.75	2.50	42.86%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora. TA to develop fact sheet for resource mobilization	OPHAVELA reports to the Government. The organization understands the importance of sharing data with field level staff. Data is shared with supervisors but not yet with facilitators.
TOTAL SCORE	1.56	1.88	20.51%		

CCM Sofala

Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.15	2.44	13.49%		
Theory-Driven Planning & Design	2.00	2.00	0%	TA on SBCC theories during project design, and summarily during social mobilization training.	CCM-S' knowledge of SBCC theory is limited and the organization is still not able to confidently apply SBCC theory in proposal development.
Collection and Use of Data	2.25	2.25	0%	TA on use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	CCM-S collects, analysis and uses secondary quantitative data for proposal design, use of qualitative data can be improved.
Negotiation and Strategic Partnership	2.33	3.00	28.76%	TA to on the importance of partnerships.	CCM-S contacted relevant stakeholders who provided useful information for proposal development. CCM-S established partnerships with DPS, Kugarissica and the red Cross for HTC interventions mid-way during implementation of CAP award.
Development of Strategies	2.00	2.50	25.00%	TA during project expansion to develop an implementation strategy that responded to formative research results.	CCM-S extended its project scope and designed strategies to successfully implement new activities.
Component 2: SBCC Program Implementation	3.38	3.65	7.99%		
Implementation of Communication Strategies	2.63	3.00	14.07%	TA to develop messages on new topics and adapt debate session manuals to correspond to findings of formative research and desk review. TA to development and implementation of social mobilization activities.	CCM-S continues to expand and improve management of communication strategies, in order to reach the target groups identified in their proposal. The organization managed to resolve an initially difficult collaboration with local radio stations. CCM implemented and reported on community consultations on HIV care and treatment in preparation of the integration of new topics in debate session manuals.
Strengthening of Staff Competencies	2.60	2.60	12.50%	TA on facilitation skills and social mobilization.	CCM-S is effectively implementing supervisory structures and strategies to

				TA to expand staff capacity to conduct HTC, HIV defaulters' care and treatment defaulters tracing.	identify and address staff capacity needs. CCM-S has successfully integrated HTC and HIV care and treatment defaulters tracing interventions.
Implementation Structure	4.00	4.00	0%	TA to evaluation HR resources to implement project activities. TA to revise organogram. TA to recruit additional personnel, including development of job descriptions and selection criteria.	CCM-S applied good and transparent recruitment practices, including developing job descriptions with clear selection criteria to select the most competent candidate. Organogram and delegation of authority are clearly defined and known to all staff.
Supervision of the Quality of SBCC Service Delivery	3.67	4.00	8.99%	TA during routine visits to monitor efficient application of supervision tools aimed at improving facilitation skills and better transfer of information to beneficiaries. TA to follow-up on review staff structure during Y2 planning.	CCM-S revised its organogram and increased staff to better provide field support and supervision. In addition, CCM-S continues to use supervisory tools to maintain quality of program implementation and verify accuracy of data.
Component 3: SBCC Monitoring & Evaluation	2.58	2.75	6.59%		
Frameworks and Mechanisms	3.25	3.75	15.38	CAP provided TA to adjust monitoring systems to include new indicators. TA to monitor correct application of monitoring tools. TA to review data presented in quarterly reports.	CCM-S demonstrates command of M&E tools and management of the data base, including the new indicators, and is reporting good results.
Use of Research to Measure Impact	1.00	1.00	0%	No TA was provided by CAP Mozambique in this area.	
Utilizing and Communicating Results	3.50	3.50	0%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora; TA to develop fact sheet for resource mobilization. Workshop on Resource mobilization.	CCM-S analysis data together with field staff at the end of each cycle to identify challenges and improve intervention. CCM-S reports project results to the Government. CCM-S developed a resource mobilization strategy based on organizational strengths,

					project results and a gap analysis funding available to implement its strategic plan.
TOTAL SCORE	2.71	2.96	9.23%		

ECOSIDA					
Evaluation Category	2013 Score	2014 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.96	3.36	13.5%		
Theory-Driven Planning & Design	2.67	3.6	34.83%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	ECOSIDA submitted various funding proposals for which they analyzed secondary data. Proposals included SBCC approaches.
Collection and Use of Data	2.5	2.5	0%	TA on the use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	ECOSIDA only uses national level data, i.e. INSIDA reports, to feed into proposal development. They could make better use of their own data or conduct more research themselves.
Negotiation and Strategic Partnership	3.67	3.6	-.02%	TA on strategic partnerships during proposal design. TA to establish partnerships for HTC.	ECOSIDA mainly pursued collaboration with other organizations if proposal requests stipulated this necessity. ECOSIDA mostly limited the search for among collaborators among already existing partnerships.
Development of Strategies	3.0	3.75	25.00%	TA during project development to develop an implementation strategy that responded to formative research results and the organization's mission.	ECOSIDA defined clear annual targets. ECOSIDA is able to develop communication strategies for different target groups but due to the nature of its program, this is often not possible in the project development stage. ECOSIDA's target group is diverse and only known once companies have accepted to collaborate on HIV prevention. Communication strategy development therefore occurs after the target groups have been identified. Standardized materials will then be adapted, e.g. choice of film or IEC materials.
Component 2: SBCC Program Implementation	2.9	3.2	10.34%		

Implementation of Communication Strategies	3.25	2.5	23.07%	TA to develop messages and adapt debate session manuals to correspond to findings of formative research and community consultations; TA to development and implementation of social mobilization activities.	<p>ECOSIDA conducted debate sessions with factory workers. They did not implement debate session with communities to create a supportive environment for social change.</p> <p>ECOSIDA used limited communication channels but a variety of types of communication materials. As described above, they select materials based on the target groups but did not pretest.</p> <p>Materials passed through an internal review process.</p>
Strengthening of Staff Competencies	2.6	2.6	0%	CAP provided training in facilitation skills and social mobilization, and conducted on-going TA during monitoring visits to reinforce learning.	Management and technical staff improved knowledge and capacity to implement an SBCC approach but project field staff still have limited understanding of SBCC. ECOSIDA was aware of the short comings and was hoping to use GF funds to further improve SBCC knowledge and capacity.
Implementation Structure	4	4	0%	TA to recruitment, including selection criteria, job descriptions, supervision and reporting obligation.	ECOSIDA maintained high quality recruitment process based on clearly defined job descriptions and selection criteria. Supervisory structures were well defined and followed. ECOSIDA also had a system to recognize and remunerate hard work and good results.
Supervision of the Quality of SBCC Service Delivery	2	3.6	80%	TA to develop supervision tools. TA during routine visits to monitor efficient application of these tools, resulting in improved facilitation skills and better transfer of information to beneficiaries.	ECOSIDA significantly improved its supervision with CAP support. Supervisors developed ToRs for trips to clearly defined objectives. Supervision tools were applied consistently and technical staff and management conducted regular visits.
Component 3: SBCC Monitoring & Evaluation	2.5	2.5	0%		
Frameworks and Mechanisms	3.25	3.5	7.69%	TA to develop simple, practical monitoring	ECOSIDA developed good monitoring and reporting

				systems and adjustments to include new indicators. TA to correct application of monitoring tools. TA to review data presented in quarterly reports.	mechanisms that were consistently applied. Recording of referrals to other services than HTC can be improved.
Use of Research to Measure Impact	2	1.6	-20.00%	No TA was provided by CAP Mozambique in this area.	ECOSIDA attempted to assess participants' opinions at the end of the cycle but consistency and quality of the assessment needs to be improved. Also, ECOSIDA was mainly focusing on assessing satisfaction with debate sessions and not change in behavior.
Utilizing and Communicating Results	2.25	2.5	11.11%	TA on use of data during partner meetings and on-going monitoring visits. CAP created opportunities for and TA to present project results in national and provincial donor and coordination fora. TA to develop fact sheet for resource mobilization	ECOSIDA mainly analyzed data to measure achievements towards targets, not to assess quality of implementation. ECOSIDA is sharing data with donors and government but not with field level implementers. ECOSIDA can improve documenting lessons learned. The organization should also start preparing success stories.
TOTAL SCORE	2.84	3.06	7.74%		

Annex 22: Social and Behavior Change Communication (SBCC) Workshop Agenda

AGENDA DE TREINAMENTO SOBRE PROJECTOS QUE VISAM A MUDANÇA DE COMPORTAMENTO

Primeiro Dia: 15 de Setembro

Horas	Actividades	Material/Metodologia	Responsável
08:30-09:00	Boas Vindas aos Participantes Apresentação dos participantes Regras de Convivência Informação logística		Rosália
09:00-09:30	Expectativas Objectivos da capacitação	Data Show	Rosália
09:30-10:15	Teoria e conceitos gerais sobre a abordagem participativa de mudança sustentável de comportamento	Data Show Discussão em plenário	Lucia
10:15-10:35	LANCHE		
10:35-12:30	Teoria e conceitos gerais sobre a abordagem participativa de mudança sustentável de comportamento (continuação)	Data Show Discussão em plenário	Lucia
12:30-13:30	ALMOÇO		
13:30-15:00	Teoria e conceitos gerais sobre a abordagem participativa de mudança sustentável de comportamento (continuação)	Data Show Discussão em plenário	Lucia
15:00-15:15	DINÂMICA DO NAFEZA		
15:15-16:45	Abordagem participativa de mudança sustentável de comportamento enquadrada nos planos estratégicos dos parceiros	Data Show Discussão em plenário	Rosália
16:45-17:00	Avaliação	Cartolinas e Marcadores	Todos

Segundo Dia: 16 de Setembro

Horas	Actividades	Material/Metodologia	Responsável
08:30-09:00	Revisão do dia anterior		Rosália
09:00-10:15	Participação comunitária e sua influência na mudança sustentável de comportamento	Data Show	Lucia
10:15-10:35	LANCHE		
10:35-12:30	Participação comunitária e sua influência na mudança sustentável de comportamento	Data Show	Lucia
12:30-13:30	ALMOÇO		
13:30-15:00	Identificar oportunidades de RFA	Data Show Discussão em plenário	Rosália
15:00-15:15	DINÂMICA DO OPHAVELA		
15:15-16:45	Desafios na resposta de um RFA	Discussão em plenário	Rosália
16:45-17:00	Avaliação	Cartolinas e Marcadores	Todos

Terceiro Dia: 17 de Setembro

Horas	Actividades	Material/Metodologia	Responsável
08:30-09:00	Revisão do dia anterior		Rosália
09:00-10:15	Revisão de um RFA e escolha de um RFA para responder	Data Show	Lucia
10:15-10:35	LANCHE		
10:35-12:30	Resposta de um RFA identificado por cada organização – FASE 1	Data Show	Rosália
12:30-13:30	ALMOÇO		
13:30-15:00	Apresentação de um parceiro KUKUMBI	Data Show Discussão em plenário	Rosália
15:00-15:15	DINÂMICA DO CCM		
15:15-16:45	Resposta de um RFA identificado por cada organização – FASE 2	Discussão em plenário	Rosália
16:45-17:00	Avaliação	Cartolinas e Marcadores	Todos

Quarto Dia: 18 de Setembro

Horas	Actividades	Material/Methodologia	Responsável
08:30-09:00	Revisão do dia anterior		Rosália
09:00-10:15	Apresentação de um parceiro OPHAVELA	Data Show	Lucia
10:15-10:35	LANCHE		
10:35-12:30	Resposta de um RFA identificado por cada organização – FASE 3	Data Show	Rosália
12:30-13:30	ALMOÇO		
13:30-15:00	Apresentação de um parceiro ANDA	Data Show Discussão em plenário	Rosália
15:00-15:15	DINÂMICA DO KUKUMBI		
15:15-16:45	Resposta de um RFA identificado por cada organização – FASE 4	Discussão em plenário	Rosália
16:45-17:00	Avaliação	Cartolinas e Marcadores	Todos

Quinto Dia: 19 de Setembro

Horas	Actividades	Material/Methodologia	Responsável
08:30-09:00	Revisão do dia anterior		Rosália
09:00-10:15	Apresentação de um parceiro CCM	Data Show	Lucia
10:15-10:35	LANCHE		
10:35-12:30	Resposta de um RFA identificado por cada organização – FASE 5	Data Show	Rosália
12:30-13:30	ALMOÇO		
13:30-15:00	Apresentação de um parceiro NAFEZA	Data Show Discussão em plenário	Rosália
15:00-15:15	DINÂMICA DO ANDA		
15:15-16:45	Próximos passos: plano por organização	Discussão em plenário	Rosália
16:45-17:00	Avaliação e encerramento	Questionário	Todos

Annex 23: Assessment of Partners' Use of Child Status Index (CSI)

Can we make it easier to assess needs, manage care, and measure impact of OVC services?

A Pilot to Test the electronic Child Status Index (CSI) tool in Mozambique

1. Introduction

CAP Mozambique¹ is first and foremost a capacity-building initiative funded by USAID/Mozambique, under the President's Emergency Program for AIDS Relief (PEPFAR). Working in six provinces, it employs grants, training and technical assistance as its primary mechanisms for strengthening institutional performance and sustainability of Mozambican CBOs, NGOs, FBOs², networks and associations. CAP's grantee/partners implement HIV prevention programs, provide support to orphans and vulnerable children (OVC) or promote good young child and infant feeding practices Maputo Province and City, Zambezia, Nampula, Manica and Sofala. They also address gender issues and help prevent/mitigate gender based violence. Since 2009, CAP has committed more than US\$13 million through 48 grants to Mozambican civil society organizations.

CAP encourages partners to adhere to government policies and guidelines. For OVC partners, this means applying the Minimum Standards for OVC Care and Support and associated tools developed by the Ministry of Women and Social Action (MMAS). The Minimum Standards address essential actions and desired outcomes of OVC care. They provide stakeholders guidelines in seven key areas of OVC support—health, education, nutrition, psycho-social support, shelter, economic strengthening, and protection and legal support. The Minimum Standards include an individual needs assessment tool, called the Child Status Index. MEASURE Evaluation, a USAID/PEPFAR-funded not-for profit organization, developed the CSI in 2008. MMAS adapted the tool to fit the local context and approved it in 2013.

After 2-3 years of supporting OVC partners in applying MMAS guidelines, CAP wants to assess the impact of partners' interventions on child well-being. Current efforts to assess and evaluate care and services entail using a paper-based tool to collect data and develop a care plan. CAP and its partners want to get more out of the data. We want to be able to evaluate whether our interventions are making a difference.

An electronic version of the CSI assessment tool³ promises to fill this gap. Adapted by VP Health Systems, a software company that specializes in developing and supporting ICT solutions in the field of health and social development, electronic CSI tool facilitates an assessment of outcomes of intervention. The tool has been successfully applied to projects in Lesotho, Kwazulu Natal (KZN) and Gauteng South Africa. CAP will work with VP Health to adapt the electronic CSI tool for Mozambique and pilot it with three partners.

¹ Strengthening Leading Mozambican NGOs and Networks (hereinafter referred to as CAP Mozambique) is an Associate Award under USAID's Capable Partners Program (CAP). It is funded by USAID/Mozambique, under the President's Emergency Program for AIDS Relief (PEPFAR) through a cooperative agreement, and managed by FHI 360. The project is currently in its second phase and will continue until July 2016.

² CBOs—community based organizations; NGOs—non-governmental organizations; FBOs—faith based organizations.

³ VP CSI is a software application based on the Child Status Index assessment tool originally developed by UNC Carolina Population Center and funded by PEPFAR/USAID.

In parallel, UNICEF, in the context of its support to MMAS and INAS, (*Instituto Nacional de Apoio Social*) is assessing whether to introduce the CSI tool as an integral part of a case management system being developed at the district level. This pilot will contribute to the body of evidence to assess the CSI's utility in this context.

The following defines the planned pilot of the electronic CSI tool pilot including the objectives, process, roles and responsibilities, timelines and expected outcomes.

2. MMAS minimum guidelines and tools

MMAS developed the Minimum Standards to:

- Improve assistance provided to children in all (seven) domains;
- Ensure the quality of interventions provided by various stakeholders to OVC and to enable comparison between various interventions;
- Guarantee the well-being of children in their communities; and
- Facilitate monitoring and evaluation of the support activities⁴.

The Minimum Standards provide guidance on essential actions and desired outcomes to stakeholders involved in supporting OVCs. They include a tool – the Child Status Index (CSI) – that aims to assess an individual child's needs for support in seven domains—health, education, nutrition, psycho-social support, shelter, economic strengthening, and protection and legal support. Trained field workers conduct interviews and make observations based on which they score a child in each domain. Based on the assessment findings, field workers develop a care plan for the child. The CSI is designed to be repeated after six months to determine changes in the child's situation and re-assess the type of support needed.

The CSI was initially developed in 2008 by MEASURE Evaluation, a USAID/PEPFAR funded not-for profit organization. MEASURE Evaluation issued a second edition in 2013. According to MEASURE, the original objectives of the CSI were to¹:

“Meet demand for a tool that could be implemented by low-literate (typically volunteer) community caregivers to periodically capture children's status across the six domains of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) programming for children who are orphaned and made vulnerable by HIV/AIDS: food and nutrition; shelter and care; protection; health; psychosocial; and education and skills training.”

However, the CSI has been applied for a range of uses, mainly conducting needs assessments, either for individual children or at a programmatic level, monitoring change in the status of individual children, and making decisions about services provided to children.

Based on their review of the literature and interviews with implementing organizations that have used the CSI, Measure Evaluation has identified three key uses for the CSI:

1. Case management. The primary use for the CSI is in identifying the needs of individual children, determining what services can best support them, and following the child to assess whether s/he is receiving the services identified.

⁴ Padroes Minimos de Atendimento a crianças, MMAS (Document is not dated)

2. Monitoring. The CSI is also useful in monitoring who is being served, the services being provided, and individual contact history and change over time.
3. Program planning. The CSI can also be used to identify service needs that are common in a local area, helping organizations to understand where they might focus their efforts.

The CSI has also been shown to have a number of benefits for programs. First, it serves a rapport-building function by providing introductory questions that a volunteer or other provider can use in talking with a child and her/his family. Going through the process of implementing the CSI also orients care workers to the holistic needs of vulnerable children. By including a range of domains in which children need support, it helps individual workers to think more broadly and beyond their own area of expertise in considering the needs of each child. Furthermore, this approach promotes an individualized approach to supporting children that can better provide for the needs of individuals rather than the needs of families or communities. It helps programs to focus on desired outcomes, like child is attending and succeeding in school, rather than on specific inputs for the child. Finally, through a scoring system, it allows trained care workers/volunteers to identify urgent situations that require immediate attention and can be used in conjunction with other information to determine how to address these urgent needs.

In 2009, MMAS with the assistance of UNICEF and a number of INGOs, including FHI 360, began a process of piloting and adjusting the CSI to Mozambican reality. In July 2013, MMAS officially approved the tool. Mozambique's CSI attempts to limit subjective interpretation of interview findings and observations by providing more detailed questions within each domain. As a result, scoring and comparing results of repeat assessments to assess impact on child well-being is more complex.

3. CAP partners' assessment of CSI benefits and challenges

CAP currently has 13 CBO partners that are applying the CSI. CAP and its partners train field workers on the use of the CSI prior to application and provide regular TA during the design and implementation of the care plans. CAP partners apply a different version of the MMAS-approved CSI. This should not influence the pilot outcomes as the differences are minimal and the electronic CSI tool can be adapted to be used for either version.

Between August and September 2014, CAP conducted a rapid assessment in preparation of electronic CSI tool pilot with three partners that have applied the CSI at least twice. The objective of the Rapid Assessment was to better understand the benefits, challenges and impact of the CSI from an implementer's perspective. The Rapid Assessment results indicate the following:

Benefits:

1. Enables front line workers to assess the real needs of a child and prioritize support accordingly
2. Enables front line workers to involve the family in assessing the needs, determining priorities and developing actions
3. Enables an organization to work in a more systematic and organized manner
4. Enables an organization to assess the impact of its work at an individual level

Impact:

1. Families take more responsibility for the well-being of their children as evidenced by increased involvement in children's school life – both in terms of increased interaction

- between school and parents and the involvement in homework supervision – and by an increase in visits to health care centers
2. Joint analysis and planning strengthens the relationship between the families and the frontline workers

Challenges:

1. Certain domains, e.g. those that assess psycho-social well-being and shelter are difficult to evaluate.
2. Applying the tool raises expectations on the part of families that cannot always be met
3. It is not an easy tool – in the beginning, frontline field workers need thorough training and supervision to apply the tool correctly and develop appropriate care plans
4. The large volume of information generated can not necessarily be processed or responded to

4. VP Health’s Electronic Child Status Index measurement tool: features, potential and challenges

The CSI initially was developed as a paper-based tool to assess the needs of vulnerable children and develop a care plan to guide case management. VP Health Systems developed software that transformed the paper based tool into an electronic tool and added various tracking and recording features aimed at improving case management, impact analysis and reporting. VP Health has successfully implemented the tool in projects in Lesotho, KZN and Gauteng South Africa.

The electronic CSI tool has the ability to:

1. Store a unique record per child which contains essential demographical information;
2. Store multiple CSI child assessments thereby providing a historical overview of the child’s well-being;
3. Link care plans to a specific CSI assessment and has options to manage the CSI care plan by alerting users to required actions;
4. Store information on services provided to the child by other service providers;
5. Store longitudinal medical records;
6. Track children with poor assessment per domain;
7. Track children that demonstrate an improved assessment per domain;
8. Provide customised Monitoring and Evaluation with dynamic generation of denominators, numerators and indicators, with reports generated based on selected variables; and
9. Generate a dashboard for high level monitoring and reporting on child assessment.

The potential benefits of the electronic CSI tool are:

1. Visualization of information about either an individual child or a cohort of children that facilitates formulation of individual interventions and programmatic decision making;
2. Comprehensive child record management at implementer and more centralized levels;
3. Improved accountability for child welfare;
4. Direct link to M&E activities;
5. Comprehensive and selective report generation; and
6. Scalable solution for all M&E activities.

Based on the implementation experiences in Lesotho, KZN and Gauteng South Africa, VP health and CAP identify the following potential challenges to the application of the electronic CSI tool in Mozambique:

1. The quality of the data captured and processed in the system will determine the quality, accuracy and usefulness of the analysis;
2. The acceptability and ability to use the software;
3. The management of the system and ITC support required to keep it up and running; and
4. Connectivity – the system preferably uses 3G/ADSL to allow uploading of child data. To aggregated data at a more centralized level, a network switch (100Mb) is required with wired cabling or wireless connectivity allowing application to connect to a database.

To further improve the utility and efficiency of the electronic CSI tool, VP Health intends to develop a CSI application for handheld devices. The aim would be to improve quality and efficiency of recording of assessment results. VP health and FHI 360 will make available two to three handheld devices to pilot the application. Only a sub-sample of the CSIs collected for the pilot will be collected using a handheld device.

The pilot will confirm if the tool provides the expected benefits and if challenges can be overcome so that the tool can be taken to scale by projects working with OVC in Mozambique.

5. Piloting the electronic CSI tool

5.1 Pilot objectives

The overall objective of piloting the electronic CSI tool is focused on feasibility of implementing the system in the Mozambican context. CAP and VP Health will assist CAP partners to retro-actively process the data collected via the baseline and one re-applications of CSI. The third CSI application will be immediately processed. The analysis will be conducted with the baseline and two repeat applications.

Their specific objectives include:

- a. Are CSOs able to use the electronic CSI tool (ease of use, barriers to use, how would they improve, etc)? If so, what level of staff?
- b. Does the electronic CSI tool make it easier for individuals at the CSO level to identify areas of need, required and responses to needs, and areas of improvement for a child?
- c. Are program managers able to use the electronic CSI tool for programmatic decisions?
- d. How does the electronic CSI tool affect use of the data by CSOs, if at all?
- e. Does the electronic CSI tool facilitate reporting by the CSOs?
- f. Does the electronic CSI tool facilitate analysis of data, allowing for an assessment of outcomes at either the individual or CSO level?
- g. Does the electronic CSI tool application on handheld devices work?
- h. Are CSOs able to use handheld devices?
- i. Is data collection via handheld devices more efficient than paper-based data collection?

5.2 Feasibility study

CAP and VP Health will prepare a separate document that describes the feasibility study. This document will be available by mid-November 2014.

5.3 Selecting Pilot Sites

Three sites were selected to pilot the CSI software, representing the range of competencies in OVC service delivery, and M&E and reporting skills. The sites were selected based on the following criteria:

- a. Number of CSI applications: at least twice
- b. Level of competency in applying CSI, developing care plans and providing services: two pilot sites are doing well, one site is struggling
- c. Level of competency in adhering to CAP reporting procedures (timely and only with minor errors): two pilot sites are doing well, one site is struggling
- d. Interest in participating in the pilot

5.4 Time line for the Pilot (2014-2015)

Electronic tool adapted to reflect Mozambique's CSI	Mid October
Appropriate equipment available	November
Data processor for two prior CSI applications available	November
Trial of electronic CSI tool in one site (Maputo)	November
Feasibility study document available	November
CBO staff trained on use of electronic CSI tool	November/December/January
Data of two prior CSIs processed	November/December/January
Third CSI conducted	November/December/January
Data from third CSI processed	December/January/February
Feasibility study	February/March
Report on findings of pilot finalized and presented to MMAS and other interested parties	April

5.5 Human Resource and Equipment Requirements

FHI 360/CAP Deputy Chief of Party will manage the pilot. CAP will recruit additional short-term staff to assist partners with retroactive data entry of two prior CSI applications. For the third CSI application and data processing, partners will not recruit additional staff to avoid distorting reality and interference with the pilot objective. CAP Mozambique will assist partners to prepare for and monitor implementation of the next CSI application as usual. FHI 360/CAP and VP Health will jointly support data analysis without additional personnel.

VP Health will provide the IT specialists and trainers to prepare the partners for implementation using the electronic tool. VP Health will also provide IT specialists to adjust the electronic CSI tool after the pilot if required.

Ideal laptop Specifications:

- Intel Ulv Core I3-3217u(bga)
- 15.6 Hd 200 Csv Ld, Ddr3l 1600 4gb
- 2.5 Sata 750g 5400,

- 9.5mm 8x Dvd-supermulti,
- Non Intel 11bgn+bt-m.2(1x1)150mbps,
- 0.9m Ff Hd Type13a-usb W - Micx1
- Win8.1 SI 64bit

6. Roles, Responsibilities and Financial Inputs

FHI 360/CAP Mozambique

- a. Provide CSI specifications to VP Health (especially for data visualizations)
- b. Plan implementation
- c. Translate training materials
- d. Enter data retrospectively
- e. Organize training of users (data entry and data use)
- f. Support users (CSI and data use)
- g. Assess pilot (data collection, analysis and reporting)
- h. Provide 1-2 handheld devices
- i. Communication with USAID, INAS and MMAS Present results to MMAS, INAS, USAID and UNICEF jointly with VP Health

VP Health

- a. Provide electronic CSI tool with needed adaptations, especially data visualizations
- b. Install electronic CSI tool on CAP and CSO computers
- c. Train electronic CSI tool users in Nampula, Manica and Maputo
- d. Provide IT support during pilot
- e. Support CSO analysis
- f. Provide one handheld device and application
- g. Contribute to assessment of pilot (data collection, analysis and reporting)
- h. Present results to MMAS, INAS, USAID and UNICEF jointly with CAP

Each party involved provides finances to meet its responsibilities.

ⁱ Ref to relevant MEASURE documents

Annex 23a: Partners by District and Type of Activity

Name of Organization	Area of Work supported	Province	District/Bairro
NAFEZA Zambezia	Community-Based Support for HIV Care and Treatment (CBSCT), HTC, GBV, referrals, defaulter tracing	Zambezia	Nicoadala District (Bilila, Nanthide and Mutchessane communities) and Inhassunge (Mucopia, Mussangane and Abreu communities) district
CCM-S	Community-Based Support for HIV Care and Treatment (CBSCT), HTC, GBV, referrals, defaulter tracing	Sofala	Chemba District (Sede do Distrito em todos os bairros e na localidade 3 de Fevereiro), Buzi District (Sede do Distrito em todos os bairros, e Posto Administrativo de Guara-Guara), Machanga District (Sede do Distrito em todos os bairros e na localidade de Chinhuque)
KUKUMBI OVC	OVC, referrals	Zambezia	Lugela District
KUKUMBI	Community-Based Support for HIV Care and Treatment (CBSCT), HTC, GBV, referrals, defaulter tracing	Zambezia	Nicoadala District (Nicoadala sede, Botao, and Namacata Communities), Mocuba District (Mugeba, Mulevane, and Alto Benfica Communities)
ANDA OVC	OVC, HTC, referrals	Manica	Manica District (Municipio de Manica e Chinhambuzi)
ANDA	Community-Based Support for HIV Care and Treatment (CBSCT), HTC, GBV, referrals, defaulter tracing	Manica	Manica District (Machipanda, Manica, Messica, and Vanduzi Communities) and Gondola District
OPHAVELA	Community-Based Support for HIV Care and Treatment (CBSCT), HTC, GBV, referrals, defaulter tracing	Nampula	Meconta district (Meconta-Sede, Corrane, Nacavala, and Namialo Communities), Murrupula district (Murrupula-Sede, Gazuzu, and Chinga communities) and Ribau District (Ribáuè-sede, Namigonha, Iapala, and Rente communities)

Annex 23a: Partners by District and Type of Activity

HACI	OVC, referrals	Maputo	Magude district, Matola district (Bairros de Machava Socimol 15, Tsalala, Khongolote e São Damanso), Maputo City (Kalhamankulo Bairro), Goba District, and Boane District
		Manica	Chimoio district (Bairro de Centro Hípico) and Gondola district (Bairros de Matamira)
NIIWANANE	OVC, GBV, referrals, defaulter tracing	Nampula	Bairros de Napipine e Natiquir - Nampula City.
Kubatsirana	OVC, referrals	Manica	Catandica and Machipanda districts
IBFAN/AMODEFA	Care and Treatment, referrals	Maputo	Katembe, Kamavota, Hlamanculo, Kamacaquene, Kamubukwane, Machava, Maracuene



ASSOCIAÇÃO NIIWANANE WAMPHULA
De Pessoas Vivendo Com HIV/SIDA e Solidários

QUESTIONÁRIO PARA RASTREAR
Violência Sexual Física – Crianças

Data da entrevista _____ Nome do entrevistador _____
(DD-MMM-AAAA)□□ - □□ - □□□□ (Nome, Meio, Apelido) _____

Bairro _____ U/C _____ Q _____

Nome do entrevistado _____
(Nome, Apelido) _____, _____ Sexo: F M Idade: 10-14 15-17

1. Já ouviu falar de violência física? Sim Não
2. Já ouviu falar de violência sexual? Sim Não
3. Conheces alguém que já tenha sofrido violência física ou sexual? Sim Não
4. Voce já sofreu violência física? Sim Não
5. Voce já sofreu violência sexual? Sim Não
6. Podes contar um pouco a historia (como foi)
.....
.....
7. Quantas vezes sofreu a violência? Física..... Sexual.....
8. Quando foi a última vez a sofrer a violência? Física...../...../..... Sexual...../...../.....
9. Quem foram os agressores (últimas 3 vezes) *Mencionar cada opção, coloque o nº de vezes em cada espaço abaixo*
 9.1. Pai..... 9.2. Mãe..... 9.3. Padrastró..... 9.4. Madrastra..... 9.5. Amigo
 (a).....(idade±anos) 9.6. Namorado (a)(idade±anos)
 9.7. Vizinho (a).....(idade±anos) 9.8. Pessoa desconhecida.....(idade±anos)
 9.9. Outro membro da família.....(idade±)Especifique _____.
10. Depois de você ser violentada (o),contaste a alguém? Se sim, a quem _____ Se não, porque?.....
11. Depois de você ser violentada (o), queixaste a alguém? Se sim, a quem _____ Se não, porque?.....
12. Depois de você ser violentada (o), foste aos hospital? Sim Se não, porque?.....
.....
13. Sabes que a violência é crime? Sim Não e, que deve ser denunciada? Sim Não

♪ Nota para o facilitador
Deve se dirigir a Unidade Sanitária antes de 72 horas para fazer teste no sentido de evitar a gravidez e evitar a contaminação pelo HIV. Para além disso, poderá se beneficiar de outros conselhos por parte dos Técnicos de Saúde. Porém, Mesmo se a pessoa tiver sido violentada depois de passar 72 horas, também deverá se dirigir a Unidade Sanitária, para testar outras doenças que poderá contrair em consequência da violação (Se a entrevistada for violada)



ASSOCIAÇÃO NIWANANE WAMPHULA
De Pessoas Vivendo Com HIV/SIDA e Solidários

QUESTIONÁRIO PARA RASTREAR
Violência Sexual Física – Adultos

Data da entrevista _____ Nome do entrevistador _____
(DD-MMM-AAAA) □□ - □□ - □□□□ (Nome, Meio, Apelido) _____

Bairro _____ U/C _____ Q _____

Nome do entrevistado _____, _____ Sexo: F M Idade: 18-24 25+

1. Já ouviu falar de violência física? Sim Não
2. Já ouviu falar de violência sexual? Sim Não
3. Conheces alguém que já tenha sofrido violência física ou sexual? Sim Não
4. Você já sofreu violência física? Sim Não
5. Você já sofreu violência sexual? Sim Não
6. Podes contar um pouco a história (como foi)
.....
.....
7. Quantas vezes sofreu a violência? Física..... Sexual.....
8. Quando foi a última vez a sofrer a violência? Física...../...../..... Sexual...../...../.....
9. Quem foram os agressores (últimas 3 vezes) *Mencionar cada opção, coloque o nº de vezes em cada espaço abaixo*
 - 9.1. Esposo (a).....
 - 9.2. Amigo (a).....
 - 9.3. Namorado (a)
 - 9.4. Vizinho (a).....
 - 9.5. Pessoa desconhecida.....
 - 9.6. Outro membro da família.....Especifique _____
10. Depois de você ser violentada, contaste a alguém? Se sim, a quem _____ Se não, porque?.....
11. Depois de você ser violentada, queixaste a alguém? Se sim, a quem _____ Se não, porque?.....
12. Depois de você ser violentada, foste aos hospital? Sim Se não, porque?
13. Sabes que a violência é crime? Sim Não e, que deve ser denunciada? Sim Não

♪ Nota para o facilitador

Deve se dirigir a Unidade Sanitária antes de 72 horas para fazer teste no sentido de evitar a gravidez e evitar a contaminação pelo HIV. Para além disso poderá se beneficiar de outros conselhos por parte dos Técnicos de Saúde. Porém, Mesmo se a pessoa tiver sido violentada depois de passar 72 horas, também deverá se dirigir a Unidade Sanitária, para testar outras doenças que poderá contrair em consequência da violação (Se a entrevistada for violada)

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA N A F E Z A

Questionário para assuntos de VBG2

Nome do Projecto: Nivuruwane Sida II Distrito: Nicoadala

Comunidade: Bairros da Sede

Bom dia ou boa tarde, na sequencia da nossa conversa, gostaríamos de abordar outras questões , esta interessado ou podemos falar sobre a conversa, se sim conversa e se não então volta num outro momento

Nome: _____

Sessão de rastreio

1. Conheces alguém que sofreu violência?
 - a. Sim → Siga para o número 2
 - b. Não → Siga para o número 4
2. Que tipo de violência esta pessoa sofreu?

3. O que aconteceu?
 - a. Houve queixa na autoridade comunitária
 - b. Foi levada ao hospital
 - c. Nada foi feito
 - d. Outro (especifique):

4. Você já sofreu alguma violência?
 - a. Sim → Siga para o número 5
 - b. Não → Siga para o número 14
5. Que tipo de Violência sofreu?
 - a. Psicológica
 - b. Física
 - c. Sexual
 - d. Económica
 - e. Outro (especifique):

6. Quando sofreu?
 - a. Ontem
 - b. Ante-ontem
 - c. Semana passada

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA
N A F E Z A

- d. Mês passado
 - e. A mais de 2 meses
7. Com que frequência?
- a. Foi uma vez
 - b. Frequentemente
 - c. Outro (especifique):
-
8. Quem foi o violador?
- a. Esposo
 - b. Parceiro
 - c. Namorado
 - d. Outro membro de família
 - e. Vizinho
 - f. Pessoa estranha
 - g. Outro (especifique):
-
9. Depois de sofrer a violência, que tratamento teve?
- a. Cuidados:
 - i. Medico
 - ii. Tradicional (MATRONAS E CURANDEIROS)
 - iii. Familiar
 - b. Nenhum –
 - c. Outro (especifique):
-
10. Como resolveu?
- a. Foi a policia
 - b. Tribunal
 - c. Lideres comunitários
 - d. GAMCVV
 - e. Nenhum: Go to question 12.
 - f. Outro (especifique):
-
11. Se sim, o que foi feito ao violador?
- a. Foi preso
 - b. Pagou multa
 - c. Não foi feito nada

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA
N A F E Z A

d. Outro (especifique):

12. Se não, porque não meteu a queixa?

- a. Medo _____
- b. Vergonha _____
- c. Mesmo queixando não resolvem
- d. Não sei onde queixar _____
- e. Outros (especifique) _____

13. Qual foi o resultado da violência?

- a. Ferimento
- b. Demência
- c. Escoriações
- d. Aborto
- e. Outros (especifique) _____

14. Gostaria de dizer alguma coisa depois desta conversa?

Se sofreu violação sexual no passado, por favor procure serviços que lhe vão apoiar a reduzir o risco de contrair algumas doenças. Visite o centro de saúde onde vão fazer o teste de HIV, infeções sexualmente transmissíveis, e de gravidez. Também vão dar apoio psicossocial e acompanhamento.

Muito obrigado pela colaboração

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA

N A F E Z A

Perguntas para as crianças

1. Alguém costuma bater a você?
 - a. Sim → Siga para o número 2
 - b. Não → Siga para o número 3
2. Se sim quem?
 - a. Mama
 - b. Papa
 - c. Tio
 - d. Mano
 - e. Outro
3. Alguém encosta em você, toca ou tocou as maminhas ou órgãos sexuais?
 - a. Sim → Siga para o número 4
 - b. Não → Siga para o número 5
4. Quem?

5. Alguém brinca com você de papá e mamã?
 - a. Sim → Siga para o número 6
 - b. Não → Termina a conversa com a criança
6. Quem?

Perguntas para as mães ou encarregado de educação da criança

1. Com quem deixa as crianças quando vais a machamba?
2. Algumas das suas crianças mudou de comportamento ultimamente?
fica isolado (a), triste, com medo de ficar sozinho (a)
3. Tem notado algum ferimento no sexo ou mancha na roupa interior?
4. Se sim, explicar o que fez.
5. Algumas das suas crianças voltou a fazer chichi na cama?
6. Se sim, quando, com que frequência e o que fez?

Dependendo das respostas a conselheira deve ser capaz de:

1. Identificar potenciais ameaças/vulnerabilidade das crianças que poder resultar em violação. Neste caso a conselheira deve fazer recomendações para diminuir tais ameaças, por exemplo, deixar a com a avô/tia, em vez de deixar sozinhas ou com vizinhos.

NÚCLEO DAS ASSOCIAÇÕES FEMININAS DA ZAMBÉZIA
N A F E Z A

2. Se uma das crianças voltou a fazer chichi, começou a chorar frequentemente ou a ficar isolada, pode ser sinal de ter sofrido violação. Neste caso, a conselheira deve conversar com a mãe sobre a possibilidade de tal ter ocorrido e abordar a questão de acordo com o previsto no protocolo.

Annex 25: GBV Response Protocols for ANDA and NIIWANANE



ANDA - Associação Nacional Para o Desenvolvimento Auto- Sustentado

CP.111, Estrada Nacional 6, Telefax: 251 62164
 Cidade de Manica, Província de Manica, Moçambique
 E-mail: autanda@tdm.co.mz

ACÇÕES	NIVEIS DE INTERVENÇÃO	Intervenientes	
		ANDA	OUTROS
VIOLÊNCIA SEXUAL - ADULTO			
Identificar sinais de violência	Informação		
	Envolvimento		
	Responsabilização	Assistente/Oficial de prevenção.	
Conversar com a vítima usando o guião do rastreio	Informação		
	Envolvimento		
	Responsabilização	Assistente Social/ Oficial de Prevenção	
Sensibilizar a vítima a se dirigir a unidade sanitária dentro de 72h após a violação para receber o tratamento de profilaxia pós exposição (PPE). Mesmo depois das 72h a vítima deve ser sensibilizada a se dirigir a US para receber o tratamento.	Informação		
	Envolvimento		Família, se vítima consentir
	Responsabilização	Assistente Social/ Oficial prevenção	
Se houver resistência por parte da vítima a ir a Unidade Sanitária, insistir 3 vezes. Se a reistencia continuar, respeitar a decisao da vitima	Informação		
	Envolvimento	Gestor do Projecto	Lideranças locais, se a vítima consentir
	Responsabilização	Assistente Social/ Oficial prevenção	Familia, se a vitima consentir
Referir a vítima a Unidade Sanitária e sugerir ser acompanhada por	Informação		Gestor de casos

alguém da família	Envolvimento	Equipe de gestão	Família mais próximo (confidente), se a vítima consentir
	Responsabilização	Assistente Social/ Oficial de prevenção	
Fazer seguimento ao nível da família para assegurar que a vítima está a fazer tratamento médico e providenciar APS e garantir que está livre de ameaças contínuas	Informação		
	Envolvimento	Equipe de gestão	Família mais próximo (confidente)
	Responsabilização	Assistente Social/ Oficial prevenção	
Fazer seguimento ao nível da Unidade Sanitária para saber se o processo transitou para GAMCVVD	Informação	Gestor de Projecto	
	Envolvimento	Facilitador	Família mais próximo (confidente)
	Responsabilização	Oficial de Prevenção	
Fazer seguimento do caso no GAMCVVD para saber em que situação está o processo até ao seu desfecho	Informação	Director Executivo, Gestor de projectos, Facilitador	
	Envolvimento		PRM, GAMCVVD e Procuradoria Família e a Vítima
	Responsabilização	Oficial de prevenção	
VIOLÊNCIA FÍSICA - ADULTO			
Identificar sinais de violência física	Informação		
	Envolvimento		
	Responsabilização	Assistente Social/Oficial de Prevenção	
Conversa com a vítima usando o guião do rastreio	Informação		
	Envolvimento		
	Responsabilização	Assistente Social/Oficial de Prevenção	

Sensibilizar a vítima a se dirigir a unidade sanitária para receber o tratamento necessário	Informação		
	Envolvimento		Família mais próximo, se a vítima consentir
	Responsabilização	Assistente Social/ Oficial prevenção	
Referir a vítima a Unidade Sanitária e sugerir que seja acompanhada por um familiar mais próximo	Informação	Gestor de Casos	
	Envolvimento	Equipe de gestão	Família mais próximo, se a vítima consentir
	Responsabilização	Assistente Social/ Oficial de prevenção	
Sensibilizar o violador para mudança de comportamento usando a lei contra violência doméstica.	Informação		
	Envolvimento	Oficial de prevenção	Liderança comunitária
	Responsabilização	Assistente Social	
Fazer seguimento ao nível da família para assegurar que a vítima está a fazer o tratamento médico e providenciar APS e garantir que não continue sujeita a ameaças	Informação		
	Envolvimento	Equipe de gestão	Lideranças locais I
	Responsabilização	Assistente Social/ Oficial prevenção	Família mais próximo
Fazer seguimento ao nível da Unidade Sanitária para saber se o processo transitou para o GAMCVVD	Informação	Gestor de Projectos	
	Envolvimento	Facilitador	Família mais próximo
	Responsabilização	Oficial de Prevenção	
Fazer seguimento do caso no GAMCVVD para saber o ponto de situação até ao seu desfecho	Informação	Director Executivo, Gestor de Projectos,	
	Envolvimento	Facilitador	PRM, GAMCVVD e Procuradoria, Família e a vítima
	Responsabilização	Oficial de prevenção	

Agosto, 2014



PROTOCOLO DE RESPOSTA PARA CASOS DE VBG

Violência Sexual – Crianças

ACÇÕES	NIVEIS DE INTERVENÇÃO	ACTORES	
		NIWANANE	OUTROS
1. Identificar sinais de Violência Sexual	INFORMAÇÃO	√ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Animador e Activista Chefe	
2. Reportar sinais de Violência Sexual	INFORMAÇÃO	√ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	
3. Conversar com a criança para aprofundar o ocorrido com <u>base no questionário de rastreio</u>	INFORMAÇÃO	√ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	
4. Se a vítima(criança) disser que foi violentada, deve-se apelar para se dirigir a Unidade Sanitária para fazer a PPE (Proflaxia Pós Exposição) dentro de 72 horas depois da ocorrência da violação. <i>N.B: Se for depois de 72 horas também a vítima deve se dirigir a Unidade Sanitária "Pedir permissão para informar a família"</i>	INFORMAÇÃO		
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	
4.a) Em caso de resistência da vítima, para se dirigir a Unidade Sanitária e/ou partilhar informação com familiares, deve-se envolver outras pessoas dentro da organização ou a pessoa que a vítima confidenciou	INFORMAÇÃO	√ Director Executivo √ Gestor de Programas	
	ENVOLVIMENTO	√ Supervisora do campo	√ Pessoa Confidente
	RESPONSABILIZAÇÃO	√ Activista Chefe	
5. Encaminhar a vítima a Unidade Sanitária	INFORMAÇÃO	√ Director Executivo √ Gestor de Programas	√ Chefe do Quarteirão

		√ Técnicos de Prevenção √ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	√ Mãe/Cuidadores
6. Monitoria do caso ao nível da família (saber se a vítima e a mãe/cuidador esta fazer control e, se esta a seguir orientações médicas)	INFORMAÇÃO	√ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	
7. Monitoria do caso ao nível da Unidade Sanitária (saber se a vítima e a mãe/cuidador esta fazer control e, se esta a seguir orientações médicas)	INFORMAÇÃO	√ Supervisor do Campo	
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Activista Chefe	
8. Monitoria do caso ao nível do Posto Policial (saber com Chefe da Unidade sobre o ponto de situação do caso)	INFORMAÇÃO	√ Director Executivo √ Gestor de Programas	√ Mãe/Cuidadores √ Vítima √ Pessoa Confidente √ Secretário do Bairro
	ENVOLVIMENTO	√ Supervisor do Campo	√ Posto Policial
	RESPONSABILIZAÇÃO	√ Activista Chefe	√ Chefe da Unidade
9. Monitoria do caso ao nível da Procuradoria (saber sobre o desfecho do caso.	INFORMAÇÃO	√ Gestor de Programas √ Técnicos de Prevenção √ Supervisor do Campo √ Activista Chefe √ Animador	√ Mãe/Cuidadores √ Vítima √ Pessoa Confidente √ Secretário do Bairro
	ENVOLVIMENTO		
	RESPONSABILIZAÇÃO	√ Director Executivo	

Julho 2014

2014 CAP Mozambique Data Verification Report

From October 1, 2013 – September 30, 2014, CAP conducted 8 data verification visits of its grant recipients, and facilitated one additional exercise with the Programa Para el Futuro (PPF) program. CAP's policy is to conduct a data verification exercise annually with each grantee, or more frequently if regularly scheduled monitoring visits indicate that extra attention to data collection and reporting is warranted. This exercise is conducted jointly with the partner, as it is an important learning opportunity for partners.

This process traces data collected at its origin (i.e., an *activista* recording participation in prevention sessions) through reporting to CAP Mozambique and USAID. In the case of our OVC partners, this includes the registry of data from origin sources into an OVC database prior to reporting as well. In order for the data verification process to be effective, the organization needs to have been implementing for at least a few months. This enables CAP Mozambique to compare data across a number of sessions, geographic locations, and implementers (*activistas*). This process is accompanied with information collected during regular monitoring visits, where CAP M&E and Program staff regularly communicate with beneficiaries, *activistas* and supervisors about project activities.

Any gaps in the system are discussed with the partner, and TA is provided to improve performance. If there are doubts about the data being presented to CAP, conversations with beneficiaries and other project staff are built into the data-verification process as well. In more than a few cases, this has helped CAP determine the real causes behind data quality issues.

CAP approaches data verification through a capacity-building lens. It is not altogether easy to determine whether data is being reported incorrectly due to human error, or it is being falsified. CAP engages the partner staff, supervisors/*activistas*, and beneficiaries to first gain a complete understanding of the situation before making a decision on how to handle data that does not meet our standards of integrity. In most cases, CAP's partner recognizes and agrees with the final decisions made to accept or not accept the data being presented. The data verification process has in fact been cited by many partners as a very important learning process, which they attempt to replicate within their own organizations.

Following the data verification exercise, the M&E Team then tracks the partner's progress in meeting data quality standards.

Data verification visits were conducted with ANDA, NAFEZA, KUKUMBI, PPF, OPHAVELA, NIIWANANE, CCM Sofala, IBFAN, and HACI. A brief summary of each of these exercises is included below, with references to annexes of the full reports from these visits. Due to the workload of the CAP M&E Team, when limited negative findings are found during a data verification visit, feedback is provided to the partner in person and followed-up by Email. Should more serious issues come out of a data verification visit, a formal report is sent to the partner. The reports in the annex to this document include both forms of feedback.

In the five organizations that participated in a second (or third) data verification exercise this fiscal year, three organizations demonstrated a marked improvement in the quality of data reported to CAP. One of these organizations, CCM Sofala, instituted their own internal data verification exercises in the interim, which contributed to these positive results. The two organizations that did not demonstrate visible improvement – HACI and IBFAN – are both umbrella organizations. CAP recognizes the challenges faced

by umbrella organizations in ensuring quality data collection and reporting, and provides additional TA to these organizations to support them in this intermediary role.

ANDA OVC (Manica Province) – December, 2013

This was the second data verification check for ANDA's OVC grant, and the third for the organization overall. In general, data collected by ANDA is of good quality. There were some inconsistencies in the data collection sheets used by *activistas* to record services provided to OVC and their families. For example, at times the detail describing the activity did not match the service marked on the sheet or details were provided without a service indicated. It was also apparent that some *activistas* struggled to understand which activities could be identified as psycho-social support services. In addition, there were some discrepancies between ages reported on data collection sheets and the ANDA OVC database, and data archives were not well organized. CAP recommended that ANDA review the psycho-social support training package and MMAS minimum guidelines again to fully understand where activities should be classified, organize its OVC files, and provide additional support to *activistas* to improve the quality of data collected. ANDA struggled with data collection and reporting in the past, but in recent monitoring visits and this data collection exercise, it is apparent that the organization has overcome these challenges and now reports quality data. Full report in Annex 1.

In a follow-up monitoring visit conducted with ANDA some months after the data verification visit, CAP observed that ANDA had improved its data quality, particularly in relation to registering psycho-social support. Following the data verification exercise, ANDA had convened a meeting with *activistas* to clearly explain the psycho-social support service area and review the materials provided in the training from CAP. *Activistas* were then able to clearly register these services when provided to beneficiaries. CAP also observed during this visit that ANDA's archives had been reorganized, and the organization now has among the best archives of CAP's partners.

NAFEZA (Zambezia Province) – February, 2014

This was the first formal data verification exercise for NAFEZA. In FY13, NAFEZA and CAP conducted a joint exercise to make programmatic decisions based on data, but the sample size and process for that exercise were smaller than a typical CAP data verification check. For the most part, NAFEZA reports quality data. A few key issues arose during the data quality exercise: a) participants and/or *activistas* signing participant lists on behalf of others, b) different terminology used across data collection sheets for "absent", c) lack of supervisor signatures on data collection sheets (indicating a potential lack of verification of data by supervisors), and d) minor differences in data collected and data reported. Based on these observations, CAP recommended that NAFEZA initiate its own regular data verification exercises, review with *activistas* the guidelines for how to complete data collection sheets, and ensure that a minimum of two individuals verify all data before it is submitted formally to CAP. During observation of NAFEZA *activistas* during project implementation, CAP observed a significant increase in their capacity to correctly use project data collection sheets. Full report in Annex 2.

Following the data verification exercise, NAFEZA began verifying data with a second individual before sending reports to CAP, which improved the quality of the data presented. The organization also initiated quarterly data verification exercises internally. During the question/answer process to finalize the last quarterly report for this fiscal year, the NAFEZA team already had answers prepared to respond to CAP's questions, as these same questions had arisen during their data verification exercise and had already been explored and resolved.

KUKUMBI (Zambezia Province) – February, 2014

This was the first formal data verification exercise for KUKUMBI. In FY13, KUKUMBI and CAP conducted a joint exercise to make programmatic decisions based on data, but the sample size and process for that exercise were smaller than a typical CAP data verification check. Kukumbi's data was found to be of acceptable quality during the data verification visit conducted together with the partner in February. Some of the issues found include: a) participants and/or *activistas* signing participant lists on behalf of others, b) ages erased from data collection sheets, c) lack of supervisor signatures on data collection sheets (indicating a potential lack of verification of data by supervisors), and d) minor differences in data collected and data reported. Data archives were found to be in good shape. To improve upon the weaknesses noted during the visit, it was suggested that Kukumbi strengthen its supervision over data collection and reporting, discuss data quality during planning meetings, and discuss the implications of the findings of the exercise. Kukumbi also will ensure in future that the compilation and transfer of data will be verified by at least two people. Full report in Annex 3.

Following the data verification exercise, Kukumbi has not yet been able to organize for another person to verify data before the report is sent to CAP. CAP will encourage Kukumbi to find a way to resolve this issue.

PPF (Sofala Province) – February, 2014

PPF is a component of CAP Mozambique implemented through two civil society organizations in Beira. The data verification exercise was conducted with staff from these organizations as well as the PPF team. PPF was found to struggle with quality data collection and reporting during this exercise. Some of the main issues identified include: a) the practice by *activistas* of recording home visit data into notebooks and later transferring to project data collection sheets (resulting in the loss of detail and delay in reporting), b) lack of understanding by *activistas* about what counts as an OVC service, poor supervision of *activistas* in the field, as well as of the partners by PPF, and differences in the data presented in the data collection sheets and the results reported. Following this visit, it was determined that PPF's partners should re-focus their efforts on providing vocational education to youth, as this was the original intent of the project and their training

Following the data verification exercise, it was determined that PPF would focus its scope on the vocational and educational classes for OVC youth, rather than activities with OVC and their families in the community. Due to this change, the challenges observed during the data verification exercise are no longer issues. However, a need for increased support to PPF's sub-partner has still been observed to ensure quality data reporting.

OPHAVELA (Nampula Province) – March, 2014

This was OPHAVELA's first data verification exercise, and a number of issues related to data quality that require attention were identified. These issues include: a) data collection sheets that had been altered, missed supervisor's signatures, and/or had information recorded in the wrong columns, b) registry of individuals outside of the organization's target group for the intervention, c) non-reporting of individuals on data collection sheets that indicated full attendance at sessions, d) lack of understanding by M&E Assistant about project indicators, and e) differences in data between the fichas, aggregate fichas of the supervisors, and data reported to CAP. It was discovered during this visit that the M&E Assistant – who was new to the organization and had not participated in CAP training and TA on M&E in the past – had not received an orientation to the indicators, targets, and M&E processes for this project. CAP Mozambique recommended that OPHAVELA provide orientation/training to the M&E Assistant (and on-

going technical assistance), discuss the results of the data verification exercise with all levels of the project, aggregate data at the supervisor level together with *activistas* for an initial period to improve understanding of the process, and ensure that at least two individuals verify data prior to reporting to CAP. Full report in Annex 5.

Following the data verification exercise, OPHAVELA continues to face challenges with data collection and reporting. The individual to whom CAP Mozambique was providing technical assistance is no longer with the organization, and this position is still vacant. All M&E duties currently fall to the Program Manager, and the process of transferring, verifying, and reporting data is taking quite a long time – resulting in delays in reporting to CAP. OPHAVELA is in the process of contracting a new M&E staff member.

NIIWANANE (Nampula Province) – March, 2014

This March 2014 data verification was the second such exercise for Niiwanane, and the organization demonstrated great improvements in the quality of data reported. In this round CAP identified 1% of data collection sheets which included detail information that did not correspond to the service indicated (compared to 5% of data sheets in the first exercise). Fewer than 1% of data sheets had no details listed for service areas (compared to 3-5% in the first exercise). CAP identified less than 1% of differences in the OVC registered on data collection sheets and those reported in the Niiwanane database (compared to 6% in the first data exercise) – indicating a high level of data quality. Niiwanane’s archives are also well organized. As Niiwanane is expanding into reporting on new activity areas, CAP suggested that additional staff members at Niiwanane are trained to ensure that more than one individual is verifying data prior to reporting to CAP. Full report in Annex 6.

Following the data verification exercise, Niiwanane included additional staff members in the data transfer process. Niiwanane *activistas* transfer the data, verified by field supervisors. From this point, the Project Officer verifies the data, with one final revision by the Executive Director. While this may seem cumbersome, there are two distinct advantages to having so many individuals involved on this project: a) the complexity of Niiwanane’s activities has increased the complexity of their data reporting multi-fold, and b) including more individuals brings staff members at all levels of the organization closer to the results that are the fruit of their efforts in the field.

CCM -S (Sofala Province) – March, 2014

This was CCM Sofala’s second data verification exercise, and 99% of the data checked was found to be of good quality. In the three questionable instances, the state of the data collection sheet made it impossible to judge whether the participants were present or absent for the activity. Data on the sheets corresponded with the results reported to CAP, and archives were well organized. It is important to note that following their first data verification exercise together with CAP, CCM Sofala initiated internal data verification exercises, resulting in higher quality data reported to CAP. Full report in Annex 7.

IBFAN (Maputo Province) – May, 2014

The May data verification visit was the second for IBFAN, and the organization was found to be struggling with collecting and reporting quality data. IBFAN implements activities through network members, so the organization must regularly provide support to its network members. During this exercise, the following issues were identified: a) incorrect completion of data collection sheets, b) holding debates with fewer than 6 participants (limiting the effectiveness of the debates), c) lack of ages on data collection sheets (when reporting by age is a requirement), d) participants recorded that are outside of the project’s target group, e) sheets with signatures but without names, f) mixing up of ages and gender on the sheets, g) lack of details on the follow-up forms, h) lack of use of referral log to

register referrals, and i) inconsistencies in the data reported on data collection sheets and that reported to CAP. CAP provided the following action steps for IBFAN: disseminate the results of the data verification exercise with all activistas, learn from the activistas the difficulties they are facing in data collection, describe the process for data collection, compilation, and reporting to activistas. It was also recommended that IBFAN remind partners that activistas should be using the referral guide and referring individuals to health clinics as appropriate.

Following the data verification exercise, IBFAN held a meeting with its partners to discuss the results of the exercise and solutions for improving data quality. From this point, the quality of the data collection sheets did improve. CAP Mozambique also provided TA to IBFAN on the completion of the referral guide, which IBFAN repeated with its partners, but IBFAN partners still are not registering the referrals and completed referrals they are facilitating during project activities.

HACI (Maputo Province) – May, 2014

HACI provides OVC services through sub-partners in Manica and Maputo provinces, which means that to ensure it is reporting quality data, HACI must provide monitoring and TA support to these partners. This is the second data verification exercise for HACI and its partners, and there are issues that persist to be problems. For this exercise, CAP verified the data collected and reported by Kindlimuka (based in Matola). The issues noted during this exercise include: insufficiently completed data collection sheets (lack of details on services provided, lack of signature by supervisors verifying data reported, and incorrect dates registered). In addition, differences in numbers of children in data collection sheets and the database were identified. CAP suggested that HACI conduct its own data verification exercises with partners, identify any issues, and provide TA to improve partner performance. Full report in Annex 9.

Following the data verification exercise, HACI has yet to conduct its own data verification exercises with partners. This has been a suggestion since the first data verification exercise in 2013, and HACI has yet to adopt the practice. TA to HACI grant recipients has increased some, but it still not sufficient to guarantee quality data.

Anexo: 1 Relatório de Verificação de Dados

Organização: ANDA

Data: 3 de Dezembro 2013

A 3 de Dezembro a equipa do CAP (Esperança e Virginia), orientou o exercício de verificação dos dados reportados pela ANDA na componente de COVs, na cidade de Chimoio, com a participação de duas pessoas da ANDA (Graça e Idália), pelo que as constatações aqui apresentadas resultaram do trabalho feito pelas duas organizações (FHI – CAP e ANDA). O exercício abrangeu todos distritos onde ANDA opera e, para cada distrito foi definida uma amostra das fichas a serem verificadas. Tivemos oportunidade de verificar uma amostra para cada assistente social.

Principais constatações

- Assinalam Apoio psicossocial e protecção legal mas o registo deste serviço não corresponde a este serviço
- No resumo das fichas de seguimento tem detalhes no entanto nenhum serviço está assinalado
- Prestação de mais de 4 serviços no mesmo dia para a mesma família/pessoa
- Dificuldades em identificar na ficha de seguimento o serviço que prestaram. Por exemplo. Sensibilizar os pais para apoiarem os filhos nos TPC. Os assistentes estão assinalar no apoio directo ao TPC
- Falta de detalhes sobre os serviços prestado (serviço assinalado sem detalhe)
- Detalhe sem indicação do serviço prestado
- Linguagem pouco clara nos detalhes
- Colocação só da data na ficha (sem indicação do mês e ano)
- Nomes das famílias abreviados
- Diferença de idades na base de dados e ficha de seguimento para a mesma criança
- Casos de serviços registados na base que não constam das fichas de seguimento
- Organização do arquivo. As pastas de trabalho das assistentes não contêm as principais prioridades das crianças o que dificulta o seguimento do plano de acção da criança
- Referencia feita para o adulto e registado como serviço prestado à criança
- No resumo (detalhe) não há indicação da data o que dificulta a percepção do que é que foi feito em cada dia
- Alguns Assistentes sociais que de acordo de fichas só fizeram visitas de seguimento em 3 dias durante o mês
- Alguns assistentes para todas crianças só prestaram um único serviço para todas crianças

É importante referir que para cada um dos casos mencionados estas lacunas em média foram observadas em 4 fichas, o que significa que está sendo feito bom trabalho, no entanto é importante prestar mais atenção aos aspectos a cima referidos para assegurar melhor qualidade.

Principais recomendações

Depois da análise das principais constatações foi recomendado o seguinte:

- A equipa da ANDA deve visitar o pacote de formação em apoio psicossocial para recordar as acções que podem ser contadas neste serviço e os assistentes devem ser apoiados nesta componente
- Rever os padrões mínimos para ver o que é que pode ser contado em cada serviço
- Apoiar aos assistentes a perceberem as áreas indicadas para cada serviço - ficha de seguimento
- A verificação das fichas deve ser feita a diferentes níveis antes do lançamento na base
- Tirar cópias dos planos de acção e incluir na pasta do assistente social
- Verificar o lançamento feito (ficha de seguimento – base de dados) pelo menos 3 vezes e deve ser vista a base por pelo menos 2 pessoas
- Apoiar os assistentes no detalhe do que fazem nas visitas de seguimento
- Acordado entre ANDA e CAP que no máximo devem ser prestados para a mesma pessoa/família 3 serviços no mesmo dia

Foi acordado que o apoio para as assistentes será feito durante os encontros de planificação e a equipa do CAP está disponível para apoiar neste processo – via email ou telefónico. Lembramos ainda que todas sugestões feitas durante este exercício devem ser postas em prática para assegurarmos melhor qualidade do nosso trabalho.

Anexo: 2 Relatório de Verificação de Dados

Organização: NAFEZA

Data: Fevereiro 2014

Em Fevereiro de 2014 o CAP representado pela especialista de Monitoria e Avaliação, orientou o exercício de verificação dos dados reportados pela NAFEZA, na cidade de Quelimane, com a participação de três pessoas do NAFEZA (Directora Executiva, Oficial de Monitoria e a Coordenadora de Programas), pelo que as constatações aqui apresentadas resultaram do trabalho feito pelas duas organizações (FHI – CAP e NAFEZA). O exercício abrangeu dois distritos onde NAFEZA opera e, para cada distrito foi definida uma amostra das fichas a serem verificadas.

Principais Constatações

Verificação de Fichas

- Casos de fichas em que a mesma pessoa assinou para mais pessoas, entre 3 a 4 pessoas – esta situação foi observada em menos de 6 fichas;
- Casos em que o facilitador assinou para alguns participantes- situação observada em menos de 3 fichas;
- Não uniformização da simbologia no caso da ausência – um facilitador usa uma terminologia diferente dos outros para ausência e não coloca legenda;
- A partir do nível do supervisor para o nível a cima não estão a assinar as fichas dos activistas. Nota que esta assinatura devia ser feita após a verificação das fichas, a não assinatura pode ser sinal da não verificação pelo supervisor e ou toda cadeia de supervisão e;
- Há diferenças entre os nºs resultantes da soma nas fichas e a tabela de compilação de dados e ainda diferença com o que foi reportado – as diferenças variam entre 11 a 15 Pessoas. De referir que NAFEZA reportou menos do que as fichas realmente mostraram tanto para VBG assim como para prevenção.

Arquivo de dados

- O sistema de arquivo é bom, no que refere as fichas. Estas estão arquivadas por ciclo, período e distrito e por facilitador
- Em relação as versões finais dos relatórios trimestrais NAFEZA está arquivando a ultima versão que eles enviam. NAFEZA diz que nem sempre recebe o nosso email com a versão final para efeitos de arquivo.

Pontos de seguimento

NAFEZA

- NAFEZA na pessoa da Directora Executiva referiu que numa periodicidade ainda por definir irão replicar o exercício de verificação de dados
- NAFEZA irá nos encontros de planificação, partilhar as constatações com os facilitadores e falar das implicações destas constatações

- NAFEZA irá apoiar os supervisores no sentido de terem mais atenção com as fichas, enfocando nos aspectos constatados
- NAFEZA irá criar condições para que o processo de transferência e compilação de dados seja no mínimo verificado por duas pessoas
- NAFEZA sempre que não receber o email do CAP fazendo referencia a versão final do relatório trimestral, NAFEZA irá questionar ao CAP.
- NAFEZA vai elaborar o Draft do sistema e o CAP irá ajudar a analisar/finalizar o sistema de monitoria.

CAP

- Assegurar que as versões finais dos relatórios trimestrais sejam enviadas ao NAFEZA

Anexo: 3 Relatório de Verificação de Dados

Organização: KUKUMBI

Data: Fevereiro 2014

Introdução

Em Fevereiro de 2014 o CAP representado pela especialista de Monitoria e Avaliação, orientou o exercício de verificação dos dados reportados pela KUKUMBI, na cidade de Quelimane, com a participação de duas pessoas do KUKUMBI (Oficial do Projecto, Assistente Comunitária de Nicoadala) pelo que as constatações aqui apresentadas resultaram do trabalho feito pelas duas organizações (FHI – CAP e KUKUMBI). O exercício abrangeu dois distritos onde KUKUMBI opera e, para cada distrito foi definida uma amostra das fichas a serem verificadas.

Principais Constatações

Verificação de Fichas

- Casos de fichas em que a mesma pessoa assinou para mais pessoas, entre 2 a 5 pessoas por ficha – esta situação foi observada em cerca de 10 fichas;
- Casos em que o facilitador assinou para alguns participantes- caso de um facilitador que assinou para todos participantes em duas sessões
- Casos de participantes que no início assinavam a ficha (até 3 ou 4ª sessão) mas da 5ª para diante foi colocado X como pessoas que não sabem assinar – observado em 2 fichas;
- Duas fichas com idades rasuradas;
- Algumas fichas não assinadas pelo supervisor. Nota que esta assinatura devia ser feita após a verificação das fichas, a não assinatura pode ser sinal da não verificação pelo supervisor e ou toda cadeia de supervisão e;
- Há diferenças entre os nºs resultantes da soma nas fichas e a tabela de compilação de dados e ainda diferença com o que foi reportado – as diferenças variam entre 8 a 18 Pessoas, População no Geral e GBV respectivamente. De referir que KUKUMBI reportou menos 8 pessoas para prevenção e reportou a mais 18 pessoas para GBV.

Arquivo de dados

- O sistema de arquivo é bom, no que refere as fichas. Estas estão arquivadas por ciclo, período e distrito e por facilitador
- Relatórios trimestrais arquivados

Pontos de seguimento

KUKUMBI irá reforçar a supervisão, enfocando nas fichas, embora tenham afirmado que a falta de supervisores reduz a capacidade de supervisão da KUKUMBI KUKUMBI irá nos encontros de planificação, partilhar as constatações com os facilitadores e falar das implicações destas constatações. KUKUMBI irá criar condições para que o processo de transferência e compilação de dados seja no mínimo verificado por duas pessoas.

Anexo: 4 Relatório de Verificação de Fados

Organização: PPF

Data: Fevereiro 2014

Introdução

Em Fevereiro de 2014 o CAP representado pela especialista de Monitoria e Avaliação, orientou o exercício de verificação dos dados reportados pelo PPF, na cidade da Beira, com a participação de cinco pessoas sendo dois do PPF e três pertencentes aos parceiros do PPF, pelo que as constatações aqui apresentadas resultaram do trabalho feito pelas duas organizações (FHI – CAP e PPF).

Principais Constatações

Aspectos Positivos

- a. PPF está a prestar serviços na área de COVs
- b. Arquivos bem organizados, tanto para ASF assim como para ADC

Aspectos por melhorar

- Activistas fazem o registo do trabalho que fazem nos blocos de notas e depois transferem para a ficha de seguimento. Esta situação resulta no facto de acções feitas em vários dias sejam registadas na mesma data (por exemplo para o período de Setembro a Novembro as fichas analisadas só tinham o registo de um dia o que pressupõem que nos 3 meses cada criança só recebeu uma visita, facto que não corresponde a realidade de acordo com os parceiros do PPF)
- Fraco entendimento das áreas por serviço de COVs por parte dos activistas
- Serviços assinalados cujo detalhe não corresponde a este serviço e ou vice – versa
- Os parceiros do PPF não tem um plano fixo de visitas de supervisão, facto que resulta na descoberta dos “problemas” apenas no momento da elaboração dos relatórios
- PPF também não tem feito visitas regulares às actividades dos seus parceiros, o que de alguma forma dificulta ao PPF a identificação de necessidades de capacitação ou assistência técnica aos seus parceiros
- Diferenças entre os dados das fichas e os dados reportados (casos de serviços registados na base de dados que não estão nas fichas e ou vice versa)

Passos para seguimento

Parceiros do PPF

- Dar informe aos activistas dos resultados da verificação de dados
- Dar assistência técnica aos activistas, tendo como base as constatações da verificação de dados
- Elaborar planos de visitas de monitoria as actividades

- Os dados lançados terão a verificação dos coordenadores após o lançamento dos oficiais (verificação com fichas) para reduzir falhas de lançamento
- A ficha de seguimento que até então era usada numa periodicidade trimestral passará a ser mensal por forma a fazer o lançamento mensal, reduzindo deste modo a pressão de última hora

PPF

- Visitas regulares as actividades dos parceiros e verificação do uso de ferramentas
- Busca de oportunidade de troca de experiencia para os seus parceiros e PPF na pessoa que deve providenciar AT aos parceiros
- Elaboração de ferramentas de supervisão para os parceiros do PPF
- Identificar necessidades de assistência técnica e providenciar AT aos seus parceiros

CAP

- Providenciar padrões mínimos actualizados ao PPF

Anexo 5: Relatório de Verificação de Dados

Organização: OPHAVELA

Data: 26 de Março 2014

Introdução

A 26 de Março de 2014, CAP representado pela especialista de monitoria e a Coordenadora para Nampula, o exercício de verificação de dados que contou com a participação de 7 elementos da OPHAVELA, nomeadamente a Gestora, o assistente de monitoria, 3 assistentes associativos e 3 técnicos de HIV.

Principais Constatações

Preenchimento da ficha

1. Rasuras nas datas de realização de sessões – 6 fichas
2. Variação do período acordado para a realização de sessões ou seja estavam previstas 2 sessões semanais no entanto de acordo com as fichas são encontrados casos de sessões em datas seguidas e ainda casos em que a diferença entre as sessões chega a ser de 30 dias ou seja grupos que só tem uma sessão em 30 dias, contra as duas sessões semanais – OPHAVELA ao nível central não tinha informação destas mudanças
3. Fichas não assinadas pelos níveis acima dos facilitadores o que pode ser entendido como falta de verificação a esse nível
4. Fichas com pessoas fora do grupo – alvo da OPHAVELA (faixa etária), cerca de 10 pessoas
5. Uma ficha com troca de colunas de idade e do sexo ou seja na coluna das idades colocou sexo e do sexo as idades
6. Uma ficha com um participante que esteve presente em todas sessões, no entanto foram apagados todos dados deste participante
7. Um facilitador nos seus grupos (2) transformou presente em ausente para cerca de 8 pessoas e presente em ausente para 4 pessoas
8. Duas fichas tem presenças de 3 participantes colocadas fora do período da realização da sessão, supostamente colocadas durante a análise ou compilação a cima do facilitador ou pelo facilitador em datas posteriores.

Compilação de dados pelos assistentes associativos

Para os três distritos há diferença de dados entre a informação das fichas e o resumo dos assistentes associativos. Esta diferença varia de 3 a 10 pessoas a menos do que as fichas mostram.

Compilação de dados pelo assistente de monitoria

Era suposto o assistente basear - se nos resumos dos assistentes associativos, no entanto este faz o seu lançamento directamente das fichas dos facilitadores.

Os nº dos assistentes de monitoria tem algumas diferenças, que variam 1 a 6 pessoas – Sendo que para um distrito a diferença era de menos 3 pessoas reportadas e para os dois distritos do registo do assistente é de mais 4 e 6 pessoas reportadas.

Comparação de dados Reportados e os dados das fichas

Todos os dados reportados são diferentes dos das fichas, dos assistentes associativos e ainda do assistente de monitoria.

Os dados reportados eram todos a cima da informação das fichas de pessoas atingidas Questionada OPHAVELA sobre esta diferença, **o assistente de monitoria explicou que tem reportado o número total dos inscritos dai a diferença.**

Ainda durante a verificação de dados foi constatado que o assistente de monitoria, começou a fazer parte do projecto depois da realização do GMW de M&A, o que faz com que ele não tenha muita informação referente aos indicadores, condições para ser considerado atingido, etc.

Portanto o assistente de monitoria, não teve devida indução pela equipa da OPHAVELA que participou do GMW de M&A. Nesta verificação foram dadas ou explicadas algumas regras para os números considerados de atingidas ao assistente de monitoria, pela equipa do CAP.

Organização do arquivo

OPHAVELA tem o seu arquivo muito bem organizado, por distrito, por ciclo e por facilitador.

Passos seguintes

OPHAVELA

- Enviou uma carta ao CAP a solicitar a alteração dos dados dos períodos de Setembro – Novembro e Dezembro a Fevereiro
- OPHAVELA vai reunir com os seus facilitadores e partilhar as constatações da verificação de dados e dar assistência técnica necessária
- Os assistentes associativos vão fazer a compilação de dados junto com os técnicos de HIV por forma a assegurar que pelo menos duas pessoas verifiquem os dados
- O assistente de monitoria necessita de indução e a gestora do projecto irá fazer a devida indução
- O assistente de monitoria irá fazer o relatório baseado nos resumos dos assistentes associativos, no entanto vai fazer uma amostra pequena para verificar que o lançamento ou os resumos dos assistentes estão correctos
- Os dados depois do lançamento pelo assistente de monitoria, serão verificados pela gestora do projecto

CAP

- Analisar o pedido da OPHAVELA de revisão de dados dos relatórios – Já deliberado positivamente
- Dar apoio técnico que OPHAVELA necessitar no processo de recolha, análise e reportagem de dados.

Anexo 6: Relatório de Verificação de Dados

Organização: NIIWANANE

Data: 28 de Março 2014

Introdução

A 28 de Março de 2014, CAP representado pela especialista de Monitoria e avaliação e a coordenadora de Nampula, realizaram mais um exercício de verificação de dados para Niiwanane. Este exercício contou com a participação do Director executivo, oficial do projecto, dois activistas chefes, técnica de prevenção e do fortalecimento económico.

Amostra: Todos dados de Setembro a Novembro para os bairros de Napipine e Natiquir

Principais Constatações

De uma forma geral os dados reportados pela NIIWANANE observam grande melhoria desde a última verificação de dados, realizada a sensivelmente um ano.

Verificação das fichas de seguimento

- Fichas apresentam 3 crianças que não aparecem na base de dados
- Uma criança com duas fichas de seguimento, mesmos serviços – no entanto o registo é único na base ou seja não há duplicação
- 6 fichas cujo o detalhe é diferente do serviço assinalado o que corresponde a cerca de 1% do total das fichas. Na primeira avaliação estes casos cobriam cerca de 5% do total das fichas – o que demonstra melhoria na qualidade de dados da Niiwanane – Parabéns
- Duas fichas sem datas no detalhe cerca de 0.40% do total das fichas, na primeira verificação esta situação variava de 3 a 5% - Melhoria

Compilação e reportagem de dados

Há diferenças que variam de 3 a 5 crianças entre o informação da base de dados e o que as fichas de seguimento mostram ou seja tem na base de dados menos 3 a 5 crianças quando comparado com as fichas de seguimento. Comparando com os resultados da primeira avaliação eram um pouco mais que 30 crianças cujos serviços prestados não estavam reportados, o que significa que passamos de cerca de 6% de diferença para cerca de 1% - Boa melhoria

Organização do Arquivo

Arquivo muito bem organizado. Continue assim.

Passos seguintes

Niiwanane: O director executivo precisa de ter mais gente a apoiar na gestão de dados para assegurar que mais gente da Niiwanane tenha esta habilidade.

Niiwanane com as novas actividades prevenção, fortalecimento económico, precisa de montar um bom esquema para a gestão de dados referentes a estas novas actividades.

Criar um mecanismo eficiente de recolha de informação das referências realizadas pela Niiwanane

CAP: Vai prestar o apoio técnico que Niiwanane necessitar na montagem do esquema eficiente de gestão de dados para as novas acções

Anexo: 7 Relatório de Verificação de Dados

Organização: CCM –S

Período de realização: Março, 2014

Introdução

O CAP representado pela especialista de Monitoria, realizou mais uma vez (um ano depois da primeira verificação de dados) o exercício de verificação de dados. Para este exercício foi considerado o período de Setembro à Novembro de 2013. Foram analisados na totalidade os distritos de Chemba e Machanga – Grupos de Abstinência e Fidelidade.

Principais constatações

1. Análise das fichas

A. Machanga

Todas as fichas estão correctamente preenchidas

B. Chemba

Também um excelente trabalho com excepção de:

- Uma ficha da Amélia Graciano, no 4º Bairro onde 2 participantes com os nºs 3 e 4 tiveram mudança de falta para presente no dia 17/08/2013
- Amélia Lisboa igreja evangélica, participante nº 26, sessões 7,8 e 10 mudança de falta para presente
- Facilitador Abel Dias, no 2º Bairro, Igreja Baptista o participante com o nº 7, de nome Cândido tem no dia 31/08/2013 uma mudança de falta para presente.

2. Comparação dados das fichas dos facilitadores e a ficha de compilação de dados do oficial

Sem nenhuma diferença.

3. Comparação de dados da ficha de compilação e os dados reportados

Sem nenhuma diferença

4. Organização das fichas - Arquivo

Fichas de recolha e compilação bem organizadas.

5. Outras constatações

Durante o exercício de verificação de dados observei que Chemba tem pouca participação nos grupos de Abstinência, sugiro que CCM, procure identificar as razões desta situação, por forma a assegurar que nos futuros grupos ou projectos possam ter em consideração factores que constituem motivação ou não motivação dos adolescentes a participarem dos debates.

Anexo 8: Relatório de Verificação de Dados

Organização: IBFAN

Data de verificação: 5 de Maio 2014

Introdução

A 5 de Maio, 2014 a equipa do CAP realizou mais um exercício de verificação de dados com IBFAN. Fizeram parte deste exercício dois técnico da FHI. CAP (Oficial sénior de apoio aos parceiros e a especialista de Monitoria e avaliação), da IBFAN, estiveram representados os sub-parceiros da IBFAN, pelos seus supervisores, igualmente estiveram presentes As Sras. Cristina, coordenadora e Rita oficiais do projecto da IBFAN. Da verificação foi constatado o seguinte:

Principais Constatações

Preenchimento de fichas

- A. As assinaturas dos participantes das diferentes acções são feitas na sua maioria pelos activistas, embora a IBFAN tenha criado uma terminologia a ser usada no caso de o participante não souber escrever.
- B. Os debates são feitos com menos de 6 pessoas, havendo casos de registo de debates com 2 pessoas.
- C. Algumas fichas não contêm as idades de parte dos participantes.
- D. Fichas com muitas rasuram.
- E. IBFAN definiu como idade para sogras acima de 45 anos, no entanto aparecem muitas sogras com idade muito abaixo desta, havendo casos de 30 anos.
- F. IBFAN estabeleceu a realização de sessões de demonstração de papas enriquecidas em grupo de mães, no entanto foram encontradas fichas que indicam demonstração com uma Mãe.
- G. Casos de 2 fichas que contem algumas assinaturas mas sem nome dos participantes.
- H. Fichas sem indicação de se tratar ou não de novas entradas.
- I. Fichas assinaladas com amamentação exclusiva, no entanto a criança já estão na fase de consumo de outros alimentos.
- J. Activistas sem fichas completas ou seja existe um nº de fichas que cada activista deve ter, no entanto existem alguns que não tem este total completo.

- K. Alguns activistas têm a indicação de trabalho com todas as 20 mães na mesma semana.
- L. Casos de fichas em que o nome da mãe e da pessoa que assina é completamente diferente.
- M. Dados não correctamente registados nas fichas, por exemplo registar idade no lugar de sexo.

Referencias

- Os parceiros da IBFAN não estão a registar na totalidade (uso de guia de referencia) as referências que fazem. O que acontece é que aconselham as mães ou outras pessoas a irem a unidade sanitária mas não passam guia de referência, havendo até casos em que os activistas acompanham mas sem registo. Esta situação deve se ao facto de a própria IBFAN ter dado a recomendação de que nem tudo deve ser passada guia de referência, só em casos “graves”.
- Algumas activistas não usam o livro de referência pois temem que o livro possa acabar mais cedo “estão a poupar”.
- Alguns activistas tiveram situações de passar a guia de referência para alguns doentes e, estes não voltaram mas para trazer ao activista a contra referência e, quando os activistas contactaram a estes doentes não os localizavam mais. Perante este cenário os activistas ficaram com receio de passar guias de referencia, temendo que os pacientes “fugam” deles.
- No caso de referência do bebé a equipa da IBFAN sempre usou o nome da Mãe e não do bebé o que deturpa os dados registados
- No período de Setembro a Novembro, 2013, IBFAN reportou 46 referências e nenhuma completa. Da verificação de dados foi observado que IBFAN tem 42 referências completas para este período
- No período de Dezembro a Fevereiro, 2014, IBFAN reportou 22 referências e 21 completas, da verificação foi constatado que foi 31 referências e todas completas

Perante estas constatações a IBFAN desenhou um conjunto de acções com vista a reduzir a ocorrência destas lacunas

Passos seguintes

IBFAN:

Preenchimento de Fichas

- Reunião com todos os activistas por organização para informar dos resultados da verificação de dados
- Saber dos activistas quais os principais constrangimentos que têm encontrado na implementação das suas actividades.
- Explicar o fluxo da informação e a necessidade do preenchimento correcto das fichas.

Foi acordado pelos supervisores que o activista que continuar com fichas mal preenchidas fica sem subsídio nesse mês em causa com conhecimento da sua organização e, se a situação prevalecer o activista deixa de fazer parte deste projecto.

Referências

- Explicar aos activistas que todos os beneficiários e os seus familiares devem ser encaminhados à Unidade Sanitária usando a Guia de Referência e deve se escrever o seu próprio nome, idade e não do beneficiário.
- O supervisor deve garantir que todas as referências tenham guia preenchida.

Nos encontros técnicos o supervisor deve ter a capacidade de descobrir as dificuldades dos seus activistas e ter maior atenção de analisar o preenchimento das fichas para evitar que o problema prevalece por muito tempo.

Calendário dos encontros com os activistas

Ord	Data	Organização	Local
1.	07/05/2041	ANEMO	ADPP - Xipamanine
2.	08/05	AMODEFA	Feira de Hulene
3.	12/05	MULEIDE	Marracuene
4.	13/05	REENCONTRO	REENCONTRO
5.	14/05	HOCOSIDA	Zona Verde
6.	15/05	AAES	Zimpeto

CAP:

- Dar todo apoio técnico que IBFAN necessitar nas suas acções
- Orientação a IBFAN no sentido de reportar as referências e referencias completas que não foram reportadas no devido.

Anexo 9: Relatório de Verificação de Dados

Parceiro: HACI

Período: 9 de Março 2014

A 9 de Maio de 2014, CAP, representado pela especialista de monitoria, pela oficial sénior de apoio aos parceiros e pela assistente de programas orientou um exercício de verificação de dados para Kindlimuka – Matola, que contou com a participação de 3 pessoas da Kindlimuka e pela oficial de monitoria da HACI.

Principais Constatações

Verificação de fichas da criança e da família

- Serviços assinalados sem detalhe
- Serviços assinalados sem data
- Rasuras nos serviços registados
- Fraca ligação entre a ficha da criança e da família
- Fichas sem assinatura do supervisor
- Detalhe no verso sem serviço assinalado
- Detalhe diferente do serviço assinalado
- Uso de terminologia nova sem legenda
- Registo de datas festivas como dias de trabalho, caso do dia 1 de Janeiro (falha no registo de datas)
- Não colocação de datas no detalhe o que dificulta a comparação do serviço prestado/detalhe por dia
- Algumas crianças não têm as necessidades registadas
- Acções delineadas não-alinhadas as necessidades identificadas na criança

Comparação dos serviços registados na ficha e a base de dados

Foi seleccionado de uma forma aleatória um grupo de fichas de crianças e fez se a comparação dos serviços registados na ficha e a base de dados, foi observado que quase todos serviços assinalados na ficha, tinham o registo na base de dados, com excepção do fortalecimento económico que tem o registo nas fichas mas sem registo na base. No entanto Kindlimuka explicou que essa situação deve se ao facto de ao compilarem os dados terem observado que não havia nas fichas a explicação do tipo de apoio que os activistas deram na área de fortalecimento económico

Comparação dos nºs reportados com as fichas

Os nºs reportados e os presentes nas fichas em termos de serviços são diferentes.

Referencias

Kindlimuka só agora iniciou o uso da guia de referência, por essa razão ainda não havia dados possíveis de verificar.

Passos Seguintes

- Tanto a HACI assim como a Kindlimuka viu a necessidade de levar acabo determinadas acções, como se pode ver a seguir
- Kindlimuka faz a verificação na totalidade das fichas para os períodos de Setembro a Novembro e Dezembro a Fevereiro, para ter mais detalhe sobre as lacunas identificadas. Feita esta verificação Kindlimuka partilha os resultados com HACI e CAP
- HACI irá fazer um encontro com a equipa da Kindlimuka – todos activistas e serão apresentados pela equipa da kindlimuka que participou da verificação as constatações da verificação de dados
- Serão ouvidos os activistas em relação as dificuldades e desafios que encaram no preenchimento das fichas
- HACI irá dar o apoio técnico necessário

CAP

- Dar o apoio necessário a HACI para assegurar a intervenção dos seus parceiros

Annex 27: OVC Technical Assessment Results and Analysis

The tables below illustrate the scores, percentage change, TA provided, and analysis/results for each of the four OVC partners evaluated (HACI, LDC, Niiwanane, and ANDA).

HACI					
Evaluation Category	Midline Score 2013	FUP Score 2014	Change	TA Provided	Analysis/Results
1. OVC project design					
1.1 OVC Project Design	22	23	5%	Development of technical assessment tool and a TA tracking system	<p>HACI developed and applied the technical assessment tool with seven sub-partners identifying strengths and weaknesses in project implementation.</p> <p>HACI has increased the frequency and focus of TA provided to sub-partners.</p> <p>HACI also has a TA tracking system but it is not yet in use.</p>
2. OVC program standards					
2.1 Availability of skilled personnel to provide OVC care	11	14	27%	TA for effective staff / supervisor / <i>activista</i> recruitment for HACI and replication with their sub-partners	<p>HACI continues to apply good and transparent recruitment practices, including development of job descriptions with clear selection criteria.</p> <p>HACI has also been able to improve recruitment practices of sub-partners based on its own experiences and practices.</p>
2.2 Availability of appropriate processes to support OVC care	15	21	40%	<p>TA on application of the Child Status Index (CSI) to assess OVC needs, and develop a care plan on priority needs</p> <p>TA on psycho-social support</p>	<p>HACI has learned how to apply the CSI and develop care plans.</p> <p>HACI decided to adopt the MISAU approved referral forms and is able to use them.</p> <p>After being trained by REPSSI and DSF in psycho-social support.</p>
2.3 Support to sub-partners	1	4	300%	TA for grants management	<p>HACI used the results of the technical assessments to develop Integrated Capacity Building Plans that identify capacity needs. The ICBPs are guiding HACI's TA.</p> <p>HACI has learned how to apply the CSI, develop care plans and use the MISAU approved referral form but is facing challenges to effectively pass this knowledge on to its sub-partners who continue to struggle.</p> <p>After being trained by REPSSI and DSF, HACI trained all its sub-partners in psycho-social</p>

					support.
2.4 Availability of adequate data management and reporting system for OVC services	10	11	10%	Training/TA on data management and reporting	<p>HACI sub-partners have improved their ability to manage data but the introduction of various new indicators required more intensive support from HACI.</p> <p>HACI has improved its data follow systems. Sub-partners now submit their data earlier so that HACI has more time to analyze and verify the data. As a result, the quality of data reported by HACI improved.</p>
TOTAL SCORE	59	73	24%		

NIIWANANE					
Evaluation Category	Midline Score 2013	FUP Score 2014	Change	TA Provided	Analysis/Results
1. OVC project design					
1.1 OVC Project Design	17	18	6%	TA to introduce new project activities	Niiwanane is able to design and integrate new project activities rapidly and without difficulties. The organization is also able to independently review project results, identify challenges and formulate solutions.
2. OVC program standards					
2.1 Availability of skilled personnel to provide OVC care	14	15	7%	TA developing job descriptions, evaluating candidates, creating an interview guide and documenting selection process	Niiwanane demonstrated the ability to apply proper recruitment processes through the recruitment of various new staff members. Niiwanane selected qualified staff based on predetermined selection criteria. The organization also expanded its selection techniques by observing applicants interact with Niiwanane's target group prior to final selection.
2.2 Availability of appropriate processes to support OVC care	15	24	60%	TA on Application of CSI for assessment of OVC needs, prioritizing needs and developing care plan for each OVC TA for establishment of a referral network	Niiwanane has improved its ability to apply the Child Status Index and develop good quality care plans for each child. Relationships with other service providers have improved significantly. Beneficiaries more easily gain access to services, particularly health care and education. Niiwanane integrated household economic strengthening activities and mobilized communities to form savings and loan groups. Niiwanane was able to integrate a large percentage of beneficiaries in the groups.
2.3 Processes used to determine client satisfaction	4	6	50%	Training/TA on how to supervise field activities using tools developed by CAP	Niiwanane is applying supervision tools consistently and conducting frequent monitoring visits which has improved <i>activistas</i> ability to deliver high quality care to beneficiaries
2.4 Availability of adequate data management and reporting system for OVC services	6	7	17%	Training/TA on data management and reporting	Niiwanane is beginning to independently develop M&E tools to facilitate data analysis. Niiwanane continues to analyze data on a quarterly basis. The <i>activistas</i> are involved with the aim to improve their work.
TOTAL SCORE	56	70	25%		

ANDA					
Evaluation Category	Baseline Score 2013	Midline Score 2014	Change	TA Provided	Analysis/Results
1. OVC project design					
1.1 OVC Project	3	15	400%	TA to finalize OVC proposal TA on annual planning	<p>ANDA conducted community consultations with community members and leaders in preparation of proposal design, and included all elements of MMAS minimum standards of OVC care.</p> <p>ANDA has experience with the family-centered care approach and had not difficulties including relevant activities in the OVC proposal.</p> <p>ANDA demonstrated an ability to evaluate annual project achievements, identify and resolve challenges and integrate new project activities.</p>
2. OVC program standards					
2.1 Availability of skilled personnel to provide OVC care	13	14	8%	TA on the recruitment process following the analysis of job descriptions and the selection process.	ANDA applied good and transparent recruitment practices for various posts, including developing job descriptions with clear selection criteria to select the most competent candidate.
2.2 Availability of appropriate processes to support OVC care	14	20	43%	<p>Training and TA on community consultation.</p> <p>Training and TA on CSI application and care plan development.</p> <p>Training and TA on PSS.</p> <p>TA on the introduction of MISAU referral forms.</p>	<p>ANDA negotiated OVC beneficiary selection criteria in collaboration with communities, and conducted a community consultation process to assess community needs. ANDA rapidly registered the target number of OVC.</p> <p>ANDA conducted the first and second round of CSI application and developed care plans for all registered OVC. The second CSI application was very well organized and generated good plans. Archives contain all relevant documentation and are well organized.</p> <p>Relevant ANDA personnel were trained by REPSSI and DSF in psycho-social care. One staff member became a REPSSI accredited trainer. REPSSI and ANDA co-facilitated the training of Kubatsirana's activists. ANDA's field staff is providing PSS to OVC. ANDA is using the MISAU approved referral forms.</p>
2.3 Processes used to determine client satisfaction	6	6	0%	TA to monitor continuation of good practices.	ANDA has reached the maximum score for this indicator. The organization continues to apply good practices, visiting all families regularly, conversing and interacting with all family members and children.
2.4 Availability of adequate data management and reporting system for OVC services	6	8	33%	TA to improve data Collection, recording and reporting. TA to analyze data.	ANDA is using all data recording and reporting forms correctly. ANDA is submitting success stories using the right format and providing relevant Information.
TOTAL SCORE	42	63	50%		

LDC					
Evaluation Category	Baseline Score 2013	Midline Score 2014	Change	TA Provided	Analysis
1. OVC project design					
1.1 OVC Project Design	4	11	175%	Training and TA on formative research and using data for proposal design.	LDC applied formative research methodologies to collect data and design a proposal that reflected the needs of the target group. LDC is also incorporating essential elements from MMAS minimum standards for OVC care for tools used during community consultation.
2. OVC program standards					
2.1 Availability of skilled personnel to provide OVC care	4	10	150%	TA on developing job descriptions, evaluating candidates, creating an interview guide and documenting the selection process.	LDC learned how to develop job descriptions that clearly define roles and responsibilities to ensure each cadre of staff understands their tasks and exercises their roles distinctly. LDC improved its capacity to guide all levels of project personnel to effectively achieve common goals and deliverables. The organization also was able to identify staff that was not functioning well and either provide more intensive support or terminate contracts. LDC expanded direct services delivery. <i>Activistas</i> are now also delivering psycho-social care to beneficiaries where appropriate.
2.2 Availability of appropriate processes to support OVC care	4	16	300%	Training/TA in community consultation. Application of CSI for assessment of OVC needs, prioritizing needs and developing care plan for each OVC. TA for the establishment of a referral network	LDC established strong collaborative links with community leaders and families caring for OVC. LDC learned how to facilitate community meetings with leaders, including their participation from the beginning through implementation. Collaborated with community leaders in the transparent selection of OVC target families, gaining the confidence of leaders and community members. LDC's capacity to apply the CSI and develop care plans developed but the organization still requires significant support during repeat applications. LDC learned and replicated the referral system to increase access and utilization of available services in order to resolve issues/problems impeding the well-being of OVC.
2.3 Processes used to determine client satisfaction	0	4	400%	Training/TA how to supervise field activities using tools developed by CAP.	Staff learned the importance of assessing beneficiaries' satisfaction with services delivered by LDC.
2.4 Availability of adequate data management and reporting system for OVC services	1	5	400%	Training/TA on data management and reporting.	LDC has improved its understanding and use of the data base to report accurate data. LDC also has increased the number of staff that is able to use the data base. However, LDC continues to need significant CAP support to collect, record and report data.
TOTAL SCORE	13	46	254%		

Quarterly Report - Financial Information

Implementing Partner: FHI360
 Activity Name: CAP Mozambique
 Implementation Period: April - June 2014

Line Item ¹	Total Life of the Project Budget (LOP) (A)	Total Amount Obligated (to date) (B)	Mortgage (C)=A-B	Planned Expenditures for the quarter (D)	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures) ² (H)=F/D-1	Pipeline (H)=B-G	Projection (October 2014 - March 2015) (H)
					Prior (E)	This Quarter (F)	Total (G)=D+E			
Personnel & Fringe	11,652,787.00			494,801.00	8,018,597.41	362,450.92	8,381,048.33	(0.27)		884,665.00
Benefits & Fringe	4,702,546.00			187,793.63	3,402,156.65	295,708.83	3,697,865.48	0.57		325,001.00
Travel	3,774,268.00			65,000.00	2,335,381.13	98,623.86	2,434,004.99	0.52		246,989.00
Equipment >\$5K	190,059.00			7,000.00	170,059.06	-	170,059.06	-		-
Supplies				-	-	-	-	-		-
Training	565,268.00			20,000.00	322,834.95	24,029.77	346,864.72	0.20		40,000.00
Sub grants*	16,508,616.00			693,000.00	11,336,984.41	778,462.06	12,115,446.47	0.12		1,293,038.00
Consultancy	366,086.00			8,000.00	201,002.16	2,069.85	203,072.01	(0.74)		4,399.00
Other Direct Costs	7,031,806.00			220,000.00	4,849,443.93	233,585.55	5,083,029.48	0.06		433,591.00
Total Direct Costs	44,791,436.00			1,695,594.63	30,636,459.70	1,794,930.84	32,431,390.54	0.06		3,227,683.00
Indirect Costs	10,208,564.00			402,750.92	6,691,710.56	401,029.55	7,092,740.11	(0.00)		780,152.36
Grand Total	55,000,000.00	44,940,622.00	10,059,378.00	2,098,345.56	37,328,170.26	2,195,960.40	39,524,130.66	0.05	5,416,491.34	4,007,835.36

Notes

1. The budget line may vary from one project to another, the items must be in line with the approved budget for the project.
2. Please provide short explanation on deviation.

Status Report

	Contract Information	Invoice Entity Information		CLIN Information
Number and Title	3253 CAP	325317 CAP Mozambique II		325317 CAP Mozambique II
Period of Performance	08/11/2003-10/04/2018			07/27/2009-07/26/2016
Client Budget	\$266,526,159	55,000,000.00		\$55,000,000
Client Fees	\$0	0.00		\$0
Client Funding	\$174,523,270	Percent Spent 21.39	41,365,891.00	\$41,365,891 Percent Spent 90.24
Manager	000006362 Singer, Barney			000006362 Singer, Barney
Center	1270 Civil Society & Peace Building			1270 Civil Society & Peace Building
Customer	AIDHHS U.S. Agency for Inter'l Development	AIDHHS U.S. Agency for Inter'l Development		
Status	O			B
Date Last Billed	06/30/2014	06/30/2014		
Type	COST			CP
Client Customer Number	HFP-A-00-03-00020-00	656-A-00-09-00164-00		

Amount Billed: \$37,207,342.48 Amount Paid: \$(38,420,636.88) Accounts Receivable Balance: \$(1,213,294.40)

Date Ranges: MTD 06/01/2014-06/30/2014 YTD 06/01/2014-06/30/2014

	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
5003 U.S. Salaries				794.60		(794.60)
5000 Fringe Benefits	0.00	0.00	0.00	794.60		(794.60)
6003 U.S. Payroll Salaries	4,399,759.38	46,598.67	46,598.67	2,468,661.89		1,931,097.49
6005 Compensated Personal Absences		13,556.56	13,556.56	215,306.91		(215,306.91)
6008 US Payroll TCNAL	1,347,619.41	23,997.46	23,997.46	1,372,667.54		(25,048.13)
6000 Salaries and Wages	5,747,378.79	84,152.69	84,152.69	4,056,636.34	70.58%	1,690,742.45
6001 Field Salaries - Non-T&M	5,327,936.00	68,884.28	68,884.28	3,961,166.47		1,366,769.53
6001 Local Staff Salaries	5,327,936.00	68,884.28	68,884.28	3,961,166.47	74.35%	1,366,769.53
6041 Consultant Fee (US)NonT&M	184,940.00			77,616.41		107,323.59
6042 Consultant Fees(Field)NonT&M	246,352.00	1,119.56	1,119.56	121,461.99		124,890.01
6043 Honoraria/Incentives		1,923.76	1,923.76	1,923.76		(1,923.76)
6040 Consultant's Expenses	431,292.00	3,043.32	3,043.32	201,002.16	46.60%	230,289.84
6401 Travel - Airfare	782,312.00	18,824.21	18,824.21	1,197,634.22		(415,322.22)
6403 Travel-Ground Transportation	489,318.00	2,154.61	2,154.61	253,804.23		235,513.77
6404 Travel- Other	68,900.00	1,162.27	1,162.27	19,092.53		49,807.47
6405 Travel- Per Diem	935,693.00	7,109.82	7,109.82	857,621.20		78,071.80
6406 Travel W/O G&A				7,228.95		(7,228.95)
6400 Travel	2,276,223.00	29,250.91	29,250.91	2,335,381.13	102.60%	(59,158.13)
6030 Field Employee Benefits	1,030,356.00	2,675.85	2,675.85	793,592.50		236,763.50
6051 Temp Help - Non-Payroll				3,521.45		(3,521.45)
6055 Temp Help - Payroll		116.70	116.70	102,041.44		(102,041.44)
6056 Fringe- Payroll Temps				824.96		(824.96)
6080 Meeting Exp-Genl/Incident	247,105.00			253,620.86		(6,515.86)
6083 Meeting Exp-Room Rentals				83,256.43		(83,256.43)
6084 Registration Fees				15,647.84		(15,647.84)
6090 Membership & Dues				2,250.00		(2,250.00)

Status Report

Contract Information

Invoice Entity Information

CLIN Information

Number and Title	3253 CAP	325317 CAP Mozambique II	325317 CAP Mozambique II
Period of Performance	08/11/2003-10/04/2018		07/27/2009-07/26/2016
Client Budget	\$266,526,159	55,000,000.00	\$55,000,000
Client Fees	\$0	0.00	\$0
Client Funding	\$174,523,270 Percent Spent 21.39	41,365,891.00	\$41,365,891 Percent Spent 90.24
Manager	000006362 Singer, Barney		000006362 Singer, Barney
Center	1270 Civil Society & Peace Building		1270 Civil Society & Peace Building
Customer	AIDHHS U.S. Agency for Interl Development	AIDHHS U.S. Agency for Interl Development	
Status	O		B
Date Last Billed	06/30/2014	06/30/2014	
Type	COST		CP
Client Customer Number	HFP-A-00-03-00020-00	656-A-00-09-00164-00	

Amount Billed: \$37,207,342.48 Amount Paid: \$(38,420,636.88) Accounts Receivable Balance: \$(1,213,294.40)
Date Ranges: MTD 06/01/2014-06/30/2014 YTD 06/01/2014-06/30/2014

Element of Cost Number and Description	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
6106 Telecommunications	291,027.00	2,810.23	2,810.23	185,624.59		105,402.41
6109 Telephone JC Allocation	30,222.00					30,222.00
6112 Delivery Services	4,028.00	41.38	41.38	62,812.13		(58,784.13)
6113 Postage	116,123.00			1,574.11		114,548.89
6124 Photocopying	63,514.00	188.99	188.99	41,033.22		22,480.78
6125 Printing		6,756.56	6,756.56	24,521.22		(24,521.22)
6127 Other Media Reproduction				45,112.37		(45,112.37)
6128 Reproduction-Radio				308,531.02		(308,531.02)
6130 Books, Subscriptions,Reference	1,768.00			2,375.90		(607.90)
6140 Supplies JC Allocation	41,684.50					41,684.50
6141 Expendable Equip(<\$2500)	164,513.00			106,595.89		57,917.11
6142 Office/General Supplies	405,675.00	1,325.35	1,325.35	241,846.41		163,828.59
6162 Facilities-Rent & Utilities	1,121,727.00	139.93	139.93	663,620.24		458,106.76
6163 Repairs & Maintenance	135,445.00	1,771.01	1,771.01	184,219.18		(48,774.18)
6171 Insurance-DBA/Medevac	113,167.00			25,027.23		88,139.77
6172 Insurance-General	46,638.00			96,185.57		(49,547.57)
6180 Prof Services-Legal	101,725.00	651.96	651.96	265,810.78		(164,085.78)
6184 Prof Services-Other	294,152.00	64,998.84	64,998.84	618,134.59		(323,982.59)
6220 Moving/Storage Expenses	444,907.00			2,024.79		442,882.21
6230 Employee Relocation-Shipping				61,955.22		(61,955.22)
6284 Computer-Repairs/Maintenance		480.94	480.94	49,280.91		(49,280.91)
6287 Computer Usage Fee	102,128.00					102,128.00
6288 Internet Expenses	167,951.00	790.12	790.12	45,173.87		122,777.13
6500 Recruitment Advertising	28,626.00			39,308.42		(10,682.42)
6510 Bank Charges	18,622.00	262.24	262.24	23,969.89		(5,347.89)
6601 Other Direct Costs-FHI360				1,200.67		(1,200.67)
6600 Other Direct Costs	4,971,103.50	83,010.10	83,010.10	4,350,693.70	87.52%	620,409.80
6800 Allowances-General	6,000.00					6,000.00
6802 Allowances TCN	296,475.00			121,880.81		174,594.19
6812 Allowances-Educational	390,259.00			457,675.12		(67,416.12)

Status Report

Contract Information		Invoice Entity Information		CLIN Information	
Number and Title	3253 CAP	325317	CAP Mozambique II	325317	CAP Mozambique II
Period of Performance	08/11/2003-10/04/2018			07/27/2009-07/26/2016	

Client Budget	\$266,526,159			55,000,000.00		\$55,000,000		
Client Fees	\$0			0.00		\$0		
Client Funding	\$174,523,270	Percent Spent	21.39	41,365,891.00		\$41,365,891	Percent Spent	90.24
Manager	000006362	Singer, Barney				000006362	Singer, Barney	
Center	1270	Civil Society & Peace Building				1270	Civil Society & Peace Building	
Customer	AIDHHS	U.S. Agency for Inter'l Development		AIDHHS		U.S. Agency for Inter'l Development		
Status	O					B		
Date Last Billed	06/30/2014			06/30/2014				
Type	COST					CP		
Client Customer Number	HFP-A-00-03-00020-00			656-A-00-09-00164-00				

Amount Billed: \$37,207,342.48 Amount Paid: \$(38,420,636.88) Accounts Receivable Balance: \$(1,213,294.40)

Date Ranges: MTD 06/01/2014-06/30/2014 YTD 06/01/2014-06/30/2014

Element of Cost Number and Description	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
6814 Allowances-Post COLA	57,505.00			944.35		56,560.65
6815 Allowances-Post Differential	983,061.00	3,972.37	3,972.37	607,020.37		376,040.63
6852 Allowances-Housing/Living	1,530,075.00	7,356.77	7,356.77	1,119,330.37		410,744.63
6856 Allowances-TQSA	85,212.00			26,851.14		58,360.86
6800 Allowances	<u>3,348,587.00</u>	<u>11,329.14</u>	<u>11,329.14</u>	<u>2,333,702.16</u>	69.69%	<u>1,014,884.84</u>
6831 Equipment (>=\$5,000)	381,927.00			163,214.29		218,712.71
6832 Equipment-Freight				4,892.68		(4,892.68)
6833 Commodities	69,098.00			1,952.09		67,145.91
6830 Equipment	<u>451,025.00</u>	<u>0.00</u>	<u>0.00</u>	<u>170,059.06</u>	37.71%	<u>280,965.94</u>
6860 VAT PASSTHRU Purchases > \$500				41,346.42		(41,346.42)
6861 VAT PASSTHRU Purchases < \$500		2,904.96	2,904.96	457,403.81		(457,403.81)
6860 VAT PASSTHRU	0.00	2,904.96	2,904.96	498,750.23		(498,750.23)
6901 Subcontracts-US Owned Org	1,993,160.00	(1,925.81)	(1,925.81)	162,379.36		1,830,780.64
6902 Subcontract-Non US Owned Org	18,549,999.00	172,157.01	172,157.01	11,174,605.05		7,375,393.95
6900 Subcontract Expenses	<u>20,543,159.00</u>	<u>170,231.20</u>	<u>170,231.20</u>	<u>11,336,984.41</u>	55.19%	<u>9,206,174.59</u>
8000 Participant Expenses-General	1,717,256.00			322,834.95		1,394,421.05
8000 Participant Expenses	<u>1,717,256.00</u>	<u>0.00</u>	<u>0.00</u>	<u>322,834.95</u>	18.80%	<u>1,394,421.05</u>
Subtotal Direct Expenses	<u>44,813,960.29</u>	<u>452,806.60</u>	<u>452,806.60</u>	<u>29,568,005.21</u>	65.98%	<u>15,245,955.08</u>
Fringe Benefits	1,623,951.03	25,309.52	25,309.52	1,068,454.49	65.79%	555,496.54
Direct Overhead	7,635,593.02	117,234.35	117,234.35	6,414,029.91	84.00%	1,221,563.11
Subcontract G & A	926,496.42	6,826.27	6,826.27	277,680.65	29.97%	648,815.77
Total Direct and Indirect Costs	<u>55,000,000.76</u>	<u>602,176.74</u>	<u>602,176.74</u>	<u>37,328,170.26</u>	67.87%	<u>17,671,830.50</u>

425,119.27

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Status Report

	<u>Contract Information</u>	<u>Invoice Entity Information</u>	<u>CLIN Information</u>
Number and Title	3253 CAP	325317 CAP Mozambique II	325317 CAP Mozambique II
Period of Performance	08/11/2003-10/04/2018		07/27/2009-07/26/2016
Client Budget	\$266,526,159	55,000,000.00	\$55,000,000
Client Fees	\$0	0.00	\$0
Client Funding	\$174,523,270 Percent Spent 21.39	41,365,891.00	\$41,365,891 Percent Spent 90.24
Manager	000006362 Singer, Barney		000006362 Singer, Barney

Center	1270	Civil Society & Peace Building			1270	Civil Society & Peace Building
Customer	AIDHHS	U.S. Agency for Inter'l Development	AIDHHS	U.S. Agency for Inter'l Development		
Status	O				B	
Date Last Billed	06/30/2014		06/30/2014			
Type	COST				CP	
Client Customer Number	HFP-A-00-03-00020-00		656-A-00-09-00164-00			

Amount Billed:	\$37,207,342.48	Amount Paid:	\$(38,420,636.88)	Accounts Receivable Balance:	\$(1,213,294.40)
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Date Ranges: MTD 06/01/2014-06/30/2014 YTD 06/01/2014-06/30/2014

Element of Cost Number and Description	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
Billed Fixed Fees						
Unbilled Fixed Fees						
License Fees						
Interest Earned						
Budget Variance						
Cost Share						
Total Costs	<u>55,000,000.76</u>	<u>602,176.74</u>	<u>602,176.74</u>	<u>37,328,170.26</u>	67.87%	<u>17,671,830.50</u>
Salary Ceiling						
Fringe Ceiling				(28,763.61)		
Overhead Ceiling				290,895.31		
GA Ceiling				123,765.11		
Outstanding Employee Advances				(4,669.45)		
Outstanding Subcontract Advances						
Prepaid Travel Expenses						

Status Report

	<u>Contract Information</u>		<u>Invoice Entity Information</u>		<u>CLIN Information</u>		
Number and Title	3253	CAP	32531799	Unbillable	32531799	Unbillable	
Period of Performance	08/11/2003-10/04/2018				08/11/2003-07/26/2014		
Client Budget	\$266,526,159			0.00	\$0		
Client Fees	\$0			0.00	\$0		
Client Funding	\$174,523,270	Percent Spent 0.00		0.00	\$0	Percent Spent 0.00	
Manager	000006362 Singer, Barney				000006362 Singer, Barney		
Center	1270	Civil Society & Peace Building			1270	Civil Society & Peace Building	
Customer	AIDHHS	U.S. Agency for Inter'l Development	AIDHHS	U.S. Agency for Inter'l Development			
Status	O				N		
Date Last Billed	//			//			
Type	COST				CP		

Client Customer Number HFP-A-00-03-00020-00

656-A-00-09-00164-00

Amount Billed: \$0.00

Amount Paid: \$0.00

Accounts Receivable Balance: \$0.00

Date Ranges: MTD 06/01/2014-06/30/2014 YTD 06/01/2014-06/30/2014

Element of Cost Number and Description	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
Subtotal Direct Expenses	0.00	0.00	0.00	0.00		0.00
Fringe Benefits	0.00					
Direct Overhead	0.00				0.00%	
Subcontract G & A	0.00					
Total Direct and Indirect Costs	0.00	0.00	0.00	0.00		0.00
Billed Fixed Fees						
Unbilled Fixed Fees						
License Fees						
Interest Earned						(78,567.67)
Budget Variance		500.00	500.00	78,567.67		
Cost Share						
Total Costs	0.00	500.00	500.00	78,567.67		(78,567.67)
Salary Ceiling						
Fringe Ceiling						
Overhead Ceiling						
GA Ceiling						
Outstanding Employee Advances						
Outstanding Subcontract Advances						
Prepaid Travel Expenses						

Status Report

	Contract Information	Invoice Entity Information		CLIN Information
Number and Title	3253 CAP	325317 CAP Mozambique II		325317 CAP Mozambique II
Period of Performance	08/11/2003-10/04/2018			07/27/2009-07/26/2016
Client Budget	\$266,526,159	55,000,000.00		\$55,000,000
Client Fees	\$0	0.00		\$0
Client Funding	\$178,098,001	Percent Spent 22.12	44,940,622.00	\$44,940,622
				Percent Spent 87.65
Manager	000006362 Singer, Barney			000006362 Singer, Barney
Center	1270 Civil Society & Peace Building			1270 Civil Society & Peace Building
Customer	AIDHHS U.S. Agency for Inter'l Development	AIDHHS U.S. Agency for Inter'l Development		
Status	O			B
Date Last Billed	08/31/2014	08/31/2014		
Type	COST			CP
Client Customer Number	HFP-A-00-03-00020-00	656-A-00-09-00164-00		

Amount Billed: \$38,409,467.80 Amount Paid: \$(39,177,083.37) Accounts Receivable Balance: \$(767,615.57)

Date Ranges: MTD 07/01/2014-09/30/2014 YTD 07/01/2014-09/30/2014

		Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
5000 Fringe Benefits			7,279.16	7,279.16	8,073.76		(8,073.76)
6000 Salaries and Wages		5,747,378.79	152,744.07	152,744.07	4,209,380.41	73.24%	1,537,998.38
6001 Local Staff Salaries		5,327,936.00	186,197.53	186,197.53	4,147,364.00	77.84%	1,180,572.00
6040 Consultant's Expenses		431,292.00	2,069.85	2,069.85	203,072.01	47.08%	228,219.99
6400 Travel		2,276,223.00	89,210.61	89,210.61	2,424,591.74	106.52%	(148,368.74)
6600 Other Direct Costs		4,971,103.50	212,742.20	212,742.20	4,563,435.90	91.80%	407,667.60
6800 Allowances		3,348,587.00	186,699.40	186,699.40	2,520,401.56	75.27%	828,185.44
6830 Equipment		451,025.00			170,059.06	37.71%	280,965.94
6860 VAT PASSTHRU			15,997.22	15,997.22	514,747.45		(514,747.45)
6900 Subcontract Expenses		20,543,159.00	754,167.26	754,167.26	12,091,151.67	58.86%	8,452,007.33
8000 Participant Expenses		1,717,256.00	24,029.77	24,029.77	346,864.72	20.20%	1,370,391.28
Subtotal Direct Expenses		44,813,960.29	1,631,137.07	1,631,137.07	31,199,142.28	69.62%	13,614,818.01
Fringe Benefits		1,623,951.03	58,331.13	58,331.13	1,126,785.62	69.39%	497,165.41
Direct Overhead		7,635,593.02	340,343.70	340,343.70	6,754,373.61	88.46%	881,219.41
Subcontract G & A		926,496.42	30,242.11	30,242.11	307,922.76	33.24%	618,573.66
Total Direct and Indirect Costs		55,000,000.76	2,060,054.01	2,060,054.01	39,388,224.27	71.61%	15,611,776.49
Billed Fixed Fees							
Unbilled Fixed Fees							
License Fees							
Interest Earned							
Budget Variance							
Cost Share							
Total Costs		55,000,000.76	2,060,054.01	2,060,054.01	39,388,224.27	71.61%	15,611,776.49
Salary Ceiling							
Fringe Ceiling					(28,763.61)		
Overhead Ceiling					290,895.31		
GA Ceiling					123,765.11		
Outstanding Employee Advances			3,174.00	3,174.00	(1,495.45)		
Outstanding Subcontract Advances							
Prepaid Travel Expenses							

<u>Contract Information</u>				<u>Invoice Entity Information</u>		<u>CLIN Information</u>			
Number and Title	3253	CAP		32531799	Unbillable		32531799	Unbillable	
Period of Performance	08/11/2003-10/04/2018					08/11/2003-07/26/2014			
Client Budget	\$266,526,159				0.00	\$0			
Client Fees	\$0				0.00	\$0			
Client Funding	\$178,098,001	Percent Spent	0.00		0.00	\$0	Percent Spent	0.00	
Manager	000006362 Singer, Barney					000006362 Singer, Barney			
Center	1270	Civil Society & Peace Building				1270	Civil Society & Peace Building		
Customer	AIDHHS	U.S. Agency for Inter'l Development		AIDHHS	U.S. Agency for Inter'l Development				
Status	O					N			
Date Last Billed	//				//				
Type	COST					CP			
Client Customer Number	HFP-A-00-03-00020-00				656-A-00-09-00164-00				

Amount Billed: \$0.00 Amount Paid: \$0.00 Accounts Receivable Balance: \$0.00

Date Ranges: MTD 07/01/2014-09/30/2014 YTD 07/01/2014-09/30/2014

Class Number and Description	Approved Client Budget	Month To Date Expenses	Year To Date Expenses	Project To Date Expenses	Percent of Budget Spent	Budget Remaining
Subtotal Direct Expenses	0.00	0.00	0.00	0.00		0.00
Fringe Benefits	0.00					
Direct Overhead	0.00				0.00%	
Subcontract G & A	0.00					
Total Direct and Indirect Costs	0.00	0.00	0.00	0.00		0.00
Billed Fixed Fees						
Unbilled Fixed Fees						
License Fees						
Interest Earned						(78,567.67)
Budget Variance				78,567.67		
Cost Share						
Total Costs	0.00	.00	.00	78,567.67		(78,567.67)
Salary Ceiling						
Fringe Ceiling						
Overhead Ceiling						
GA Ceiling						
Outstanding Employee Advances						
Outstanding Subcontract Advances						
Prepaid Travel Expenses						

Quarterly Report - Financial Information

Implementing Partner: FHI360

Activity Name: CAP Mozambique

Implementation Period: July - September 2014

Line Item ¹	Total Life of the Project Budget (LOP)	Total Amount Obligated (to date)	Mortgage	Planned Expenditures for the quarter	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures) ²	Pipeline	Projection (October 2014 - February 2015)
					Prior	This Quarter	Total			
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=D+E	(H)=F/D-1	(H)=B-G	(H)
Personnel & Fringe	179,307.18		179,307.18	21,314.92	20,214.54	50,737.70	70,952.24		(70,952.24)	69,093.76
Benefits & Fringe	26,372.03		26,372.03	4,493.47	3,706.97	3,670.74	7,377.71		(7,377.71)	9,606.52
Travel	36,227.36		36,227.36	5,473.61	3,308.39	8,899.54	12,207.93		(12,207.93)	10,675.42
Equipment >\$5K	-		-	-	-	123.20	123.20		(123.20)	-
Supplies	2,452.10		2,452.10	70.16	118.59	967.62	1,086.21		(1,086.21)	931.81
Training	124,019.32		124,019.32	3,301.01	6,017.17	48,814.14	54,831.31		(54,831.31)	44,369.49
Sub grants*	25,886.00		25,886.00	15,000.00	1,381.53	(0.28)	1,381.25		(1,381.25)	25,886.00
Consultancy	-		-	-	-	-	-		-	-
Other Direct Costs	43,166.77		43,166.77	1,189.97	4,849.47	17,106.42	21,955.89		(21,955.89)	13,230.24
Total Direct Costs	437,430.77		437,430.77	50,843.13	39,596.66	130,319.08	169,915.74		(169,915.74)	173,793.24
Indirect Costs	62,569.67		62,569.67	12,997.15	9,788.66	11,414.85	21,203.51		(21,203.51)	22,678.13
Grand Total	500,000.44	500,000.00	0.44	63,840.28	49,385.32	141,733.93	191,119.25		308,881.18	196,471.37

Notes

1. The budget line may vary from one project to another, the items must be in line with the approved budget for the project.
2. Please provide short explanation on deviation

Organizations that conduct testing in communities or work together with organizations that conduct HTC in communities

Org	Counseled		HTC		HIV test results		Referred to pre-or ARV		Completed referral ARV		Index	Comments
	Gender	Age	Gender	Age	Gender	Age	Gender	Age	Gender	Age		
CCM	x	x	x	x	x	x	x	-	x	-	-	
Nafeza - old	x		x	-	-	-	-	-	-	-	-	
Kukumi - old	x		x	-	-	-	-	-	-	-	-	
Nafeza - new	x	x	x	x	x	x	x	x	-	-	-	
Kukumi - new	x	x	x	x	x	x	x	x	-	-	-	
ANDA OVC	x	x	x	x	x	x	x	x	x	x	x	As of FY2015
ANDA KP	x	x	x	x	x	x	x	x	-	-	-	
Ophavela with SCIP	x	x	x	x	?	?	-	-	-	-	-	As of FY15 in one district
Ophavela with DPS	x	x	x	x	x	x	x	x	-	-	-	As of FY15 in two districts

- Not available
 x Available
 Summary available
 x Available in data base

Organization that refer to HTC

Org	Counseled		Referred to HTC		Completed HTC ref		Results of HIV test		Referred to pre-or ARV		Completed referral ARV		Index	Comments
	Gender	Age	Gender	Age	Gender	Age	Gender	Age	Gender	Age	Gender	Age		
Niiwanane - old	# of families counseled		-	-	x by individual	x by individual	-	-	-	-	-	-	-	
Niiwanane - new	x	x	x	x	x	x	-	-	If results shared		If results shared		x	As of FY2015
Kubatsirana - old	-	-	-	-	-	-	-	-	-	-	-	-	-	
Kubatsirana - new	x	x	x	x	x	x	-	-	If results shared		If results shared		x	As of FY2015
HACI subs	x	x	x	x	x	x	-	-	If results shared		If results shared		x	As of FY2015 - received orientation from Esperanca
IBFAN	-	-	-	-	-	-	-	-	-	-	-	-	-	