

CAP Mozambique

Strengthening Leading Mozambican NGOs and Networks II

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Acronyms & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMME	<i>Associação Moçambicana de Mulher e Educação</i>
AMODEFA	Mozambican Association for the Defense of the Family
AMOG	<i>Associação Moçambicana de Obstetras e Ginecologistas</i>
ANDA	<i>Associação Nacional para o Desenvolvimento Auto-Sustentado</i>
ANEMO	National Association of Nurses of Mozambique
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ATS	Anonymous Testing Service
BCC	Behavior Change Communication
BCI	<i>Banco Comercial e de Investimentos</i>
BOM	<i>Banco de Oportunidade de Mozambique</i>
CAP	Capable Partners Program
CBO	Community-Based Organization
CCM	Christian Council of Mozambique
CEP	Citizens Engagement Program
CHASS-SMT	Clinical HIV/AIDS Services Strengthening in Sofala, Manica and Tete
CMA	<i>Comunidade Moçambicana de Ajuda</i>
CNCS	National AIDS Council
CSI	Child Status Index
CSO	Civil Society Organization
CTA	Confederation of Trade Associations
DOP	<i>Diagnostico Organizacional Paticipativa</i>
DPMAS	Provincial Directorate of Women and Social Action
DQA	Data Quality Assessment
DSF	<i>Douleur Sans Frontieres</i>
ECOSIDA	<i>Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária</i>
ED	Executive Director
FBO	Faith-Based Organization
FC	Fiscal Council
FDC	Federation for Community Development
FP	Family Planning
GAAC	<i>Grupo de Adesao e Apoio Comunitario</i> (Community Adherence and Support Group)
GBV	Gender-based Violence
GMW	Grants Management Workshop
GLM	Governance, Leadership and Management
HACI	Health for Africa's Children Initiative
HBC	Home-Based Care
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HPP	Health Policy Project
HTC	HIV Testing and Counseling
IBFAN	International Breast Feeding Action Network
ICBP	Integrated Capacity Building Plan
ICS	Internal Control Systems
IEC	Information, Education and Communication
ILO	International Labor Organization
IYCN	Infant and Young Child Nutrition

Kukumbi	<i>Organização de Desenvolvimento Rural</i>
LDC	Direitos das Crianças Liga
LMI	Leadership and Mentoring Initiative
LOE	Level of Effort
MARP	Most-At-Risk Population
MASC	<i>Mecanismo de Apoio a Sociedade Civil</i>
MGCAS	<i>Ministério de Género, Crianças e Acção Social</i> (Ministry of Gender, Children and Social Action, formerly MMAS)
MISAU	<i>Ministério de Saúde</i> (Mozambique Ministry of Health)
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MUAC	Mid-Upper Arm Circumference
NAFEZA	<i>Núcleo das Associações Femininas de Zambézia</i>
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	<i>Associação para o Desenvolvimento Socio-Económico</i>
OVC	Orphans and Vulnerable Children
PAANE	<i>Programa de Apoio aos Actors Nao Estatais</i> (non-state actors support program)
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
RIG	Regional Inspector General
ROADS	ROADS to a Healthy Future
Rede CAME	Network Against Abuse of Minors
REPSSI	Regional Psycho-Social Support Initiatives
RFA	Request for Applications
ROSME	<i>Regulamento de Orgãos Sociais e Membros</i>
SAPM	Semi-annual Partners Meeting
SAR	Semi-Annual Report
SBCC	Social and Behavior Change Communication
SCIP	Strengthening Communities through Integrated Programming project
SDSMAS	District-level Representation of Women and Social Welfare Ministry
SMART	Specific Measurable, Achievable, Realistic, and Timebound
SRH	Sexual and Reproductive Health
TA	Technical Assistance
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
VSO	Volunteer Service Organization

I. Project Overview

A. PROJECT DURATION

Seven years

B. STARTING DATE

July 27, 2009

C. LIFE OF PROJECT FUNDING

USD 55 million

D. GEOGRAPHIC FOCUS

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

E. PROGRAM/PROJECT OBJECTIVES

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

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

II. Executive Summary

From the start, CAP Mozambique has taken the long view of strengthening local organizations. We not only collaborate to help them become more competent stewards of their organizations and better service providers, but also more resilient, credible, and connected to their communities. USAID's extending the project through 2016 enables us to complete many of the capacity building processes we started, support partners to apply and adapt tools and share lessons learned, as well as see and reap the results of investments made. This report highlights the value added by CAP Mozambique's work during this reporting period and in the last fiscal year.

Partners are making significant contributions to improve the health, social and economic well-being of the people in their communities. Their technical competence and service quality have improved commensurate with their commitment to embrace and adopt proven practices. In parallel, organizational changes are taking root as Partners see their investments in organizational development (OD), service provision and resource mobilization bear fruit in the form of government and donor recognition and funding.

"Before, the community denied the existence of HIV. Now, they talk about it and seek services."

—Community leader from Murrupula district, Nampula province at Ophavela's end-of-project event in September 2015

CAP Mozambique Partners continue to demonstrate their capacity to play an increasingly significant role in the nation's campaign to fight HIV, promote health and strengthen the social services system. In this reporting period alone, they have

- Referred 14,052 individuals to health services, 34 percent to HIV counseling and testing (HTC), and 47 percent to sexual and reproductive health (SRH) services, bringing the annual total of individuals referred to health care services to 29,716, approximately the same number as last year, but with fewer Partners contributing.
- Reached 2,397 orphans and vulnerable children (OVC) and caregivers, bringing the total number of OVC and caregivers served in FY15 to 10,189, a 33 percent increase over the prior year.
- Tested 2,965 individuals for HIV, 17 percent of whom were less than 15 years old, 54 percent were women and 6 percent of whom tested positive for HIV for a total of 6,269 this year.
- Reached 7,688 individuals with community debate sessions on topics including HTC, treatment literacy, gender norms and gender-based violence (GBV), SRH and HIV prevention for a total of 17,459 this fiscal year.
- Reached 6,508 individuals with an intervention that addressed gender, masculinity norms, and GBV for a total of 15,014 this fiscal year.

Partners' stronger relationships with government institutions and other service providers have significantly improved the health and social services systems' ability to effectively address needs of beneficiaries. For example, Niiwanane convinced the leadership of the Strengthening

Communities through Integrated Programming project (SCIP) to provide nutrition training to its *activistas* who are now educating beneficiary families to improve family nutrition. Niiwanane also advocates with the government institution responsible for dispensing food packages to ensure that the most needy, including Niiwanane beneficiaries, have access to this vital service. Kubatsirana advocated with the Provincial AIDS Committee to access funds for school uniforms and materials for 126 OVC beneficiaries. Kubatsirana negotiated with local health facilities to provide community-based testing. ANDA and other CBOs worked with the anti-retroviral therapy (ART) Committee to ensure that lists were distributed according to each CBO's geographic presence and improve service provider attitudes towards returning defaulters. These are just a few examples of how CAP Partners actively mobilize resources, advocate or otherwise seek solutions when faced with a problem or challenge. (*See Annex 1 for Partner Profiles.*)

Partners' increased capacity to draw on their experience and incorporate new tools and information has led to the service delivery results cited above and has been an indicator of their resiliency. Partners have initiated local solutions to respond to challenges they face with defaulter tracing and with participation in village savings and loan associations (VSLAs), for example. We helped our Partners improve their capacity to use the largely untested Child Status Index (CSI), develop care plans and provide family centered care. As a result, Partners have mastered the process of using the CSI and are providing better-targeted care to children. Partners have demonstrated their resilience as they integrated new components into their platforms over the past two years (HTC, GBV) and become increasingly effective. These organizations have transitioned from charity-oriented organizations to full development Partners.

Underpinning these strong results in service delivery and referrals, and improved technical capacity, are sustainable improvements in organizational systems.

- All nine organizations evaluated this year demonstrated improvement in five or more OD domains, with six showing improvement in nine or more domains.
- Seven of eight assessed through the Financial Health Check demonstrated improvement.
- Eleven of 16 proposals submitted by the first three organizations that completed the Resource Mobilization Workshop series were funded. Three are still awaiting a donor response.

In the area of organizational change, OD clients showed dramatic growth, a sign of the effectiveness of the alternative, less-intensive capacity building model we developed for non-grantees.

In order to disseminate the strong evidence from the Prevention Endline Study and Graduation analyses presented in SAR 12 and share lessons learned, CAP Mozambique has been invited to present at a number of conferences. The list below summarizes the presentations made recently:

- The positive impact of a capacity development project on HIV prevention knowledge, attitudes, and behaviors in Mozambique—poster presented at SA AIDS Conference in Durban in June 2015
- Reactions to a new social and behavior change strategy for HIV and GBV prevention in Mozambique—poster presented at SA AIDS Conference in Durban in June 2015

- Success factors that improve CBO contribution to HIV defaulter tracing—oral presentation at SA AIDS Conference in Durban in June 2015
- Yes CBOs CAN! Preventing HIV by integrating Gender and GBV—poster presented at Sexual Violence Research Initiative Conference in Cape Town in September 2015
- *Resultados de grupos focais avaliando uma estratégia de mudança social e de comportamento para Prevenção de HIV e GBV em Moçambique* (translation: Focus group results evaluating a SBCC strategy for preventing HIV and GBV in Mozambique) —oral presentation at Jornadas de Saude Conference in Maputo in September 2015

We note that the recommendations from the CSO Sustainability Study¹ completed in May 2015 align with the strategy and pioneering approach CAP Mozambique has taken in CSO capacity building. Not only does the study validate USAID’s investment in our work, it also points other intermediary service organizations (ISOs) in this direction, laying the groundwork for a wider adoption of the comprehensive, organization-centered approach CAP has championed.

III. Grant Activity

A. KEY ACHIEVEMENTS: GRANTS COMPONENT

In the current reporting period, CAP Mozambique:

- Extended ANDA’s Key Populations grant to enable the organization to expand services.
- Conducted a graduation process to assess Kubatsirana’s readiness for graduation.
- Awarded a new grant to ASF and submitted a new grant for approval to USAID for Kugarissica to support PPF activities in Sofala Province.
- Provided TA to Ophavela to develop a new grant proposal and budget for a USAID-directed grant in HIV care and treatment.
- Provided TA to multiple organizations on the award close-out process.

B. SPECIFIC ACTIVITIES: GRANTS COMPONENT

1. Graduation

On September 29, CAP Mozambique facilitated its fifth graduation process. The purpose of the exercise was to assess whether Kubatsirana was ready to graduate and be recommended for a USAID transition award. In addition, we reviewed how much Niiwanane and HACI had complied with recommendations we shared with them following their respective graduation assessments (February 2014 for Niiwanane; July 2014 for HACI). We determined that none of the three met the conditions to warrant graduating at this time. Kubatsirana and Niiwanane will be reevaluated in February 2016. After multiple reevaluations, HACI has not yet resolved fundamental problems, so will not be evaluated again. (*See Annex 2 for the Graduation Report.*)

¹The CSO Sustainability Study, supported by CAP Mozambique along with *Programa de Ações para uma Governação Inclusiva e Responsável* (AGIR), *Mecanismo de Apoio para Sociedade Civil* (MASC) and other donors, used online surveys, individual interviews and three regional seminars to probe for key factors to ensure sustainability of Mozambican organizations.

2. New grant

USAID orally requested that CAP provide a new award to Ophavela that focusses on community HIV counseling and testing and adherence and retention to HIV treatment in Nampula province. In anticipation of a formal request for this grant activity, CAP provided intensive TA to Ophavela to develop a grant proposal and budget for the potential grant award. (*See the Grant Agreement Chart in Annex 3.*)

We also awarded a new grant to ASF and submitted a grant for approval to USAID for Kugarissica (start date October 1).

3. Grant Extensions and Modifications

One grant award was extended during this reporting period. ANDA-KP was extended through April 30, 2016, to continue reaching sex workers and truck drivers in Manica Province. In addition, we processed modifications to obligate additional funds for the following grantees: HACI (twice) and Kubatsirana.

4. Grant Closeout

Ophavela and Kukumbi concluded their grant awards with CAP Mozambique on April 30, 2015. CCM Sofala concluded its award on May 31, 2015, and NAFEZA finished its grant on September 30, 2015. CAP Mozambique provided TA on grant close-out to each of these organizations well in advance of their final award dates. CCM Sofala completed close-out; the others are in progress.

5. Training and Technical Assistance

CAP Mozambique provided TA to HACI in monitoring financial progress of sub-grants. We demonstrated how to use the financial tracker CAP uses to monitor expenditures and how to evaluate advance requests.

Ophavela's proposed new award includes a subaward to Niiwanane. Because this is Ophavela's first time managing a subaward under a USAID award, the organization will need support. To ensure a good start, we provided Ophavela an orientation that included an overview of the steps and processes necessary to manage a subaward effectively.

IV. Organizational Development (OD)

A. KEY ACHIEVEMENTS: OD

- All nine organizations evaluated demonstrated improvement in five or more OD domains, with six showing improvement in nine or more domains.
- Eleven of 16 proposals submitted by the first three organizations that completed the Resource Mobilization Workshop series were funded.
- CAP Mozambique introduced an innovative and much-needed model for bylaws, *Regulamento of Orgãos Socias e Membros (ROSME)*.

- Partners took more ownership of the POAP and enthusiastically affirmed that it is a transformational activity.
- All Partners and OD Clients held regular, organized General Assembly meetings and elections, which formerly were rare occurrences.
- Two Fiscal Councils, with full organizational support, conducted internal compliance checks, presented reports and used evidence to highlight gaps and spur improvement.
- The recommendations from the CSO Sustainability Study completed in May 2015 align with the pioneering approach CAP Mozambique has taken in CSO capacity building.
- 760 individuals received training in institutional capacity building topics.
- Nine meetings were convened to facilitate community-based organizations CBOs, FBOs and NGOs sharing experiences and lessons learned.

B. SPECIFIC ACTIVITIES: OD

CAP Mozambique focused on supporting Partners to consolidate previous gains in key OD areas. Examples include: organizations routinely conducting well-organized General Assemblies and elections of new Board members, staff and Boards implementing policies and procedures and realizing success from applying resource-mobilization plans.

We note that of the nine organizations demonstrating change in five or more domains noted above, seven of these were OD Clients, and these organizations showed the most dramatic growth, some in as many as 14 areas. This can be attributed to the fact that they are new and less developed than most Partners, and, thus have more to change. It also indicates that the alternative, less-intensive approach we developed for non-grantees can be effective under appropriate circumstances. One of the factors is these organizations' strong desire and commitment to evolve, which was a key selection criteria.

We continued intensively coaching Partners to help bolster their prospects for the future. Based on the premise that a CSO's sustainability largely depends on the quality of the organization's governance, we developed and piloted the first-of-its-kind model for association bylaws in Mozambique. Titled *Regulamento de Órgãos Sociais e Membros* (ROSME), this document represents the state-of-the-art in CSO governance and is fully aligned with Mozambican legislation. We also supported Boards to prevent and respond to organizational crises, develop succession plans, and strengthen reserve funds. We helped Partners carry out typical close-out activities, including close-out meetings to share project results and strengthen the organization's reputation, project phase-out plans to guarantee a smooth transition and foster continuity of activities, as appropriate.

To ensure our advice to Partners is aligned with the best thinking on CSO sustainability, we sought out and reviewed current literature and actively participated in the CSO Sustainability Study working group. The working group is also reviewing results from sustainability studies conducted by JOINT—the League of NGOs in Mozambique and the European Commission. CAP Mozambique takes pride in the fact that our team is already working with Partners on key sustainability factors identified in the CSO Sustainability Study and in Independent Sector's *33 Principles for Good Governance and Ethical Practice*.

1. Participatory Organizational Assessment Process (POAP)

We conducted follow-up POAPs with five Partners—Rubatano, ASF, Kugarissica, NAFEZA, and Kukumbi²—before the end of the reporting period. This year, all Partners showed organizational progress as indicated in the Project Performance section of this report. (*See Partner Growth Analysis* in Annex 4.) Highlights included:

- Six organizations improved in human resources systems—policies and procedures, recruitment, compliance with labor law and/or performance evaluation.
- Five organizations now send regular reports to local government authorities.
- Three organizations improved their ability to collect membership fees, thereby boosting the amount of unrestricted funds that give an organization more flexibility and stability.
- Four organizations prepared improved organizational policies and procedures; the Board of one, Kugarissica, has approved and is applying them.
- Two organizations updated their statutes.
- Two organizations saw scores drop in key areas because of loss of key personnel.

The POAP, designed to foster organizational change, learning and development, inevitably raises challenges faced by local organizations. For example, Board members may have all the good will in the world, but do not always have the skills and backgrounds to execute their responsibilities. This was true of Rubatano's and Shinguirirai's Board members who needed to learn to use email to communicate with each other and the ED. Although CAP supports organizations' efforts to diversify their leadership, this can prove quite complicated to implement. For example, if an organization reaches beyond its community to identify Board members with more professional skills, the distance and work schedules of these members may be hurdles to organizing regular meetings and implementing the POAP. These challenges are not unlike those faced by nascent organizations elsewhere. Sometimes, Partners overrate their performance, despite evidence to the contrary. This may be compounded by their lack of experience with other organizations or, on occasion, pride in their own progress colors their analysis.

We support experienced Partners to facilitate their own POAPs. Representatives of NAFEZA's Board and Kukumbi's Board each co-facilitated their respective organization's POAP. This is an important milestone indicating that CSOs are prepared to carry on assessing their organizational capacity after CAP Mozambique ends.

NAFEZA's POAP merits a special mention because it highlights the value of the participatory process in bringing to light underlying concerns. NAFEZA had a long discussion regarding its performance as a network, with participants expressing diverse points of view. Member organizations want NAFEZA to facilitate access to funds for members instead of implementing projects directly. Yet, the executive is concerned that members do not have sufficient capacity to manage funds and projects. There was a plan to build the capacity of members, but the executive

² Because Kukumbi's POAP was conducted at the very end of the reporting period, there was insufficient time to complete a proper analysis. An analysis will be conducted at the start of the FY 16.

has not followed through on it. Members also suggested that they should elect organizational representatives to the Board, not individuals.

Recently developed integrated capacity building plans (ICBPs) are included in Annexes 5 and 5A. For those Partners and OD Clients whose *Programa Cuidade Comunitario* (PCC) or CAP Mozambique grants ended, we continue to be available to offer support by including OD clients and former Partners in activities for each province.

2. Training and TA in Organizational Development

a. Support Core Elements of Organizational Function

CAP Mozambique provides vital follow-up TA to help Partners and OD Clients to operationalize action plans that arise from trainings and coaching sessions. Primary foci at this stage are: internal governance, fundamental organizational documents that institutionalize good practices and orient staff and members, and support for Executive Directors (EDs). Each of these points is described in further detail below.

- ***Governance, Leadership and Management (GLM)***

In this reporting period, we provided governance, leadership and management support for five organizations, for a total of nine during the workplan year. We responded to Kukumbi's request for a GLM workshop to orient new Board members. However, we concentrated on moving the ROSME model forward. We designed and piloted the innovative ROSME model, a template for organizational bylaws.. This document assembles and organizes in one place resources CAP staff identified in the literature and from implementation experience. It is consistent with Mozambican laws (Law of Associations, Civil Code, etc.) and helps organizations operationalize the high-level guidance these laws provide.

The ROSME model bylaws are intended to reduce discretionary actions and bring consistency to internal governance practices in CSOs. ROSME covers the following:

- Membership guidelines, roles and responsibilities,
- Description of the three governing bodies—Board, Fiscal Council (FC), Convening Council (CC) and their respective roles and responsibilities, including disciplinary sanctions,
- Election processes,
- Meeting procedures and General Assembly Cycle,
- Accountability, and
- Ethics and conflicts of interest.

Participatory Methodologies that Prompt Change:

Generating an Organizational Timeline

In Kukumbi's GLM workshop, the facilitator asked long-serving Board members and the ED to prepare a timeline illustrating the organization's history from the Board perspective. This timeline became the basis for orienting new members to the Board. The exercise highlighted pivotal points in the history of the organization, in particular, seven years where the Board was less active and the ED assumed primary leadership of the organization. Many Board members attribute apparent power struggles between the ED and the Board to this gap.

Creating Case Studies

Analyzing a situation in a case study prompted organizations to clarify both the challenge and solution. In one instance, an organization acknowledged the consequences of planned or unexpected loss of key staff members and so developed succession plans. The tool concretized a theoretical possibility and helped the organization visualize what planning is necessary.

After two years of turmoil, Kubatsirana is entering a new and promising phase. With our support over the last six months, Kubatsirana revised its statutes, reducing the excessive power and influence its founding members wielded and clarifying the types of members and their participation in the General Assembly. CAP also reviewed and provided feedback on the organization's new strategic plan, resulting in a more coherent document. In June, the General Assembly not only elected a new Board President (PCD or *Presidente de Conselho de Direccao*), but also approved the revised statutes, the new 2015-19 Strategic Plan, and the audit report.

To ensure that the ROSME is both relevant and accurate, we sought input from practitioners and experts and piloted the template with ANDA, a Partner selected through a transparent competitive process. ANDA's ED and the Board President provided feedback on the guide. Furthermore, to verify consistency with Mozambican laws that regulate the constitution and function of CSOs, we hired two expert consultants—one professional with experience on multiple Boards and one lawyer. CAP supported a task force ANDA created to adapt its existing statutes using the template. The final draft was submitted to the ANDA members who provided feedback and is scheduled for approval in the General Assembly early in 2016. ANDA indicated that the template was good and easy to adapt and that once approved, the template would become a guide for internal governance. In FY16, ROSME will be introduced to all CAP Partners and OD Clients. (*See Annex 6 for the ROSME Model.*)

In other GLM areas, Partners and OD Clients followed up on and applied principles and practices learned in prior reporting periods:

- *Congregação das Irmãs Franciscanas Hospitaleiras da Imaculada Conceição* (CONFHIC) adjusted statutes to comply with the Mozambican Law of Associations. Its statutes were previously modeled on those of its Portuguese parent organization. The proposed new statutes will be reviewed at the GA meeting scheduled for October 2015.
- Shinguirirai, an OD Client, and Partner Kubatsirana carried out their respective GAs successfully, following guidelines developed under CAP. Because key documents such as the Fiscal Council report, strategic plan, and proposed revisions to bylaws were available for review beforehand, conversations were more thoughtful and their own statutes were closely followed.

b. Policies and Procedures (PPs) Manuals

We helped three more organizations—Kubatsirana, Kukumbi and NAFEZA—develop and apply key policies and procedures bringing the total number of organizations' PPs supported to 11 this year. These included policies on sexual harassment, HIV in the workplace, performance evaluation processes, a code of ethics, and others. Finalizing PPs tends to be a lengthy process because often times organizations do not respond to comments or simply cut and paste a policy from another source without considering its implications. We've noticed inertia, particularly around developing strong salary policies, the consequences of which are discussed below.

Our TA to NAFEZA and Kukumbi focused on using a performance evaluation process they adopted to assess staff performance. These two organizations, as do others, struggle with setting specific, measureable, attainable, realistic and timebound (SMART) performance objectives. In addition, while most other Partners and OD Clients have implemented a performance-evaluation process with staff, few Boards have applied this system to evaluate their EDs. We will provide further assistance in the upcoming reporting period, including piloting and disseminating a tool for evaluating EDs.

Partners are taking ownership of their policies and procedures, as opposed to putting them in a manual that gathers dust on a shelf because they were lifted from elsewhere just to fulfill a donor requirement. Examples of how Partners are actively applying policies and procedures, include:

- Niiwanane applied its human resources policies when taking disciplinary action against an employee with performance issues and in recruiting a new person.
- Kukumbi and Ophavela used their performance review results to inform decisions regarding promotions for certain staff.
- ANDA has initiated disciplinary actions against two staff who opened a bank account without authority.

We find that Partners are still challenged to implement salary policies correctly despite our best efforts. During the July semi-annual Partners meeting (SAPM), Partners tested their knowledge and practices of labor law and taxes by analyzing a case study on salary and tax calculation. (*See Annex 7 for the Case Study: Risks of Using Separate Contracts and Paystubs.*)

In Mozambique, it is not uncommon for organizations to produce multiple pay stubs for an employee whose position is funded by multiple donors. This erroneous practice leads to miscalculation of taxes and can lead to a heavy penalty by the Tax Authority.

ANDA received extensive TA to develop and apply salary policies and was making excellent progress when a new donor raised questions the organization tried to resolve without seeking CAP support. Although ANDA has a salary scale, there are gaps in its salary policies, including how to determine the appropriate salary for new staff or merit increases or promotions. Nor is it clear what to do when funding for a position changes or a project ends or a new one begins. ANDA is struggling to apply policies correctly and consistently and manage multiple donors and budgets. In this case, ANDA intended to create an amendment to increase salary in a contract to an amount it *would like* to pay the person, not the amount the NGO is *able* to pay, based on budgets and commitments from donors. This creates potential liability for the organization if it is not able to meet the salary level provided for in the employment contract. ANDA continues to sign full-time contracts, instead of part-time.

To compound these challenges, many donors do not verify salaries in budgets, nor do staff of non-USG donors have a strong understanding of levels of effort (LOE) and time cards. In addition, non-USG donors may give contradictory guidance or refuse to accept when the Partner tries to apply a policy of shared costs based on time actually spent rather than budgeted. We raise this issue because it is an area where local organizations are vulnerable

and where consistent practice among donors, including USAID, is necessary to reinforce the proper practices around determining, and paying salaries and splitting salaries across different funders CAP Mozambique will organize a workshop with other donors in FY16 to raise awareness of issues around salary policies, including the risks for organizations and funders, and recommend specific steps that can be taken to reinforce best practices. These include verifying employment contracts and salary policies and scales before approving budgets, insisting on single contract/single paystub practice in financial reporting.

c. Manage Leadership and Mentoring Initiative (LMI)

The LMI proved once again to be a very good avenue for improving the management skills of Partner and OD Client EDs. Mentor reports show that mentees are indeed honing their skills:

- Sandra Pelele from CA Bárue has made good progress planning and coordinating the work of her team, allowing her to focus more on management level responsibilities.
- Helena Cibia from CMA gained confidence delegating to staff and enhancing collaboration between team members, so not everything hinges on her.
- Juvêncio de Jesus from ASF improved his communication with potential donors and is concluding partnerships with a marketing firm and the municipality.
- Rita Rocha felt encouraged to revise the CONFHIC statutes and to submit them for approval at the forthcoming GA.
- Julio Langa from HOPEM is learning about delegation and seeking mentors' advice on contracting a new coordinator.

These achievements took place despite challenges related to the mentees' own commitments and availability and strained mentor-mentee communication. Two of eight mentors were only able to organize one meeting with their mentee; another, not even one. Several of the mentors are from donor organizations. If possible, we will explore to what degree this is an incentive or a barrier to an effective mentoring relationship. We learned that distance and communication could be bridged by financing two trips for the mentor to visit the mentee at his or her organization, thereby fostering greater understanding of the mentee's reality.

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

CAP Mozambique TA continued to help Partners and OD clients apply the tools and operationalize the financial management principles they learn.

- ***Financial Health Checks***

CAP Mozambique conducted Financial Health Checks with six organizations during this reporting period. The results of these checks are included in the Performance Indicators section of this report, under the analysis of organizational change. In this report, we only analyze the results for those organizations who also participated in POAPs, so we can report on organizational change overall. The remaining Health Checks will be analyzed in the next reporting period along with the POAPS for those organizations. (See SAR 7 for details on Financial Health Checks.)

- ***Fiscal Council (FCs) and Board Training***

We organized three provincial-level FC and Board exchange meetings in Manica, Quelimane and Maputo. In addition to following up on their action plans, participants learned about the importance of succession plans. This is further discussed in the section on Change Management below. As a result of this discussion, the ten organizations participating decided to draft succession plans for their key positions.

The FCs of three OD clients demonstrated a better understanding of their roles and responsibilities. Two years ago these organizations had no idea of the role of a FC, let alone how one conducts its business. Now, the organizations' FCs understand their roles, include more qualified members, verify documents, comply with internal procedures and/or conduct field visits to confirm activities. A few examples follow:

- Rubatano's FC analyzed the OVC project's activity plans and budget, visited the kids clubs and checked to make sure the three services were provided— nutrition, education and health.
- CA Bárue's FC conducted field visits and a compliance check and issued recommendations for improvement such as: share the staff workplan with everyone; justify all trips made by the driver, and check the inventory more frequently if there are many of a certain type (for example, chickens).
- Shingirirai FC reviewed the executive team reports and presented its opinion to the General Assembly.
- ANDA has taken the step of having its FC review each monthly financial report before sending it to a donor in order to reduce the number of errors by verifying, for example, whether proper signatures are in place.

Two Partners—ANDA, and NAFEZA—performed internal procedure compliance checks with a focus on financial systems. They prepared reports that included recommendations for approval. OD clients require more TA for carrying out and reporting on these internal compliance checks. In this reporting period, CAP trained NAFEZA and Kukumbi to conduct the financial spot check. NAFEZA's FC performed its spot check, having selected provision of food for seminars and conferences for the period of 2013 to 2015. Each organization will report to us early in FY 16.

Most of the Partners and OD Clients now realize the value of a Fiscal Council's contribution to improving financial systems, whereas before the FC was seen as a dispensable body whose absence neither hindered nor helped the organization function effectively.

- ***Training and TA in Mango Practical Financial Management for NGOs***

We provided one Mango training for two OD clients—CA Bárue and HOPEM, including CEMO (*Centro de Estudos Moçambicanos e Internacionais*), a member of the HOPEM network. HOPEM requested this training for all senior staff CA Bárue requested this training after its Board and executive leadership changed.

- ***TA to Finance Staff in Financial Reporting***

We continue to review Partners' monthly financial reports. As noted in our previous report, we changed our feedback methodology. We still review Partner financial reports and supporting documentation in full. However, instead of specifying each error, we indicate only the number of errors and the total sum which will be disallowed if errors are not corrected within five days. As a result, we have seen improvement, due in no small part to EDs and Board members paying closer attention when they see potential disallowed costs. In cases where a Partner is not able to find the error(s), this indicates further TA is needed.

Partners demonstrated improved financial reporting capacity as well by preparing timely and reliable requests for funds that facilitate processing without interrupting cash flow and requesting procurement approvals based on the correct version of the budget. Moreover, because CAP provided compliance training for Kubatsirana's whole project team, the organization was able to submit reasonable reports and requests for approval even when its accountant was on maternity leave for six months.

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

CAP continues to promote Partners at meetings, conferences and forums with donors and other implementing partners whenever possible. Partners who will be meeting with CAP in Maputo are encouraged to also schedule meetings with USAID and other donors. NAFEZA, Ophavela and CCM Sofala had the opportunity to participate in the presentation of Endline findings for USAID.

- ***Resource Mobilization Workshop Series***

In little more than a year after initiation of the series of Resource Mobilization Workshops, the cohort of Partners from the initial training are seeing remarkable results. The three organizations submitted 16 proposals; of these, 11 were awarded and have signed agreements, one is approved, three await responses from the respective funders; and one was not accepted. The donors approached include multilaterals (UN Women, UNICEF), bilaterals (PAANE—*Programa de Apoio aos Actors Nao statais*, DFID, the French Embassy), religious institutions (Dorcas Aid), and other civil society donors (ESSOR – International Solidarity Association, CEP, OXFAM). (*See Results of Resource Mobilization Efforts in Annex 8 for a table summarizing the submissions and status.*) In addition, CCM and ANDA are partners under the CHASS extension and have been selected to participate in the YouthPower project, both funded by USAID and awarded to FHI 360.

We conducted Phase I of the second series of Resource Mobilization (RM) Workshops with 19 participants from five organizations—Orphavela, Kubatsirana, HACI, Niiwanane and Shingirirai. We improved the design based on lessons learned from the first series. Partners appreciated the structured, systematic and practical approach to developing a resource mobilization strategy. By the end of the workshop, each Partner had developed a Resource Mobilization strategy and an action plan. We anticipate the results of this cohort will be as strong as those of the first, as mentioned above. We will organize Phase

II of the RM Workshops in FY16 .This will focus on promoting the organization, including skills for negotiating with donors.

Although we encouraged organizations to pursue revenue generation, individual donations and other less-traditional RM approaches in the Phase I workshop, most strategies focused on submitting solicited and unsolicited proposals. As a follow-up, we organized a session on income generating activities (IGA) during the SAPM in July. OD client CONFHIC presented its experience launching and managing a host of activities, including managing a bakery and renting out space for conferences. Other organizations provided examples, including renting warehouse space or providing consulting services. The presentations helped participants realize what is possible. During the prior reporting period, CAP also worked with Partners on strengthening their systems to manage unrestricted funds by applying the same procedures as they do for donor funds.

- ***Change Management***

We continued to provide TA to help Boards and EDs anticipate and plan for change and, by so doing, mitigate potential risks and create opportunities.

During the July SAPM, we helped each Partner organization develop its exit strategy, with an eye to maintaining strong community relationships, retaining staff, and continuing activities as much as possible once CAP funding ends. CCM Sofala and Ophavela opted to prepare public project-close-out events to share their lessons learned and demonstrate their enhanced capacity to government officials, implementing partners and other relevant stakeholders. CAP prepared and distributed an end-of-project evaluation document that summarized each Partner's results and shared information on each Partner's capacity.

To help Partners reduce the negative impact of sudden staffing changes, we devoted a session of provincial Board and FC meetings to succession planning. Several Partners faced a major staffing change during the life of their CAP Mozambique-funded project as staff found other opportunities, became ill, or left to study. Through case studies, we presented participants with situations, such as resignation of the ED, that require rapid response from the Board to avoid disruption of services. Participants learned to identify the objective of succession planning, its components, timelines and the Board's responsibilities. Participating organizations were encouraged to draft succession plans to fill key positions they had identified. We have offered TA to those organizations that presented us with a draft plan.

We supported other Partners to successfully manage change, mostly linked to staffing transitions. These are described in the Program Management TA section of this report.

- **Strategic Plan**

We supported Niiwanane’s Board and ED to develop an organizational strategic plan, a key document to orient the organization and serve as a platform for resource mobilization.

- **Graduation**

Between July and September, we conducted our fifth set of graduation evaluations to determine whether three more organizations could meet the established operational and performance criteria. We assessed Kubatsirana for graduation and revisited Niiwanane and HACI to learn whether sufficient progress had been made addressing prior recommendations. Although both Kubatsirana and Niiwanane demonstrated significant improvement, neither organization was recommended for graduation. The evaluation will be shared with the organizations early in FY16 so that they have an opportunity to make any necessary adjustments before being reevaluated in February 2016. HACI showed improvement in programmatic areas, but the same core issues of accountability, data management and inconsistent performance persist, despite feedback, board and leadership engagement. They will not be evaluated again.



Niiwanane member records discussion in their strategic planning session.

- **Sustainability Study**

The Civil Society Organizations Sustainability Study, commissioned by CAP and other donors, was finalized in May 2015. The findings and recommendations were presented to the funder/members of the CSO Sustainability Study group³ (CSSG) and invitees at CAP’s August *Intercambio*. (See Annexes 9 and 10 for the Executive Summary in English and the Full Report in Portuguese.)

Findings

The study identified 15 key factors that limit the sustainability of Mozambican CSOs. Listed verbatim below, those factors that are starred* have been or continue to be addressed by CAP Mozambique.

1. *Little diversification of their sources of resources, including own revenue generation;

³ The CSO Sustainability Study Group (CSSG) funder/members include CAP Mozambique, AGIR, MASC, Helvetas, KEPA, Oxfam, and Diakonia.

2. *Not implementing financial reserve generation strategies;
3. *A weak sense of good governance and good management;
4. The national high corruption phenomenon;
5. *A weak learning, innovation, adaptation, evolution and reinvention capacity;
6. *Weak resilience;
7. Weak demand for and demonstration of efficiency, value for money and impact of their interventions;
8. *Weak recognition of the importance and exercise of management and leadership competencies;
9. *A weak sense of Mission among their members, constituents and non-executive governance bodies;
10. Uncertainties regarding the availability of funds;
11. The funding paradigm is based on “per project” and “annual funding”;
12. *The limited capacity of their own partner IO [ISO]s;
13. The existing corruption in IO [ISO]s ;
14. *The inability to recruit and retain highly skilled managers and employees; and
15. *The weaknesses of their recruitment and selection processes.⁴

Recommendations

CSO Sustainability Study recommendations included the following elements in a medium term (five-year) period:

- CSO centered—all interventions are conceived, designed, and implemented to respond precisely to the needs, context, and objectives of each organization.
- A focus on the logic of sustainability rather than the logic of capacity building—the program should be designed with a long term view of sustainability, with capacity building a means to an end, rather than an end in and of itself.
- Integrated vision—all elements mentioned above should be addressed in a harmonious manner, not isolated or ad hoc.
- Medium- or long-term vision—a package of intervention should be conceived with a least a five year time frame.
- Genuine interest of CSO members and donors—the CSO must initiate their involvement; all members and leadership must share a genuine sense of mission and an interest in creating social value. Donors must be ready to shift paradigms and work in an integrated manner to support CSOs.⁵

CAP Mozambique addresses ten of the barriers raised, as noted in the above list. In addition, we believe that the study’s recommendations align with key features of our project. We have pioneered strategies to raise awareness of factors identified in the international literature, but not strong in Mozambique, including, learning and adaptation

⁴ CSO Sustainability Study

⁵ Adapted from CSO Sustainability Study

(in our case, based on data), resilience, leadership and management competencies, mission legitimacy, institutional communication and visibility.

To further enhance our work on NGO governance, we also reviewed Independent Sector's *33 Principles for Good Governance and Ethical Practice* (See Annex 11.) We again found we already address many of the principles, especially those under legal compliance and effective governance. Some of the principles under financial oversight are beyond the scope of the CAP Mozambique project and those for responsible fundraising were oriented towards individual contributions, which is not a strong practice in Mozambique, so were not relevant.

The CSSG that ordered the study was extremely concerned about allegations of corruption in ISOs. The CSSG drafted a code of ethics for ISOs to promote integrity in their work with partners. The group also decided that sustainability should again be the theme of CAP Mozambique's September 2015 *Intercâmbio*, to fine-tune the recommendations for ways to support Mozambican CSO implementing measures to foster sustainability.

We continue to participate in an informal working group convened that intends to analyze and compare the results of the CSO Sustainability Study with the results of the National Evaluation of the Enabling Environment for CSOs that was ordered by the League of NGOs in Mozambique (JOINT) in partnership with CIVICUS (World Alliance for Citizen Participation.) We will also review results of the Civil Society Mapping project commissioned by the European Commission (EC) Delegation in Mozambique. The EC mapping study will be released early in FY16, thus the three studies will be analyzed side by side next year.

f. Support Organizations that Provide Capacity Building to Other CSOs

We adapted and piloted a simplified POAP tool for assessing CBOs' organizational capacity with PACO, one of HACI subpartners. NAFEZA requested training and TA for its team on conducting capacity assessments with its members, but it was not possible to carry out this activity because NAFEZA did not hire suitable staff to execute this activity, even though it was a clear criterion for receiving the support. CAP Mozambique is organizing a meeting with OXFAM, which is funding NAFEZA's strategic plan, to facilitate follow-up on this activity after NAFEZA's grant with CAP Mozambique has ended.

g. Foster Collaboration and Exchange Between and Among Peer Organizations

CAP facilitated a SAPM for 31 participants from 11 organizations, June 30 – July 2 in Maputo. Government representatives from the National AIDS Council (CNCS) and the Provincial Delegation for Children, Gender and Social Action also attended part or all of the meeting. (See Annex 12 for the SAPM agenda.)

Highlights of the meeting include:

- CAP reported on its end line survey findings, generating a very lively discussion.
- Diogo Milagre, Executive Secretary of CNCS, presented the Mozambican Government HIV Response Priorities. (See Annex 13 for presentation.)

- Niiwanane shared its experience planning and collecting data using the Child Status Index (CSI) tool. Niiwanane emphasized that planning and assigning clear roles and responsibilities is essential to reducing the time spent applying the CSI and to improving quality.
- CONFHIC spoke about its experience with income generating projects.
- USAID explained applicable family planning regulations and requirements to Partners.
- CAP Mozambique shared results from the CSO Sustainability Study.
- VPHealth, the company collaborating on developing the electronic CSI, presented the tool that facilitates data collection and analysis. (See section VI.A.2.a for further details.)
- CAP Mozambique staff led a session on timesheets and shared costs for salaries. This is further described in the section above on policies and procedures.
- Participants used a case study to discuss the risks of using separate contracts and paystubs. (See Annex 7: Case Study: *Risks of Using Separate Contracts and Paystubs*.)

In addition, we collaborated with four other ISOs to organize the 13th *Intercambio*. Fourteen representatives from five ISOs and 21 from 17 local organizations attended. The theme, CSO sustainability, was amplified by the presentation of findings and recommendations from the CSO Sustainability Study. The participants provided feedback on the code of ethics for ISOs, which the CCSG will finalize, sign and disseminate in the coming months. In addition, three organizations presented their



Participants in *intercambio* debate the importance of a clear organizational structure.

experiences and lessons learned overcoming obstacles to their sustainability. These stories—on generating flexible funds, involving board members in leadership, focusing on core business, and recovering from serious mistakes that threaten organizational integrity—provide concrete examples of how international principles mentioned in the study can be applied in Mozambique.

V. Program Management Technical Assistance

CAP Mozambique supported nine Partners in six provinces in the programmatic areas shown in Table 1 below. The table also illustrates the complexity of the package of activities for which OVC Partners have assumed responsibility. Shaded boxes indicate an area of implementation for that Partner. The project management support and TA on the topics in Table 1 below will take place as long as the Partner is implementing activities under its award. Should any Partners have sufficient resources from another funder to continue activities and request support, we will analyze the request and our ability to respond at that time. During this reporting period, we introduced our Partners to Early Childhood Development (ECD) activities and re-enforced referrals to HIV services.

Four awards concluded during this reporting period. Towards the end of this fiscal year, CAP Mozambique received a request from USAID to support Ophavela to develop a proposal on community-based HIV counseling and testing and adherence to and retention in HIV treatment in Nampula. The award—if approved—will be managed by CAP and conclude in May 2016. USAID intends to offer Ophavela a transition award following the CAP award to continue the activities.

Table 1: CAP Mozambique Partners for FY15

Partner	End date	OVC	PSS	HES	ECD	HTC	Defaulter Tracing	Retention Support	GBV Prev	GBV screening	HIV Prev	Key Pop	Referrals
ANDA OVC	Mar-16												
HACI	Mar-16												
Kubatsirana	Apr-16												
Niwanane	Apr-16												
Kukumbi OVC	Oct-15												
ANDA Key Pop	April-16												
CCM Sofala	May-15												
Kukumbi Prev	Apr-15												
NAFEZA	Sep-15												
Ophavela Prev	Apr-15												
Ophavela Retention support	May-16*												

*If approved by USAID

A. CLOSE-OUT ACTIVITIES

1. Grants

CAP Mozambique supported four Partners closing out their respective grants. Ophavela and CCM Sofala grants closed successfully. CCM Sofala was able to prepare close-out documentation speedily and with minimum support from CAP. We approved IBFAN’s final narrative report and results table. We are supporting NAFEZA with the preparation of all close-out documents.

We continue to support Kukumbi to close its prevention and community-based HIV care and treatment grant. Kukumbi’s key staff working on the project transitioned to another organization and Kukumbi has been struggling to find staff capable of reporting the data.

In general, we believe that Partners have made considerable progress in collecting and reporting quality data. Partners understand and appreciate the importance of the accuracy of data and have started to refrain from reporting data if they do not trust its veracity. It remains, however, an area on which future donors will have to continue to provide support to ensure that quality data is collected, recorded and reported.

2. End of Project Dissemination Events

CAP Mozambique supported Ophavela and CCM Sofala to organize events at the provincial level to disseminate project results and lessons learned. These events increase organizational visibility—important for sustainability—and allow provincial-level decision-makers to understand both the contributions and the recommendations made by these organizations to Mozambique’s HIV prevention and mitigation efforts

In June, CCM Sofala organized its final event in Beira. The ceremony was well attended, including by national-level religious leaders, the Provincial Director of Health, representatives of the Mayor’s office, the Mennonite Central Committee, FHI 360 leadership and other donors. Representatives from district health services provided powerful testimony about the valuable contributions the project made:

- *“With CCM, community testing was done on Saturdays and Sundays, after much promotion in the school, churches and communities. Adherence to testing surpassed our expectations. We managed to achieve our objectives. [CCM] helps a lot with testing,”* said a District Health representative from Machanga.
- *“Before, [when] government decided which chronically ill or disfavored families received the basic goods package, there were lots of problems with packages not going to the right people. Then CCM led the process and many more packages ended up with the target group,”* said a District Health representative from Chemba.

Others also provided similar testimony:

- *“Many children were hanging out in nightclubs. The law says people are not allowed to send children where alcohol is being served. We talked to bar owners. It was difficult at the beginning. We worked with the police [and] distributed pamphlets. The police fined the owner 1000 MT if children appeared in their bar. Now things are calm,”* said Community leader from Bairro Joana Sede.
- *“Speaking about sex in the church used to be a scandal, but CCM did it and now we are thanking them,”* said a Mennonite Central Committee Representative.
- *“The project is ending.... Salaries may have ended, but we, the members, can continue,”* said the Bishop.

Ophavela organized a similar event in Nampula in September. Unfortunately, the event conflicted with a high-level meeting with the governor, so provincial-level government representatives who had planned to attend were called away. Nonetheless, representatives from the districts were strong and vocal. A few quotes are included below.



“People were afraid to do [HIV] tests in the hospital. They like doing them in the community,” said Rosa Crisanto, a District Health Representative from Ribaua.



“Before, the community denied the existence of HIV. Now, they talk about it and seek services,” said, Pedro Mulachereque a community leader from Murrupula.

B. DEVELOP WORKPLANS AND BUDGETS FOR EXTENSIONS

We provided TA to four Partners—HACI, Kubatsirana, Niiwanane, and ANDA (KP)—to develop documents needed for grant modifications. Table 2 offers a snapshot of TA provided status of periods of performance for these Partners.

Table 2: Continuing Periods of Performance

Partner	Period of Performance	Extension Planning TA	Status of Modification
ANDA KP	April 2, 2012 – April 30, 2016	July 2015	Signed Modification in September 2015
ANDA OVC	June 1, 2013 – March 31, 2016	November 2014	Signed modification March 2015
Kukumbi Prevention	May 1, 2012 – April 30, 2015	November 2014	Signed Modification in March 2015
NAFEZA	May 1, 2012 – September 30, 2015	November 2014	Signed modification January 2015
HACI	June 1, 2011 – March 31, 2016	February 2015 July 2015	Signed modification May 2015 Signed modification August 2015
IBFAN	September 30, 2010 – March 31, 2015	November 2014	Signed modification January 2015
Kubatsirana	November 1, 2012 – April 30, 2015	May 2015	Signed modification July 2015
Niiwanane	December 1, 2012 – April 30, 2016	September 2015	Latest modification not yet signed

During the past six months, we supported three of four Partners with workplans and budgets. The three—Niiwanane, HACI, and Kubatsirana— only needed to realign their budgets based on expenditures and adjust monitoring and evaluation (M&E) systems to respond to changing PEPFAR guidance. (See the Monitoring and Evaluation section for details.). We facilitated the realignment process with all three organizations. We noted Kubatsirana’s increased ability to analyze budgets against expenditures and prepare a revised budget that was more realistic and aligned with actual expenditures. The organization had to make some tough decisions for its last

modification (November 2014) and clearly learned from this experience. Despite having recently recruited a new accountant, Niiwanane was able to analyze expenditure and realign its budget without CAP support. CAP did assist Niiwanane in refining the budget notes.

Only ANDA produced a complete set of documentation for a modification to its Key Population grant. This time around, ANDA avoided the very common error of not harmonizing project activities across the budget, Gantt chart and narrative. As a result, it submitted much more coherent draft documentation to CAP for review. In addition, ANDA's Key Population team recognized the importance of addressing reproductive health care needs for mobile populations and identified a project in Tete that has experience providing this service. With little support from CAP, the ANDA KP team prepared a TOR and visited the project before developing the modification document in order to be able to include interesting and promising practices for the remaining project period. (For more details, see the Program Technical Assistance section below.)

In September, in response to a USAID request, CAP Mozambique supported Ophavela to develop a proposal on community-based HIV counseling and testing and adherence to and retention in HIV treatment in Nampula. USG partners have not yet engaged in this type of activity in Mozambique. With CAP Mozambique support, Ophavela will pilot a new community-based retention support model. We facilitated a five-day proposal development workshop during which we supported Ophavela to:

- obtain and review existing data on HIV prevalence, retention and defaulters;
- conduct preliminary and explorative meetings with potential partners, including DPS and ICAP;
- analyze challenges and success factors in accessing and providing HTC, and accessing and adhering to ART and pre-ART;
- review good practices and experiences among CAP Mozambique Partners and others regarding community-based HTC and HIV treatment adherence and retention;
- determine the role of a CBO in addressing the challenges and capitalizing on success factors;
- design a model to support community-based HIV treatment adherence; and
- develop award documentation for USAID approval, including a Gantt chart of activities, narrative, budget and targets.

In the first quarter of FY16, we will submit the proposal for USAID approval.

C. SUPPORT PARTNER WORKPLAN IMPLEMENTATION AND REPORTING

We continued to routinely monitor Partner implementation progress through field visits and quarterly, internal, partner-specific coordination meetings. We evaluated adherence to timelines, quality of data recording and uptake of skills—particularly HTC, referrals, defaulters tracing and GBV screening.

In previous reporting periods, we supported HACI to improve the quality of TA provided to subpartners. Our TA, however, did not translate into subpartners reaching better results. During

this reporting period, we decided to provide more intensive support to HACI's subpartners directly. In the past six months, we accompanied HACI on 11 field visits. The focus of the visits was to help subpartners analyze the challenges they face in implementing OVC support, particularly regarding HIV defaulters tracing, referrals and Household Economic Strengthening (HES). All subpartners reported better results. In the process, we noticed that HACI improved its ability to provide results-oriented TA as well, particularly with regard to HES. HACI's subpartners, like CAP Mozambique Partners, continue to face challenges with defaulter tracing, mainly because of false addresses and poorly organized archives at the health facilities. Following observations during Site Improvement Monitoring System (SIMS) and two John Snow International data quality assessment (DQA)/improvement visits, we supported HACI to improve archiving of OVC support documentation. HACI decided to follow our recommendations and harmonized subpartners' archives across the organizations, eliminating archiving based on age of OVC. We also note that subpartners continued to improve consistent use of the referral guide, and record and report of referrals and completed referrals. The number of recorded referrals to health services increased from 244 to 1,319 in the last reporting period. Completed referrals to various services increased from 364 to 1,272.

CAP Mozambique conducted three TA visits to Kukumbi during which many basic challenges were addressed, particularly with regard to data collection and reporting, psycho-social support and CSI application. We also trained the *activistas* on ECD activities. After suffering the effects of a poor transition process from LDC, Kukumbi has had to deal with turnover of key program staff and lack of commitment from the ED. When key staff were no longer available, the ED hampered the reallocation of roles and responsibilities and approval of financial and procurement processes. Both negatively affected the implementation of the project despite the valiant efforts of field-based staff to continue to provide services to OVC to the best of their ability. After various interventions involving the ED and the president of the Board, we were able to address some major obstacles but service provision to OVC suffered in the process.

CAP Mozambique provided on-site TA to Kubatsirana four times during this reporting period, double the number of anticipated TA visits. In addition to the regular monitoring visits, we accompanied two SIMS visit teams from USAID and used this opportunity to provide TA on other outstanding issues. We helped Kubatsirana prepare for the follow-up CSI application, participated in the training of HES facilitators charged with expanding the number of VSLAs, supported a review of the workplan by identifying delays and progress, and conducted a training on ECD. Overall, Kubatsirana is steadily improving its technical capacity under the leadership of a strong technical officer and an involved and committed ED.

During the past six months, CAP visited Niiwanane four times and ANDA twice to provide TA for routine monitoring and training on ECD. Niiwanane and ANDA continue to be strong Partners. Since April, Niiwanane has had to recruit a new program coordinator twice. CAP provided intensive support to the ED during the transition to help reallocate responsibilities and support program implementation. As a result, the changes have not significantly affected implementation.

When analyzing quarterly reports, we found that Partners were still not sufficiently monitoring progress towards achieving targets throughout the year. While Partners had the ability to do this, thanks to all of the workshops and TA provided, they did not always do this on their own

initiative but waited for us to prompt them. To support Partners to more effectively monitor results against targets, we introduced two columns in the results table of the quarterly report. One column automatically calculates the percentage of results against targets, the second serves to explain under and over achievements. This system requires partners to report on under and over achievements and therefore, forces them to **analyze** their data and formulate responses on a quarterly basis. If consistently used, this will help Partners see if they are on track to achieve the annual targets. It should also spur Partners to promptly inform donors of implementation challenges that might affect whether targets can be met. ANDA effectively used the system. The ED led a session with all staff to review achievements, identify challenges, and redirect resources to meet targets. We will continue to help other Partners use the tool in a similar manner.

CAP Mozambique, in collaboration with PCC and based on a tool developed by PATH, has developed a supervision and mentoring tool for OVC support. Supervisors will use this tool when they observe a household visit and provide feedback to the *activistas* immediately following the visit. The tool is currently being piloted by CAP staff during field monitoring visits. We anticipate training Partners on the final tool at the beginning of FY16. (See Annex 14: Supervisory Tool for OVC Support.)

1. Support Partner Human Resources (HR)

CAP Mozambique's support for HR has evolved as Partner capacities have improved and the need for TA diminished. We are no longer involved in developing and correctly undertaking a recruitment process. Occasionally, we will comment on job descriptions, particularly if the functions are new to the organization. We remain, however, involved in helping Partners address transition challenges. In addition, we will continue to support Partners managing HR issues related to transition and project close-out in FY16.

As mentioned above, CAP engaged Kukumbi's ED to reallocate roles and responsibilities after two consecutive program coordinators left the organization and no formal action was taken to mitigate the impact.

In March, CAP Mozambique notified Niiwanane's Board and ED that the organization's accountant was a liability to the organization's image and growth. We felt confident making this assertion after having worked with the accountant over time and seeing little improvement in her capacity to manage funds. Although the organization knew the accountant was not up to the task, no remedial steps were taken—such inaction is common among Partners. Once CAP explained that the accountant stood in the way of Niiwanane's graduation, the Board and ED decided to respond. After learning from CAP how to proceed with the dismissal of a non-functional staff member, Niiwanane took the appropriate steps to dismiss the accountant, including involving the labor office. Moreover, when its project coordinator left after four months for a better paying job, Niiwanane demonstrated recruitment best practices to fill the position.

In the context of Ophavela's proposal development, we supported Ophavela and its potential sub-grantee, Niiwanane, to think through the most cost-effective HR structure to implement the community-based HIV retention support project.

2. Perform Technical Assessments

We conducted technical assessments of the OVC programs of three Partners—NAFEZA, Kubatsirana and Kukumbi OVC. All assessments show an increase in capacity. We will share our analysis of the results of the technical assessment and overall organizational change in the performance indicators section of the next SAR. Our response to capacity gaps identified via technical assessments of OVC Partners is detailed in the Program Technical Assistance section that follows. (See Annex 15: NAFEZA Technical Assessment Analysis.)

VI. Program Technical Assistance

Together with our Partners, we have learned many valuable lessons. These include: the importance of involving community leaders in setting the criteria selecting beneficiaries, choosing and training *activistas*, and integrating new *activistas* using peer support. We helped our OVC Partners improve their capacity to use the largely untested CSI, develop care plans and provide family-centered care. As a result, Partners have mastered the CSI application process and are providing better targeted care to children. We have supported all Partners to foster relationships with government institutions and other service providers, collaborations that have become particularly efficient in responding to the needs of the OVC and their families. Over the years, we have helped Partners understand and adapt to changing programmatic realities. Partners rallied and used the community-platforms created over the years to incorporate new project components, such as household economic strengthening, HIV related community mobilization, services and referrals, and most recently ECDECD. With our support, Partners working in prevention have achieved similar feats, honing debate facilitation skills, learning how to involve and mobilize community leaders to create more supportive environments to contribute to the reduction of Gender-Based Violence (GBV) and HIV transmission. We are proud of the organizations we are currently working with for the transition they have made from charity-oriented organizations to development Partners.

During this reporting period, CAP continued to work with four OVC Partners, seven HACI subpartners and NAFEZA. Ophavela and CCM Sofala concluded their awards, in April and May respectively, and we provided TA mainly on project closure and final reporting. NAFEZA concluded its award in September. We are heartened to know that CCM Sofala has the opportunity to continue to apply the program technical and management skills and knowledge gained through its collaboration with CAP in a newly acquired project with CHASS 3.0. Ophavela may have similar opportunities if USAID approves a recently developed proposal for community-based HIV counseling and testing and HIV treatment and retention support.

The details of TA provided, challenges encountered and results achieved by CAP Mozambique Partners in the past six months are reported in the section that follows.

A. ORPHANS AND VULNERABLE CHILDREN (OVC)

1. Key Achievements: OVC Services

In the current reporting period, CAP Mozambique and Partners:

- Reached 2,397 OVC and caregivers, of whom 58 percent are girls and women, 55 percent younger than age 15, and 37 percent are older than age 18, bringing the total number of OVC and caregivers served in FY15 to 10,189.

- Provided 12,655 services, bringing the total services provided in FY15 up to 36,244 or an average of nearly 3.6 services provided to each OVC and caregiver.
- Referred 2,936 OVC and caregivers to services and recorded 2,527 (86 percent) completed referrals, a substantial increase from the 1,850 referrals and 951 (51 percent) completed referral reported in the last reporting period. In FY15, Partners referred OVC and caregivers to 4,786 services, and were able to confirm completion of 72 percent.
- Transitioned an additional 475 OVC to a less intensive support phase, bringing the total number of OVC that transitioned in FY 15 to more than 500.
- Formed and supported 50 new VSLAs. Currently, a total of 1,990 OVC (29 percent) are directly benefitting from caregivers' participation in VSLAs.
- Carried out a study to track what PPF graduates are doing. The study reached 71 percent of all graduates and found high levels of school enrollment and youth employment among all graduates and low levels of early marriage and childbearing among girls.
- PPF youth in the third learning cycle completed internships and technical training and graduated from the program.
- The *Instituto Nacional de Emprego e Formação Profissional* (INEFP) expressed interest in PPF support to integrate soft skills and project based learning, major components of the PPF methodology, into its vocational training program. This would be an important step to sustain many elements of PPF.

2. OVC Services

We continued to support five OVC Partners—four direct implementers and one umbrella organization with seven subpartners. Our TA focused on further strengthening timely and quality application of the CSI and development of care plans; expanding VSLAs; making and recording referrals, as well as confirming their completion; tracing defaulters; creating access to HTC and HIV services, and training on ECD.

a. Application of *Ministério de Género, Crianças e Acção Social's* (MGCAS) Minimum Standards and Child Status Index (CSI)

OVC Partners assessed the needs of and developed care plans for approximately 7,500 OVC during this reporting period, applying the CSI. With CAP Mozambique assistance, Partners became increasingly more adept at applying the CSI, developing care plans, negotiating with parents on mutual responsibilities to address the needs, and providing and referring to services. In addition, Partners made excellent progress in reapplying the CSI every six months. The main reason for reapplying the CSI every six months is to evaluate progress, update care plans, and identify children that can be transitioned to the maintenance phase of OVC support. Refer to Table 3 for a timetable of scheduled and actual CSI reapplications.

Key achievements of this reporting period include:

- *Reapplying the CSI within six months.* Three Partners and HACI's seven subpartners reapplied the CSI within the six month interval. This is a considerable achievement and major improvement from the one to three months delay previously reported. In addition, Partners are now applying the CSI planning system developed by Niiwanane, thus accelerating assessments with all registered OVC within a two week time period rather than spread out over months, taking time and attention away from service delivery.

Kubatsirana struggled to conduct the CSI reapplication within the six-month interval because of key personnel changes. The new OVC technical officer was recruited shortly after the second CSI was conducted and had to learn about the tool before being able to effectively plan and supervise the third application. With our continued support, we expect that Kubatsirana will also be able to achieve this next time. Refer to Table 3 for details.

- *Defining CSI-based transition criteria and process.* When confronted with whether to shift a child from an intensive to a less intensive support phase, Partners use the CSI to determine if transition is warranted. The numeric nature of the CSI provides a good basis for this decision. ANDA and Niiwanane collaborated to determine the following transition criteria and process:
 - A minimum score of 2.5 in four areas;
 - Not a single score below 2 in any of the seven domains; and
 - Confirmation of OVCs well-being by a supervisor based on direct observations.

Two Partners have started to apply these criteria and approximately 475 OVC have been transitioned since April 2015. OVC in the maintenance phase will continue to receive quarterly visits from an *activista*. In FY16, we will help other OVC Partners apply the same criteria and develop an observation checklist and criteria to standardize supervisors' observations.

- *Applying the electronic CSI.* Staff and data processing consultants from two Partners and one HACI subpartner attended a three-day training on how to use the electronic CSI that CAP conducted with support from VPHealth. We installed the software and observed staff and data processors using the system by retroactively entering the results of all CSI applications of all OVC, (that is, approximately 5,300 CSIs were entered). In order to determine the reliability of the data entry, we developed and applied a data quality protocol. The data quality was high with few entry errors noted. (*See Annex 16 for the results.*)
- *Enlarging the pool of key stakeholders participating in the electronic CSI pilot.* While CAP and VPHealth continue to pilot the electronic CSI, we engaged a growing pool of stakeholders, demonstrated the electronic CSI tool, and are exploring its potential for wider application. More details about the pilot follow below. During the past six months, the interest in the pilot has grown. We have demonstrated the software for MGCAS's planning department, INAS and UNICEF. We are working with USAID and MGCAS's Child Protection Department to determine a convenient date to conduct additional demonstrations. UNICEF has expressed a keen interest in supporting development of the CSI software. CAP Mozambique, VPHealth and UNICEF have held various discussions to determine the most effective use of the tool, its potential for wider application in the social protection system, and harmonization and integration with other digital systems that are currently being developed to better manage the social protection system.

We continue to notice improvements in the quality of the CSI application and use of the data. Whereas CSI findings and care plans in the early rounds of CSI application did not always align well, field observations of recent applications indicate that the analysis of the needs has improved. *Activistas'* analysis of CSI results are more precise and thus, foster better care plan development. Supervisors have also honed their supervisory skills over the years. *Activista* supervisors have become more adept at providing feedback on care plans and identifying and

correcting weaknesses and gaps in plans. As a result, they require less support from higher level supervisors to verify and correct care plans. Supervisors also prioritize observing new *activistas* during CSI application and arrange for peer support.

In SAR 12 we reported that Kukumbi *activistas* were struggling to motivate family members and caregivers to be more involved with the care of their children. While helping Kukumbi analyze the situation, we learned that Kukumbi was developing care plans in isolation of the parents. In response, we supported Kukumbi's efforts to revise the process for developing care plans to include negotiations with parents. The new process was implemented during the final CSI application conducted in July.

With CAP support, Niiwanane has integrated a new review process in the CSI application cycle. Niiwanane develops care plans for three months based on the six-month care plan developed immediately following a CSI application. Supervisors and *activistas* review the three-month care plan bi-weekly to determine if appropriate action was taken to support the OVC. After three months, achievements are evaluated against the six-month care plan and a new care plan is developed that spans the remaining three months. The result is that *activistas* are more aware of what type of support they need to provide to OVC.

Kubatsirana's ability to manage CSI applications continues to improve. With CAP support, some of the challenges reported in the previous SAR were addressed during the last round of CSI applications. Now, all registered children have a care plan; all care plans have been approved by the supervisor, and the CSI and care plan filing system has been improved. *Activistas* have access to the plans to develop bi-weekly work plans. We also believe that Kubatsirana is able to train and plan for a timely and rapid CSI application roll-out in November. We will be monitoring this process closely.

Table 3: CSI applications FY11 – FY15

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

*Results of the first CSI application were discarded

In addition to piloting the CSI software with three Partners, VPHealth and CAP worked together to improve the design and utility of the software, focusing on improving the care plan development facility and the automatic reports the software will produce. Based on conversations with Partners and our analysis of their data needs for reporting and programmatic decision making, VPHealth is developing the following easy-to-generate reports:

- Number of OVC registered disaggregated by gender and age.
- Report on individual OVC current status and trend, comparing first and last CSI results;
- Report on collective OVC current status and trend by *activistas*. (This report was requested by Partners who want to use the reports to monitor *activista* performance.)
- Report on current status and trend of all OVC supported by the organization, comparing first and last CSI results. (This report will enable program managers to analyze overall impact of their project and set programmatic priorities.)

VPHealth is still working on the CSI application for handheld devices. The handheld device aims to eliminate the use of hard copies of the CSI and hence make data processing more efficient. The use of handheld devices, if successful, will eliminate the errors that occur in transferring data from one form to another, as described in the M&E section of this report. We had anticipated that the handheld device pilot would start in July/Aug 2015. The design team, however, required more time to include user-friendly, relevant illustrations in the application. The application will be available in November/December 2015, and Partners will pilot it at the first possible opportunity.

During discussions with UNICEF and other stakeholders, we identified data fields that should be added to the electronic CSI to make it more useful. These include data on family members and/or care givers, a unique identification number that UNICEF is developing with the Ministry of Justice (MOJ) in the context of civil registration, and data on completion of referrals. Although these data should be added, we suggest that they be considered for future adaptation once the pilot concludes.

b. Direct Service Delivery

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

In the past six months, Partners provided 6,342 PSS services to beneficiaries. Since September 2013, we have invested considerable resources in improving the capacity of OVC Partners to deliver psycho-social support to beneficiaries, including

- Training nearly 270 *activistas* and more than 30 staff in the Regional Psycho-Social Support Initiatives (REPSSI)-developed *Journal of Life* and *Tree of Life* methodologies;
- Providing three on-site implementation support visits with the assistance of *Douleur Sans Frontieres* (DSF) for more than 12-months following the implementation of the training; and
- Monitoring PSS service provision routinely during field visits.

We believe we have implemented as thorough an intervention as possible and achieved the maximum that can be achieved given the realities of Mozambique, program priorities and

available resources. In previous reports, we provided numerous examples of how *activistas* have become increasingly proficient at applying the methodologies and enhancing their impact on individual lives. In FY15, we shifted the focus of our TA to other topics but continued to monitor PSS service provision and respond to requests for support in this area. We will continue to do so until the end of the project.

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

We continued to support four OVC Partners and two HACI subpartners to implement household economic-strengthening activities and mobilize OVC project beneficiaries to participate.

During this reporting period, CAP Mozambique Partners supported the formation of 50 new VSLAs. Thirty-six VSLAs finalized their first cycle and started the second. Five groups finalized their second cycle and started the third cycle. None of the groups disbanded; only one was reconstituted. See Table 4 below for details on number and composition of VSLAs.

Kukumbi established six VSLA groups that started saving in June this year. Kukumbi has struggled with data collection and reporting because of two changes in key personnel in quick succession. We supported Kukumbi to verify OVC data, but we are uncomfortable with the data on OVC beneficiaries' participation in VSLAs because the data was not properly recorded at the time the VSLAs were formed. We have, therefore, opted not to include this data in this report. We will attempt to verify the data over the next few months and include it in the next report. The Lugela Administrator and various local leaders have called upon Kukumbi to expand the number of VSLAs. We anticipate that the community VSLA facilitators trained during the project will be able to respond favorably to this request after Kukumbi's OVC project closure at the end of October 2015.

In SAR 12, we reported that Partners had difficulties mobilizing OVC beneficiaries to participate in VSLAs. Beneficiaries are skeptical about their ability to save and borrow, as well as the safety and benefits of saving. Niiwanane addressed the challenge by increasing the involvement of the HES officer in OVC beneficiary mobilization. ANDA has asked *Assistentes Socias* to engage more with the groups to give beneficiaries confidence that the groups are bona fide. Initially, Kubatsirana allowed OVC beneficiaries to participate without saving, instead requiring they only contribute to the social fund. Groups then lent money to non-saving OVC beneficiaries to conduct small business activities and allowed them to repay the loan later in the cycle. As a result of these efforts, nearly 300 OVC caregivers have joined VSLAs and more than one in four OVC (29 percent) are benefiting from caregiver participation in VSLAs, 7 percent more than in the previous reporting period.

Table 4: Participant Analysis of Village Savings and Loan Association (VSLA) Members

Partner	# of groups	Participants				Activistas	# of OVC benefiting from caregiver participation
		Community members	Caregiver beneficiaries	OVC	Estimated HIV (+)		
ANDA	20	490	88	7	30	1	351
Niiwanane	26	580	153	0	154	4	598
Kubatsirana	22	521	58	0	3	0	269
PACO (HACI sub)	12	336	107	0	2	0	361

Kindlimuka Boane (HACI sub)	11	164	118	0	12	0	119
AKW (HACI sub)	6	28	124	0	2	0	264
Kukumbi	To be reported in next SAR						
Total	97	2,119	648	7	203	5	1,962

**Estimated number of PLHIV that participate in the VSL groups.

With ongoing CAP support, Partners continue to collect and report financial information on all VSLAs, including those supported by facilitators which they then submit to CAP. All Partners, with the exception of AKW, report increased loans, a sign of a more mature group with better participation and more efficient use of funds. AKW's loan data in the previous period was based on one group. AKW has recently started five new VSLAs with significant OVC-caregiver participation. The new groups do not yet have the confidence to borrow. We expect this to change in the next cycle. Table 5 provides a snapshot of group savings and loan activities as of August 30, 2014.

Table 5: Growth in saving and loan during past 6 months

Partner	Total savings March, 31 2015			Total savings by August, 31 2015			% increase	
	Total savings (Mts)	Total loans (Mts)	% loan of savings	Total savings (Mts)	Total loans (Mts)	% loan of savings	Total savings	% loaned
ANDA (since July 2014)	466,220	482,515	103%	1,173,380	1,713,922	146%	152%	43%
Niiwanane (since Nov 2014)	419,800	137,775	33%	1,167,870	383,100	33%	178%	0%
Kubatsirana (since July 2014)	312,590	187,682	60%	1,002,310	933,737	93%	221%	33%
PACO (HACI sub –since July 2014)	114,900	114,000	99%	492,900	667,650	135%	329%	36%
AKW (HACI sub- since Sept 14)	20,050	27,500	137%	131,500	154,945	118%	556%	-19%
Kindlimuka Boane (HACI sub – since Mar 2015)	3,700	-	-	80,476	23,300	29%	2075%	-
Total	1,337,260	949,472	71%	4,048,436	3,876,655	96%	203%	25%

During this reporting period, Project HOPE completed the fourth and final on-site TA visit to Niiwanane, ANDA, and Kubatsirana. All three organizations now have the capacity to support groups independently. CAP negotiated an extension to Project HOPE's period of performance until November 2016 in order to provide TA to select partners that started VSLAs later, which include Maputo-based PACO and Kindlimuka Boane, and Kukumbi. By November, we anticipate that PACO and Kindlimuka Boane will have implemented a full VSL cycle with Project HOPE's support. CAP will continue to monitor HES activities during our routine field visits by supporting the HES officer, ensuring that groups follow the methodology, confirming that quality data is collected and reported, and socio-economic profiles of VSLA members are processed.

Due to a difficult transition from LDC to Kukumbi, followed by heavy floods, we were not able to provide HES support to Kukumbi until April 2015 when Project HOPE began training Kukumbi's HES officer and 12 facilitators. Normally, facilitators are trained after the first VSLA

cycle is completed, but given the time constraints, facilitators were trained simultaneously with the HES officer. Immediately following the training, Kukumbi's HES officer with the assistance of the *activistas*, started mobilizing Lugela communities and OVC beneficiaries. Six groups were formed but did not start saving until two months later when Kukumbi finally purchased and distributed the required materials for the groups. Key personnel transitions and lack of commitment from Kukumbi's Executive Director caused unnecessary delays. Only after CAP Mozambique's repeated intervention did Kukumbi purchase and distribute the materials. The unfortunate consequence of the delay is that the VSLAs will terminate their first saving cycle after Kukumbi's project has closed. We formulated a strategy that will enable us to provide the required support during critical phases of the savings and loan cycle, particularly the share-out phase, while promoting collaboration between CAP Partners. To support the VSLAs through one complete cycle, we have

- Facilitated a final visit by Project Hope in September 2015 to monitor adherence to the VSLA model.
- Enabled Niiwanane's HES officer's to travel with Project Hope and CAP staff to Lugela to be introduced to local leadership and the VSLAs.
- Supported the VSLAs to develop a timeline of activities until share-out.
- Commit to facilitating additional visits to Lugela by Niiwanane's HES officer to support VSLAs during share-out. This will happen after Kukumbi's project has concluded.

We had designed the HES intervention with Project HOPE to include repeated application and analysis of VSLA member profiles that Project HOPE had developed in the context of Community Care Project (PCC), another USAID/PEPFAR-funded and FHI 360-managed project. Unfortunately, there have been numerous challenges in collecting complete, comparable data sets from initial and repeat profiles. For instance, Project HOPE was able to analyze 48 out of 130 profiles of VSLA members on which Niiwanane had collected data. In the past six months, we supported Niiwanane to improve its data sets without success. With the exception of ANDA and Kubatsirana, Partners do not know how to link the first and second profile of VSLA members. In addition, project HOPE developed the software in a way that Partners, cannot delete erroneous files. These files remain in the data base but are not analyzed. We will continue to work with Partners to identify the challenges in processing this data and engage Project HOPE to provide the TA required to address them so that we can report more comprehensive data in the next SAR.

For this reporting period, Kubatsirana reapplied 67 data profiles that could be compared to the baseline profiles collected at the start of the VSLA cycle. The overall Economic Well-being Index—a composite of various indicators developed by Project HOPE – of these profiles has increased by 8 percent, from 54 percent to 62 percent. Multiple indicators show positive changes in economic condition. There is not a real change in quantity of meals but the diversity has gone up from five to nearly seven (6.6) food groups. Furthermore, the percentage of respondents who ate proteins grew from 17 percent to 25 percent, and those consuming fish from 54 percent to 81 percent. Both of these are more costly items, so the fact that more are consuming them is likely indicative of improving economic conditions. The proportion of participants reporting not owning any animals dropped from 21 percent to 12 percent. Additionally, the average number of asset items grew from 2.0 to 3.0. These data suggests that new assets for the home are being purchased. The data also show an increase in participants owning the more expensive items. Finally, the proportion of participants reporting no months without sufficient income increased

from 39 percent to 87 percent. We continue to analyze and work with Project Hope to address the challenges to be able to report a more complete analysis in SAR 14. We are not asking Partners to collect profile information on new VSLAs. They do not have the resources to process the data and we will not be able to do a longitudinal analysis given the project life span. Partners are collecting and reporting data on the financial performance of the new groups. This is included in Table 6.

Table 6: Profile of VSLA members completed, analysed and reported

Partner	# of profiles completed, analysed and reported				
	1 st profile at start of 1 st VSL cycle	2 nd profile at end of 1 st VSL cycle		3 rd profile at end of 2 nd VSL cycle	
	Completed	Completed	Analysed/reported	Completed	Analysed/reported
ANDA	52	52	41 - Reported in SAR 12	Will be collected in December 2015	Will be reported in SAR 14
Kubatsirana	108	67	67 - Reported in SAR 13	Will be collected in November 2015	Will be reported in SAR 14
Niiwanane	130	48	48 - Reported in SAR 12	Collecting profile data	
PACO	120	Currently being collected	Will be reported in SAR 14	-	-
Kindlimuka Boane	90	Will be collected in November 2015	Will be reported in SAR 14	-	-

During the design phase of the HES component, we envisioned that trained facilitators, selected from among VSLA members, would expand VSLA with technical backstopping from Partners' HES officers. See Table 7 for details on facilitators training and expansion of VSLAs. We instructed Project Hope to discuss remuneration of facilitators during the training, building on PCC's model. To make the TA provided by facilitators more sustainable, new VSLAs were to remunerate facilitators in exchange for their technical support. Unfortunately, the options regarding facilitators' remuneration was not well communicated to ANDA and Niiwanane. ANDA trained 22 facilitators, six of whom are supporting groups without remuneration. ANDA was not comfortable with the knowledge and skills of the remaining 16 facilitators after the training. The organization decided to provide on-the-job training during one more cycle, after which ANDA will reevaluate the facilitators' skills. If sufficient, the facilitators will form groups and negotiate remuneration. Niiwanane trained 13, of which eight are working without remuneration this cycle, and five have left. When the next cycle starts, Niiwanane will also support the facilitators discussing remuneration with the groups. Kubatsirana trained 24 facilitators and told them to negotiate remuneration. Nine of Kubatsirana's facilitators are supporting groups; two of the nine facilitators support two VSLAs. The remaining 13 facilitators are in the process of forming groups that are anticipated to start in October 2015.

Table 7: Expansion of VSLAs

Groups by cycle	Organization					
	ANDA	Kubatsirana	Niiwanane	PACO	Kindlimuka Boane	AKW
# of facilitators trained	22	24	13	0	0	0
# of groups 1 st cycle	10	10	13	7	11	5
# of groups in 2 nd cycle	10	12	8	5	-	1
# of groups in 3 rd cycle	-	-	5	-	-	-

ANDA has forged linkages between the VSLAs and the *Banco de Oportunidade de Mozambique* (BOM). Ten VSLAs are using BOM primarily for security reasons, not to collect interest. Rather than keeping the collective funds in a safe at a VSLA members' home, the bank keeps the funds. At every session, the bank brings and collects the funds. BOM also offers loans at the same interest rate as established by the VSL groups. None of the groups have taken advantage of this opportunity yet. Niiwanane is discussing a similar service with the BOM in Nampula.

Partners report that VSLAs are using social funds primarily to pay for emergencies stemming from illness and death of immediate family members. Because of the inherent vulnerability of project beneficiaries who participate in the VSLAs, most of the social funds benefit OVC and their caregivers. Niiwanane reports that at the time of share-out, some groups opt to carry forward some of the social funds in order to be able to respond to an emergency that might occur at the start of a VSLA cycle. Some groups use part of the funds for social events. As far as we know, social funds have not been used to support OVC to buy school uniforms and materials for two reasons: 1) CAP Mozambique Partners are currently providing this support, and 2) most statutes currently state that social funds should be used for emergencies only. Once projects conclude and Partners are no longer providing school uniforms and materials, the groups may decide to include this in the statutes.

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

We conducted a one-day ECD training with 177 *activistas* and 27 staff of four Partners and



ECD Activity participants

four HACI subpartners. HACI will conduct the ECD training with the remaining three sub partners in October, 2015. The curriculum was developed in collaboration with PATH. (See Annex 17 for training curriculum.) The main foci of the training included:

- The importance of stimulation during infancy,
- Identification of developmental delays, and
- Production of toys using locally available materials.

Activistas learned how to integrate ECD activities in their routine household visits, and how to assess and refer children suspected of suffering developmental delays. CAP reproduced and distributed to all *activistas* job aids developed by PATH. Finally, we have adapted M&E systems to monitor the delivery of this service and referrals. (See Annex 18 for a copy of the job-aids.)

Partners' initial feedback on ECD implementation is mixed. Partners and *activistas* like having the knowledge and skills to engage parents and infants. Before the training, they did not know what type of support to offer infants. Simultaneously, ECD being a new activity, we picked up hesitancy and discomfort with actually engaging parents in ECD activities and identifying developmental delays. Previously, similar hesitations and challenges we observed after introducing PSS which were addressed successfully in subsequent months during on-site support visits. We will carefully monitor the application of the newly acquired ECD knowledge and skills during field visits and assess if additional efforts are needed to encourage *activistas* to integrate this activity into their household visits.

"Before the training we provided care mainly to OVC of 5-18 years of age. We did not know what to do with younger children. Now we learned what to do and the *activistas* are enthusiastic. Care givers thank them for teaching them things that are so important for the development of their infants."

--Tito
Project officer AKW

- ***Nutrition Training—Niiwanane***

Responding to a need identified during CSI applications and household visits, Niiwanane trained 42 *activistas* and 10 staff on nutrition. With CAP support, Niiwanane developed the training curriculum by selecting the topics from a (Provincial Health Directorate) DPS-approved manual developed by SCIP and tailoring it to complement the *activistas*' capacities and abilities. In the four-day training conducted by SCIP staff, *Activistas* learned to talk about a healthy balanced diet, conduct demonstrations to enrich porridge and apply the Mid-Upper Arm Circumference (MUAC) tape, a screening tool to identify suspected acute malnutrition. *Activistas* are instructed to use the MUAC tape with all beneficiaries of six months to five years of age and alert supervisors for verification and referral CAP supported Niiwanane to find MUAC tapes, contacting DPS and other development partners. SCIP made five MUACs available that *activistas* are sharing while awaiting new supply from the DPS. The *activistas* have not yet identified a suspected case of acute malnutrition amongst beneficiaries.

- ***Flipboard for Activistas***

The flipboards that Jhpiego developed for use by *activistas* during home visits are still under review by the MOH. Instead of reproducing this tool, CAP will opt for collecting, reproducing and binding a set existing job aids and information, education and communication (IEC) materials relevant to the topics in the final refresher training. The binder will be distributed to Partners and *activistas* at the time of the training for use beyond the life of the project.

- ***Referrals by OVC Partners***

CAP Mozambique Partners referred 2,936 OVC and care givers to other service providers using the MoH-approved referral guide; a 60 percent increase from last reporting period. Health care referrals have increased from 54 percent to 72 percent since last reporting period. This is the result of the emphasis on referrals to HTC and immunization campaigns, as well as an increase in referrals of defaulters. Eighty-six percent of the referrals were completed. See Table 8 below for details on referrals by type of service and Table 9 for details on completed referrals by type of service.

Table 8: Referrals of OVC and Caregivers by Type March – August 2015

Partner	Referral service								Total
	Education		Protection		Nutrition		Health		
	#	%	#	%	#	%	#	%	
ANDA OVC	5		136		11		208		360
Kubatsirana	0		126		0		191		317
Niiwanane	22		226		0		336		584
HACI	63		74		0		1319		1,456
Kukumbi	32		126		0		61		219
Total	122	4.2%	688	23.4%	11	0.4%	2,115	72.0%	2,936

Using the referral guide developed by PCC and approved by MOH, we continue to support OVC partners to collect evidence of referrals and completed referrals, and receive feedback on possible follow-up support that CBOs can provide their beneficiaries. The latter only occurs sporadically. Overall, following intensive CAP support, previously reported challenges with the use of the referrals guide have been reduced. *Activistas* are using the guide consistently to record referrals and completed referrals. We have encouraged partners to mobilize OVC beneficiaries for large scale immunization and birth registration campaigns. These referrals are also captured with the referral forms. We received information from ANDA and Kubatsirana on irregularities during birth registration campaigns. In contrast to public announcements that birth registration was free of charge during the immunization campaign, officials were charging fees. As a result, various OVC beneficiaries did not register their children. We reported the incident to UNICEF, the donor behind the free birth registration drive. Partners will ensure that beneficiaries use the next opportunity to register.

Kukumbi started to use the referral guide in April 2015. Supported by CAP, *activistas* learned how to use the forms and engaged District Delegation of Health and Social Action (SDSMAS) and health facilities to ensure that forms were stamped and returned to record completed referrals. Even though health services are free in principle, patients do pay registration fees, consultation fees, and sometimes medication. The contribution is minimal – often 1-2 meticaís for registration and 5-10 meticaís for medicines. The health facility accepted the form in lieu of a poverty statement and provided services and select medication free of charge. Unfortunately, SDSMAS staff was transferred and the practice was discontinued. Instead, Kukumbi is trying to get regular poverty statements for health services.

OVC Partners referred 2,115 individuals to health care services—40 percent men and 60 percent women. Of all health referrals, 14 percent were related to HIV services. See Table 9 for details. The remaining referrals included sexual and reproductive health (SRH), malaria, GBV, TB and other illnesses. ANDA continues to provide HTC services directly at beneficiaries' homes. In this period, ANDA tested 243 OVC beneficiaries, nearly four times the number tested last reporting period. In SAR 12, we noted that ANDA refers relatively few beneficiaries to health-related services. With CAP support, ANDA managed to increase health referrals from 16 in the previous reporting period to 208 in the past six months. The increase in health referrals was the results of defaulters tracing and better recording of referrals by *Assistentes Socias*. Many children were referred to health facilities for suspected malaria. With CAP support, HACI also demonstrated a significant increase in referrals and completed referrals. Last reporting period

HACI referred 244 individuals to health care services, 232 of whom accessed the service. This reporting period HACI referred 1,319, of whom 1005 accessed the service.

Table 9: Referrals to HIV-Related Services

Partner	Total health referrals		HTC		Pre-ART/ART		% of total health referrals
	Male	Female	Male	Female	Male	Female	
ANDA OVC	69	139	2	8	20	45	36%
Niiwanane	149	187	2	6	1	0	3%
Kubatsirana	79	112	14	12	24	45	50%
HACI	532	787	37	51	8	19	9%
Kukumbi*	33	28	0	0	0	0	0%
Total	862	1,253	56	81	53	109	13%

OVC Partners recorded that 86 percent of referrals were completed. Of the 2,529 completed referrals, 68 percent were referred to health services. Of the 2,115 individuals referred to health services, 81 percent accessed the services. See Table 10 for details. The data demonstrate partners' consistently high capacity to refer, record referrals and ensure that referrals are completed.

Table 10: Completed Referrals

Organization	Total Completed Referrals		% of total referrals	Health Completed Referrals		Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services				Other Completed Referrals	
	M	F		M	F	HTC, pre-ARV, ARV referred		Tested directly by Partner		M	F
						M	F	M	F		
ANDA OVC	141	219	100%	69	139	22	53	100	143	72	80
Niiwanane	230	255	83%	135	174	4	10	n/a	n/a	95	81
Kubatsirana	98	135	74%	53	79	25	46	n/a	n/a	45	56
HACI	532	740	87%	420	585	33	58	n/a	n/a	112	155
Kukumbi	98	81	82%	30	28	0	0	n/a	n/a	68	53
Total	1,099	1,430	86%	707	1,005	84	167	100	143	392	425

3. Youth Employability

ANDA Vocational Training Activities

ANDA initiated its second vocational training cycle on food and events management at the end of the previous reporting period, enrolling 20 students, all of whom are currently doing internships. The third cycle started in September with 14 students. In March, the organization commenced the new training course on cooling systems, enrolling 18 students, all of whom are currently doing internships. See Table 11 for details. ANDA initiated the second course on cooling systems in September, enrolling 20 students. To date, all students enrolled in the vocational training center are registered OVC. In addition to the technical course, all students will receive six months of IT and life skills training following the curriculum developed by

Program Para Futuro (PPF) and participate in HIV prevention-debate sessions. ANDA is currently negotiating with local government to find internships for the cooling systems students.

In SAR 12, we reported that ANDA and PPF identified four companies that were interested in sharing the costs of training on life-skills and IT and internships. After further negotiations it turned out that these companies could only offer internships in Chimoio, which posed insurmountable obstacles related to the cost and safety of transportation and compatibility with regular high school education. In response, ANDA contacted private sector companies in the hospitality and cooling industry in Manica district and managed to negotiate local internship opportunities for all students of the cooking and events and cooling systems course. Others are provided internships by the municipalities.

After passing their theoretical tests at the end of the course, all 26 first cycle students completed a three-month internship at a municipality. Students were tasked with organizing events, archiving documents, attending to telephone calls and the mail room. The municipalities provided very positive feed-back about the students on the internship evaluation tool developed by ANDA. Of the 26 students, one is currently employed by ANDA as an *Assistente Social*, providing support to OVC and caregivers. ANDA also temporarily employed another alumnus to enter the data of the CSI in the computer using the VPHealth-developed software. The other 24 students are not yet employed. We will support ANDA to encourage the youth to become part of a VSLA.

Table 11: Vocational Training Enrolment, Internships and Graduation

	1st cycle	2nd cycle	3rd cycle	Total
Cooking and events management				
Start/finish of course	Oct -June 15	Mar-Nov 2015	Sept - May 16	
# of students enrolled	26	20	14*	60
OVC beneficiaries	26	20	14	60
# of students in internships	26	20	-	46
# of students graduated	26	-	-	26
Cooling systems				
Start/finish of course	Mar-Nov 15	Sept - May 16	N/A	
# of students enrolled	18	20	N/A	38
OVC beneficiaries	18	20		38
# of students in internships	18	-	N/A	18
# of students graduated	-	-	N/A	0

*ANDA is identifying six OVC to enroll in this course

PPF continues to support ANDA. The main focus of the past six months has been helping ANDA to improve integration of the cooling systems and PPF's curriculum, accessing better internship opportunities, and assessing student performance. Initially, ANDA assessed students only at the end of the course. PPF advised ANDA to assess students regularly to be able to respond to challenges. Starting with the second cycle, ANDA instituted this system. PPF noted that students had increased their ability to use computers, were more open and asked more questions, and had a more positive outlook on the future. During the first cycle, ANDA

developed and tested administrative systems and tools to archive and monitor individual student performance, record and report expenditures of the center and student transportation and lunch costs. Expanding the system, ANDA was able to monitor performance and maintain the administration of a larger number of students without challenges during the second cycle.

4. Advocacy

Partners continue to provide examples of advocacy activities, building on strong relationships with local authorities and other services providers over the years:

- Kubatsirana successfully advocated with NPCS to gain access to funds for school uniforms and materials for 126 OVC beneficiaries.
- In SAR 12, we reported that Kukumbi was advocating free access to secondary education for 27 OVC. We can now report that Kukumbi succeeded. Twenty-seven OVC are enrolled in secondary education free of charge. In addition, Kukumbi advocated with local authorities to issue birth registration documentation for 48 OVC beneficiaries and identity cards for 45 OVC
- Poverty statements are service-specific and have a validity of one year. Knowing that the project will end in October 2015 and that OVC will not be supported to obtain poverty certificates for free education and health care services next year, Kukumbi is advocating, on behalf of its OVC beneficiaries, with local government to extend the validity of poverty statements until the end of 2016. The administrator supports the initiative, but is facing opposition from line ministry representatives at the district level.
- Niiwanane continues to advocate for nutrition support and funds to improve shelter following rain damage. Niiwanane learned that *cesta basica* (basic food package) are calculated and allocated on an annual basis during the regular government planning cycle. Once allocated, selection criteria are strictly applied. Niiwanane has advocated with INAS and SDSMAS to include 123 OVC beneficiaries in next year's *cesta basica* request. In SAR 12 we reported Niiwanane's advocacy efforts to mobilize resources for mosquito nets. Despite persistent efforts, the organization was unable to obtain mosquito nets for its beneficiaries.
- After 24 months of advocacy, involving not only the executive but also the president of its Board, Niiwanane finally managed to mobilize support from the authorities registering children (*Servicos de Registo e Notariado*) to provide birth registration documentation for 101 OVC beneficiaries. Niiwanane will cover travel expenses for an official to go to communities to provide this service.
- ANDA used its excellent working relationship with health facilities to advocate for better treatment of returning people living with HIV and AIDS (PLHIV). ANDA noticed that medical personnel expressed their dissatisfaction with defaulters by asking them to wait until other patients had been seen. The organization discussed its observation during an ART committee meeting and corrective action was taken.

B. PROGRAMA PARA O FUTURO—MOZAMBIQUE (PPF)

Key Achievements

In the current reporting period, PPF-MZ and/or subpartners:

- Completed the internship and vocational training portion of the program; continued support of youth-led clubs;

- Supported PPF graduates with their job search;
- Provided capacity building and TA to ANDA to implement the PPF methodology as part of vocational training for OVC ages 15-17 in Manica.
- Held the graduation ceremony for the third group of youth;
- Worked with ASF to track PPF graduates to determine what graduates were doing after completion of the program;
- Supported strengthening of ASF and Kugarassica, the CBO that provides support to PPF youth and their caregivers;
- Continued work on the tool kit to provide step-by-step guidance on how to implement PPF;
- Negotiated a grant with ASF to provide on-going support to PPF graduates to provide entrepreneurship training and vocational skills training and to engage graduates in community service work;
- Negotiated a grant with Kugarissica to carry out the PPF methodology with 66 youth and to build the capacity of Kugarissica to implement the program; and
- Held discussions with INEFP about collaboration to integrate the PPF methodology into the government funding vocational training.

1. Implement Third Learning Cycle and Prepare for Fourth Learning Cycle

The classroom portion of the program for the third learning cycle was completed in the last semester. During this period, half of the third cycle was devoted to an internship and the other half to vocational training. The graduation ceremony was held at the end of May. (*See section V for more information*).

In addition, PPF staff worked with Kugarissica in the Munhava neighborhood of Beira to plan a fourth learning cycle. The grant agreement, budget and plans were negotiated by PPF and approved by USAID. PPF and Kugarissica staff are taking steps to begin the next learning cycle in late October or early November.

PPF graduates continue to come to the learning site at the *Universidade Pedagógica de Educação Física*: some to perfect their computer skills, some to use the computers and internet to support their schoolwork, and others to access the equipment and seek guidance as part of their job search. In 2014, to support its graduates, PPF created youth clubs for PPF graduates. Based on the graduates' interests, PPF created three clubs focused on employability and entrepreneurship, community service, and information technology. The community service club provided the graduates with skills that enabled them to be selected to participate in the *Coalizão* peer education reproductive health activity discussed under section VI.

A total of 249 youth came to the classroom during this reporting period, including 175 PPF graduates and 74 youth who are part of the youth club peer education activity. Of these youth, only 35 were girls indicating a serious divide by sex. PPF staff are trying to determine why so few girls take advantage of the opportunity to participate in the clubs and use the learning space.

2. Provide Capacity Building in PPF Methodology

PPF staff continued to provide TA and capacity building support to ANDA-Manica as it launched vocational and life skills training, building on PPF's methodology. This included the following activities for ANDA:

- Planning and implementing outreach to the private sector to identify potential jobs and internships, and support and monitor existing internships.
- Planning and carrying out the graduation ceremony.
- Designing a new course in refrigeration and air conditioning.

PPF found that ANDA has significantly improved its technical training. PPF staff were particularly impressed with the quality of food prepared by the graduates from the culinary course. PPF staff also found that the facilitators and managers had a better understanding of and were more supportive of the youth overall. Nevertheless, PPF identified areas where ANDA can improve by:

- Expanding private sector awareness of the pre-professional internship law to stimulate interest in engaging interns.
- More quickly following up with private companies to negotiate internships, including 10 potential internships identified during a PPF visit with the Msika company.
- Regularly monitoring the internships.
- Systematically incorporating soft skills and project-based learning into training.

3. Recruit and Retain Key Staff

PPF worked with Kugarissica to select potential facilitators and prepare a training program. PPF and Kugarissica decided to train twice as many facilitators and make the training part of the selection process. This enabled the program to observe the candidates and select those who readily grasped the concepts and were able to apply the methodology.

4. Carry Out Monitoring and Evaluation

PPF surveyed graduates to learn what they were doing once they completed the program. The team was able to track down 71 percent of PPF graduates. The survey included questions about education (whether they were in school and at what level), employment (whether they were working and in the formal or informal sector), and personal status (if they were married or had children). The following is a summary of the findings:

- *Education:* Out of 277 youth who completed the survey, only 13 had dropped out of school. Of the respondents who had dropped out, the ratio of girls to boys was nearly even. This was surprising because 60 percent of PPF youth are girls and typically dropout rates for girls are higher than for boys. In terms of level of education reached, PPF expects that by the end of the current school year, 28 percent of PPF graduates will have completed upper secondary school. Of youth ages 15-24 in Sofala, only 4.3 percent have completed secondary education.⁶

⁶ See Education Policy and Data Center www.epdc.org. This data is based on DHS surveys from 2011.

- *Employment:* 62 percent of those who graduated from PPF before the date of the survey are working, with more than half working in the formal sector. Although the statistics on youth employment are not well established, some reports estimate that as many as 70 percent of Mozambicans under the age of 35 cannot find stable employment and that despite Mozambique's recent economic growth, the private sector is creating only 18,000 jobs for the 380,000 new labor market entrants every year.⁷
- *Marriage and childbirth:* Among PPF graduates, less than 2 percent of girls are married and most marry after the age of 18. Only 2 percent of PPF graduates have children. These results are very strong in comparison to the provincial and national levels, for example, in Sofala, where 57 percent of girls are married by age 18⁸ and at the national level, approximately 40 percent of adolescent girls have children by age 18⁹.

5. Engage Government

PPF collaborated closely with the Provincial Department for Women and Social Action (DPMAS) for Sofala through regular meetings and with the Permanent Provincial Secretary for Sofala to prepare for the PPF graduation. The graduation ceremony included representatives from the President of the Municipal Government of Beira and the office of the Governor of Sofala. A total of 96 people attended the graduation which was held at the Commercial Association of Beira.

During this semester, PPF met with the senior representatives of the Provincial Office of Labor and with *Instituto Nacional de Emprego e Formação Profissional* (INEFP.) These institutions have recognized PPF's contribution to enhancing youth employability and expressed an interest in developing a Memorandum of Understanding with PPF with the following objectives:

- Encouraging PPF youth to enroll in INEFP vocational courses when they complete their training.
- Engaging PPF staff to train INEFP staff in Project Based Learning.
- Helping INEFP introduce soft skills within INEFP training.

6. Select Youth Participants

PPF began the selection process with Kugarissica to select participants for the Fourth Learning Cycle.

7. Internships, Technical Training and Job Placement

PPF continues to support internships, technical training and job placement for its graduates. Recently, as PPF has built relationships with employers and the interns and graduates have demonstrated their skills, PPF has achieved greater success engaging the private sector. PPF has helped youth secure work with *Instituto Nacional de Segurança Social, Hospital Central da*

⁷ <http://www.aljazeera.com/indepth/features/2014/12/few-jobs-despite-booming-mozambique-economy-201412291727155364.html>.

⁸ UNFPA http://www.unfpa.org/sites/default/files/resource-pdf/ChildMarriage_8_annex1_indicator-definition.pdf.

⁹ UNICEF, http://www.unicef.org/infobycountry/mozambique_statistics.html.

Beira, Restaurante Tutti D'Italy, Grupo Mesquita and the *Coalizão* project with the following results during this reporting period.

- One PPF youth successfully competed for a job in data entry and has since been able to secure a work contract with the **INSS (Instituto Nacional de Segurança Social)**.
- Three youth were invited to apply for an internship with the **Hospital Central da Beira** to install and maintain servers and databases. The Hospital was pleased with their work and would like to hire them once funding becomes available.
- The **Restaurante Tutti a Italy** interviewed 21 PPF youth and hired 11. Six are already working, the others will be brought on gradually as the restaurant grows.
- **The Grupo Mesquita** just hired its third PPF graduate.
- PPF signed an MOU with the **DKT** company to hire 10 PPF youth to promote the use and sale of condoms to their peers. The organization has indicated that they would like to hire two more PPF youth.
- **The Coalizão Project** has contracted 25 youth to work as *activistas* under the MOZBIZ project funded by the Dutch government and UNFPA. The goal of the project is use peer education and mobile phone technology to expand knowledge about reproductive health and access to health services.
- INAS will hire approximately 35 PPF youth to survey beneficiaries in the province. Although these youth were selected earlier, the INAS is still waiting for the central office to give approval to start the survey.

In addition to these results, PPF recently visited the supervisors of the three youth hired by BCI and found a high level of satisfaction with their performance. The manager said that in comparison to other new employees, the PPF youth are communicative, uninhibited, dedicated and very eager to learn. The manager noted that staff learn by doing and that the three will be very good employees.

8. Strengthen Institutional Capacity

During this semester, ASF's ED held four sessions with mentor N'Weti ED Denise Namburete. Ms. Namburete focused on helping ASF better use its Board members for fundraising, outreach and programmatic and administrative decision making. As a result, ASF Board members helped secure partnerships with DKT, *Coalizão* and the Municipal Council. The mentor also recommended that ASF contract with a consultant to support its strategic planning process. The strategic planning process will be an important way to help ASF expand in the future. ASF also planned its next General Assembly meeting slated to be held in November.

PPF has been working on a tool kit to explain the methodology to other organizations who want to implement the methodology or components of the program. FHI 360 education expert Dylan Busa visited PPF to analyze some aspects of its curriculum and to help think through how to best explain project-based learning. He provided several recommendations for the curriculum and encouraged PPF to use video as a means of demonstrating project-based learning. PPF is incorporating his ideas into the curriculum and a new version of the tool kit. PPF looked for

consultants in Mozambique to complete the tool kit, but was unable to identify any with the right skills. As a result, PPF will look to international experts to support this activity.

9. Collaboration and Partnerships

PPF staff met with a number of potential partners in Manica and presented proposals to five companies. Despite interest from local staff, PPF was unable to reach international staff who are the ultimate decision makers. PPF will try a new strategy of using municipal and district officials as a means of re-invigorating the earlier interest shown in meetings in Manica.

PPF also works closely with other organizations focused on youth employment as part of the Forum for Job Placement (*Fórum de Inserção Profissional*). This group discussed how to support the government's efforts to implement the Law of Business Social Responsibility and Fundraising, foster the development of Sofala province, and encourage businesses to support social projects. PPF staff supported a provincial conference on internships.

10. Principle Challenges to be Addressed

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

- Training a new team in project based learning and a new NGO to implement the full methodology.
- Analyzing and communicating the key ingredients in the PPF methodology that can be scaled and sustained.
- Investigating strategies to expand entrepreneurship and informal employment for unemployed youth.
- Analyzing health behaviors of PPF youth over time.

C. COMMUNITY MOBILIZATION, HTC AND THE CONTINUUM OF CARE

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

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

- Supported DPS HIV care and treatment tracing. Eight Partners sought 1,544 defaulters, identified 965 (62 percent), and referred 586 (60 percent) to HIV care and treatment services. Four hundred and ninety-six (84 percent) are confirmed back on treatment, a five percent increase from last reporting period;
- Tested 2,965 individuals for HIV, 18 percent of whom were less than 15 years old, 54 percent were women and 7 percent of whom tested positive for HIV.
- Referred 14,052 individuals to health services, 34 percent to HTC and 47 percent to SRH services, bringing the annual total of individuals referred to health care services to 29,716;
- Reached 7,688 individuals with individual- and/or small-group-level prevention interventions that are based on evidence;
- Reached 5,201 individuals that are considered priority population with prevention messages, including 1,180 truck drivers, 275 young girls and 3,801 others; and
- Reached 185 CSW with HIV prevention messages, including GBV.

2. Community Mobilization and Communication

Five partners conducted debate sessions with communities on HIV prevention, treatment literacy, gender norms and GBV, SRH/FP and, in the case of OVC partners, child rights. They reached 4,960 individuals, 53 percent women and 27 percent between the ages of 15 and 24. CCM finalized its last debate session cycle at the end of April 2015 and closed its award with CAP shortly afterwards, reaching 2,487 individuals in the final reporting period. ANDA is conducting debate sessions with all vocational training students. CAP supported ANDA and Niiwanane to analyze and find solutions to the difficulties in mobilizing adolescents. Niiwanane approached the administrators at the school frequented by OVC but they were not cooperative. Eventually, ANDA and Niiwanane used the school holidays to conduct debate sessions with adolescents.

Table 12 indicates the total number of individuals referred to health services by CAP partners during debate sessions and household visits.

Table 12: Number of Individuals Referred to Health Services During Debate Sessions and Household Visits

Total # of referrals to health services	Total Health Referrals		Referrals w/ Guide/Documentation		Referrals through sessions	
	Male	Female	Male	Female	Male	Female
14,052	5,720	8,332	950	1,446	4,797	6,925

Of the 14,052 individuals referred to health services, 34 percent were referred to HTC, 47 percent to SRH services, and four percent to pre-ART or ART service. Table 13 breaks down the referrals to health facilities by services.

Table 13: CAP Partner Health Referrals

Total # of referrals to health services	HTC		Pre-ART/ART		SRH		GBV		Suspected TB		Other	
	#	%	#	%	#	%	#	%	#	%	#	%
14,052	4,861	34%	579	4%	5,952	47%	29	0%	18	0%	2,613	18%

3. HIV Testing and Counseling

All of CAP Mozambique's Partners continue to encourage target groups to know their HIV status by discussing the importance of HTC in at least one debate session and/or during household visits. In the past six months, six Partners provided HIV tests to 2,966 individuals. Most individuals tested were debate session participants, 54 percent were women and 82 percent were older than age 15. On average, seven percent tested HIV-positive, and 58 percent of PLHIV diagnosed were women. See Table 14 for details. Partners either referred individuals to HTC services offered in nearby health facilities, or provided HTC in communities or beneficiaries' households. Partners who referred to HTC services at health facilities continued to face challenges convincing beneficiaries to complete the referrals. Stigma and discrimination and distance to testing facilities remain key obstacles. CAP supported these partners to develop different strategies to achieve better results, building on other CAP Partners' HTC experiences.

Niiwanane and Kubatsirana have held discussions with health facilities and will provide per diem for counselors to conduct HTC at the communities in the next reporting period. The organizations will mobilize communities through debate sessions, and meetings with community leaders and household visits. HACI has shared CAP partner HTC practices with its subpartners who expressed an interest in pursuing alternative approaches. Unfortunately, HACI subpartners' awards will conclude at the end of December with activities ceasing in November. There may not be enough time to advocate and negotiate with health facilities to be able to offer community-based HTC. Kukumbi benefitted from the experiences of the other Partners and included debate sessions and community-based HTC counselors in the design of the project. Kukumbi was able to test 309 individuals in the past six months. Fourteen (5 percent) tested HIV positive.

Towards the end of the last reporting period, NAFEZA reported challenges reaching HTC targets because its catchment area overlapped with a project initiated by ADDP that was also mobilizing and testing for HIV. With our encouragement, NAFEZA approached ADPP in May and determined separate geographic coverage for HTC activities.

Table 14: HIV Testing and Counseling Conducted by CAP Partners

CSO	Province	District	Gender			Age		Results						Indeterminate
			M	F	Total	0-14	15+	HIV (+)			HIV (-)			
								M	F	%	M	F	%	
CCM	Sofala	Buzi, Chemba, Machanga	246	298	544	78	466	18	18	7%	226	276	92%	6
ANDA KP	Manica	Manica, Gondola	389	198	587	0	587	19	16	6%	369	182	94%	1
ANDA OVC	Manica	Manica	100	143	243	133	110	2	4	2%	98	139	98%	0
NAFEZA	Zambezia	Nicoadala	101	224	325	61	264	12	38	15%	89	186	85%	0
Kukumbi	Zambezia	Lugela	140	169	309	119	190	7	7	5%	133	162	95%	0
Ophavela	Nampula	Ribaue, Meconta, Mauurpula	396	562	958	116	842	27	35	6%	369	523	93%	4
Total			1,372	1,594	2,966	507	2,459	85	118	7%	1,284	1,468	93%	11

4. Community-Based Support for HIV Care and Treatment

With CAP support, six partners and two HACI subpartners consolidated support to DPS and USAID-funded clinical partners to improve adherence and retention to HIV care and treatment. All these partners are tracing defaulters. Five partners are also conducting debate sessions with community members that address the importance of treatment adherence. In the past six months, CAP partners have sought 1,544 defaulters, found 965 (62 percent), and referred 586 (60 percent) to HIV care and treatment services. Four hundred and ninety six (85 percent) are

confirmed back on treatment, a six percent increase from last reporting period. See Table 15 for results of defaulter tracing.

Table 15: Results of Defaulter Tracing

Organization	Sought	Found		Referred		Returned		% returned last reporting period	
	#	#	%	#	%	#	%	#	%
NAFEZA	336	243	72%	116	48%	63	54%	59	59%
CCM	281	243	86%	159	65%	158	99%	229	91%
Ophavela	64	41	64%	29	71%	29	100%	61	72%
ANDA	165	100	59%	65	66%	65	100%	0	0%
Kubatsirana	126	126	100%	69	55%	45	65%	15	42%
Niiwanane	262	31	12%	1	3%	0	0%	2	67%
Kindlimuka Sede	130	84	65%	80	95%	80	100%	16	100%
Kindlimuka Boane	180	96	53%	67	70%	56	84%	5	71%
Total	1,544	965	62%	586	61%	496	85%	387	n/a

Partners continued to discuss the challenges they faced with defaulters tracing during ART committee meetings. False addresses are the main challenge, driven by stigma and discrimination. See Table 16 for details on challenges. Based on Niiwanane's persistent advocacy on the need to improve the recording of complete personal data, the health facility decided to temporarily hold off on providing lists of defaulters to Niiwanane until such a time that it had reviewed records, and re-trained personnel on recording patients' personal data and the use of the referral guide. Niiwanane continued to invest time in tracing defaulters named on lists provided prior to the health facility interventions. When the health facility started to provide lists again, record keeping had only marginally improved. The health facility has requested help from Niiwanane to improve it further. The health facilities that Kubatsirana and ANDA support are ready to review and improve record keeping with the assistance of the CHASS supported *gestor de casos* under CHASS 3.0. ANDA used to receive names of defaulters residing outside its catchment area while other community-based organizations contracted by CHASS to do similar work, were asked to trace defaulters in ANDA's neighborhoods. Health facilities are now allocating defaulter lists based on the area in which community-based partners operate.

Looking at the data, there is a possibility that if partners invested more time in revisiting those defaulters not found, then referrals to treatment would increase 20; additional visits (beyond the three already scheduled) would reduce the loss among defaulters who are either travelling or not at home when the *activista* visits. We believe, however, that the decision to do this merits a discussion with USAID as the extra time invested in such visits inevitably goes at the expense of other OVC support activities which is the core of our current Partners' work and would require more complex monitoring systems than partners currently use. Partners already spent considerable time on defaulters tracing. We have instructed them to conduct three visits before closing a file and reporting the results. We believe that the new approach being considered for

Ophavela of providing intensive community-and family-based support right when individuals are diagnosed or start treatment may be a better use of resources.

Table 16: Reasons for Not Referring Identified HIV Defaulters

March-August 2015											
Organization	Re-ferred	Not referred									
		Traveling	De-ceased	Change of residence	False addresses	In treatment	Patient not at home	Trans-ferred to other facility	Insuf-ficient data to find patient	Re-ferred	Total not referred
ANDA OVC	65	4	7	20	63	2	4	0	0	0	100
KUBATSIRAN A	69	10	10	28	6	1	3	0	0	1	59
CCM -S	159	37	23	20	35	2	0	0	0	5	122
NAFEZA	116	33	13	38	87	1	0	2	0	1	175
NIIWANANE	1	1	4	1	0	24	0	0	230	3	263
OPHAVELA	29	3	3	5	0	0	0	0	23	1	35
HACI	147	4	7	15	5	0	89	0	43	0	163
Total	586	92	67	127	196	30	96	2	296	11	917
%	-	10.0 %	7.3%	13.8%	21.4%	3.3%	10.5%	0.2%	32.3%	1.2%	100%

Having noted the lack of progress towards achieving defaulter tracing targets, particularly in the numbers of defaulters that ANDA succeeded in returning to treatment, the organization conducted an internal analysis and modified its approach. The modifications included:

- More frequent visits to identified defaulters by *Assistentes Social* to discuss the importance of treatment adherence.
- Advocacy with the health facility to improve attitude of service providers towards returning defaulters.
- Stronger links between ANDA and the *gestor de casos* to ensure that returning patients are received and accompanied.

As a result of these changes, 100 percent of the defaulters that ANDA referred were back on treatment. We supported other organizations with similar internal analysis with the result that all Partners improved the absolute number of defaulters returned as well as the percentage of referred patients that are back on treatment. With support from CAP, HACI subpartners analyzed challenges encountered in the first six months of their defaulters tracing efforts, concluding that record keeping—particularly of migrant laborers—and long distances to households of defaulters were hampering achieving better results. Building on CCM’s success, HACI provided bicycles and phone credit to select subpartners’ field workers. HACI’s subs improved their performance drastically after these changes. Please note that CCM and Ophavela’s achievement appear less only because their awards ended in May and April 2015 respectively.

5. Key Populations

ANDA continues to perform well. During this reporting period, ANDA facilitators reached 185 CSW with debate sessions, and peer educators spoke about HIV prevention and mitigation at least twice with 1,180 truck drivers in Manica hotspots, including Motocross, Garimpo, Machipanda, Vanduzi, IAC and Messica. Last reporting period, ANDA added sessions on gender and GBV to the debate cycles with CSW and conversations with

"I appreciate the information provided by the peer educators about violence. We do things that we do not realize are violent, for example, not paying for services that our friends provide us or forcing our wives to sleep with us. I thought that we could decide since we are men. We learned that there is a law that protects women".

--Truck driver, 45 yrs.

truck drivers. Both target groups appreciated learning more about gender and GBV. ANDA reached 170 CSW and 1,105 truck drivers with gender and GBV messages. In addition, ANDA worked with local leaders and local radio to broadcast three radio debates on the law that prohibits minors from entering shops that sell alcoholic beverage, show pornographic movies, and promote cultural practices that influence the spread of HIV/AIDS.

ANDA continues to collaborate with health facilities to offer HIV tests at hotspots in the evening and distribute condoms. In the past six months, ANDA tested 389 truck drivers and 198 CSWs. See Table 17 for details. Overall, only 35 (6 percent) tested HIV-positive HIV prevalence among CSWs was 8.1 percent and among truck drivers 4.9 percent. ANDA referred 63 individuals to health care services, the majority (55 percent) to ARV or pre-ART services, and 7 percent to SRH services.

Table 17: ANDA HIV Testing with Key Populations

CSO	Province	District	Gender					Age			Results						Indetermi nate
			Gender			Age		HIV (+)			HIV (-)						
			M	F	Total	0-14	15+	M	F	%	M	F	%				
ANDA KP	Manica	Manica, Gondola	389	198	587	0	587	19	16	6%	369	182	94%	1			

ANDA has frequently talked about wanting to be able to respond better to the need for SRH services of mobile populations, including HIV and STI treatment. ANDA referred truck drivers to health care services knowing that mobile populations were unlikely to be able to access these services during regular health facility hours of operation. In July, with CAP support, ANDA visited the International Center for Reproductive Health in Tete, Mozambique to learn more about treatment services for mobile populations. Based on the exchange visit observations, CAP supported ANDA to develop a night clinic pilot in Machipanda, a border post that will offer treatment for sexually transmitted diseases and HTC. The clinic will remain open until 8 pm instead of 4 pm. Peer educators will refer truck drivers from all six sites to this clinic. ANDA will support the overtime payments for nursing staff and signed an MoU with the DPS in September to ensure that overtime payments will continue after the project closes if the intervention is a success. ANDA anticipates the pilot will start in October 2015.

6. Advocacy

Both ANDA and NAFEZA are implementing the scorecard methodology in a project funded by the Citizen's Engagement Program. In addition, Partners continue to raise issues with government institutions as they become aware of situations. For example, several Partners have noted inconsistencies in policy on fees for birth registration during campaigns. Niiwanane is advocating to have the criteria its beneficiaries meet included in the selection criteria for the food packages provided by INAS. Niiwanane has learned how the system works and are recommending concrete solutions to improve access to services.

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

A. KEY ACHIEVEMENTS: GBV COMPONENT

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

- Reached 6,508 individuals—3,591 women (55 percent) and 2,917 men (44 percent)—with an intervention that addressed gender, masculinity norms, and GBV.
- Conducted GBV screening with 582 individuals, 144 (25 percent) of whom reported having experienced GBV. Of these, 74 percent experienced physical violence and 9 percent sexual violence. Partners accompanied 31 individuals to services.
- Reached 7,503 individuals—3,703 (50 percent) women and 3,800 (50 percent) men—with a session that specifically addressed GBV and coercion (GBV Indicator 1.)
- Provided organizational capacity development to GBV partner HOPEM
- Presented at Sexual Violence Research Initiative Conference in Cape Town on key success factors integrating HIV and GBV prevention and CSO capacity building.

B. STRENGTHENING ORGANIZATIONS THAT ADDRESS GBV

In the current reporting period, CAP Mozambique provided OD support to Partners and OD Clients addressing GBV through prevention, response or mitigation activities. Integrating OD and programmatic support enhances the sustainability of Partner organizations and their work. Technical support is described below.

In particular, CAP supported OD Client HOPEM through the LMI (See Section IV.B.2.c), and by organizing a *Basic Financial Management for NGO's: Taking the Fear out of Finance* training for HOPEM staff and members. The Executive Director of HOPEM has indicated that the mentoring sessions have been helpful. After several attempts, HOPEM managed to bring together key staff and a few board members for their PAOP. Informal reports indicate that some very frank, but necessary discussions between staff took place. Since this took place in early October, we will report on it in the next reporting period. CAP has offered to provide feedback on past proposals, to help with restructuring, and in other areas, but HOPEM has not yet prioritized this assistance.

C. PROVIDING PROGRAMMATIC TA TO PREVENT AND RESPOND TO GBV

1. Increase Community Awareness via Debate

CAP Mozambique Partners continue to contribute to raising awareness about gender and GBV in communities via debate sessions and discussions during household visits. Five partners conducted debate sessions with adolescents and adults, addressing masculinity norms, the law that governs domestic and gender-based violence, and available GBV services. In the past six

months, Partners reached 6,508 individuals—3,591 women (55 percent) and 2,917 men (44 percent) — with 10 hours of debate on these topics. As reported in SAR 12, we continue to monitor the number of individuals reached with specific interventions that respond to the GBV 1 indicator. Five Partners reached 7,503 individuals.

Two of the three OVC Partners reported having difficulties reaching adolescents. Together with CAP Mozambique, ANDA and Niiwanane reviewed their approach and concluded that adolescents were struggling to combine participation in the sessions with school work and domestic chores. ANDA also acknowledged that it had not carefully thought about the implications of conducting the sessions at the vocational training center instead of in the community or at school. Most adolescents would not or could not invest in transportation to come to the center to participate. ANDA used its excellent working relationship with schools to gain access to school premises and conducted the sessions there. Consequently, ANDA reached 96 percent of its adolescent target. Niiwanane approached the schools to conduct sessions on their premises, but the request was denied. The organization decided to only run sessions during the holidays. Niiwanane reached 65 percent of its adolescent target. Kukumbi did not have difficulties mobilizing adolescents, overachieving by 30 percent. Lugela has not had many initiatives of this nature and the information shared and approach used was new and interesting to most participants. Local leaders approached Kukumbi with a request to continue the sessions after the project concludes. Kukumbi however, only reached 82 percent of its overall prevention targets primarily because of lack of support from the ED to finalize administrative processes to purchase supplies required to implement the debate sessions.

All Partners identified strong local leadership involvement as a key success factor, particularly in mobilizing communities to participate in the sessions.

In September, CAP Mozambique supported Ophavela to develop a proposal on community-based HIV-retention support in Nampula in response to a USAID request. USG partners have not yet engaged in this type of activity in Mozambique. With CAP Mozambique support, Ophavela will pilot a new community-based retention support model, using the Ophavela support VSLAs as an entry point. The intervention will include demand creation for services via community debate sessions. Having learned about gender and GBV in the context of Ophavela's first award with CAP, the organization understands the association between gender inequality, masculinity norms, HIV transmission and access to HIV services. Gender, masculinity norms and GBV will, therefore, be integrated in the debate session manual.

2. GBV Screening

Since September 2014, three Partners piloted community-based GBV screening. During the past six months, these partners screened 582 individuals—more than triple the number screened in the previous period—of whom 68 percent were women. Nearly one in four respondents (25 percent) had experienced some type of violence, slightly less than in the previous reporting period when we the number was 27 percent. The vast majority of victims (87 percent) were women. Three out of four of the victims had experienced physical violence (74 percent) and 9 percent sexual violence—half of what we reported in SAR 12. All sexual violence victims were women. Partners referred 31 victims to services, mostly to medical services and GBV Victim Response Centers. See Table 18 for organization-specific data on different types of GBV identified. A

review of the information on the type of violence and a narrative of the incidents that we received from partners indicates the following:

- Partners are still struggling to define GBV correctly. Physical violence, in particular, appears to be interpreted incorrectly. Partners report cases that appear better classified as domestic violence, violence between peers and neighbors, or child abuse.
- Many identified GBV cases took place long ago and do not require any follow-up support from our Partners.
- Most physical violence against women involves alcohol abuse, suspicion of adultery or women not living up to the cultural concept of a ‘good wife.’
- Frequently, physical abuse that occurred in the past has led to separation, often with involvement of family and local leaders.

Table 18: Partners Progress Implementing GBV Screening

Organization	# screened			Age of screened							GBV (+)				GBV (-)		% of screened
	M	F	Total	0-4	0-9	10-14	15-17	<18-24	25+	Total	SGBV	PGBV	Other	Total	M	F	
NAFEZA	34	101	135	1	19	22	14	45	34	135	4	18	7	29	2	27	21%
ANDA	105	148	253	4	35	75	29	21	89	253	3	10	10	23	1	22	9%
Niiwanane	46	148	194	0	15	19	20	23	117	194	6	79	7	92	16	76	47%
Total	185	397	582	5	69	116	63	89	240	582	13	107	24	144	19	125	25%
Percentage	32%	68%	100%	1%	12%	20%	11%	15%	41%	100%	9%	74%	17%	100%	13%	87%	25%

In SAR 12, we explained that CAP Mozambique’s mid-line evaluation revealed that community leaders reported a strong positive effect of partner debate sessions on gender norms and, to a lesser degree, GBV. Based on these findings, we decided to conduct debate sessions to raise awareness of GBV and the laws that prohibit it prior to conducting GBV screening. The assumption was that session participants with higher awareness about GBV would be more willing to report it and seek help. The intervention was also designed to primarily focus on screening among OVC beneficiaries because of their inherent vulnerability to GBV. Initially, Partners did not follow the model faithfully enough. During the past six months, we have supported Partners to analyze what they did during the first six months of FY15, and how to modify the intervention to reflect the original design. Niiwanane improved the planning of GBV screening activities and focused on screening session participants. NAFEZA selected and trained four debate session facilitators to conduct GBV screening. In May, they began screening session participants. The role of the counselor who had been conducting all screening during the first reporting period of FY15 was modified to be the focal point for the response to identified victims. NAFEZA increased the duration of sessions with local leaders to generate more understanding of and support for GBV response. ANDA focused more on screening session participants and OVC beneficiaries and involving the *Assistentes Social*.

Only ANDA provided sufficient data worthy of analyzing the link between the sessions and screening. We have clean data regarding debate session participation of 228 of the 257 screened individuals. Four in five individuals screened for GBV (83 percent) either participated or were a family member of a debate session participant. Similarly, 82 percent of the individuals screened were OVC beneficiaries. Partners identified 16 GBV victims (8 percent) among individuals affiliated with the sessions and six GBV victims (16 percent) among individuals that were not affiliated with debate sessions. We are not able to conclude anything definitive about the correlation between session and openness to reporting GBV from this small sample size.

The percentage of victims identified via community screening activities is low and below GBV prevalence rates recorded in the DHS (2011), particularly for Sexual Gender-Based Violence. Partners continue to report that socio-cultural values, fear of retaliation and other consequences prevent victims—including children—from reporting. We have identified several other potential factors that impact on the effectiveness of community-based screening, including staff training, personality of staff conducting the screening, and the screening tool. We will conduct a more thorough analysis in early FY16 and report the findings.

As a result of the GBV debate sessions and the commitment that ANDA shows in providing support to GBV victims, the organization is well respected in the district and by the communities. Save the Children (SCF) established a district-level Child Protection Committee and asked ANDA to be a GBV focal point. SCF also asked ANDA to be a TA provider for SCF-supported CBOs that work with GBV and child protection.

3. Sexual Violence Research Initiative (SVRI) Conference

CAP Mozambique presented a poster on titled *Yes CBOs Can! Preventing HIV by Integrating Gender and GBV* at the SVRI Conference in Cape Town in September 2015. We submitted two abstracts; this one was selected. CAP Mozambique Coordinator for the Northern Region, Rosalia Miguel, presented the abstract and attended several other sessions. She returned eager to share what she had learned about how HES interventions link to GBV, male engagement, and that GBV in schools is not just a problem in Mozambique. (*See Annex 19 for the poster presented.*)

CAP Mozambique was also featured in the panel presentation conducted by USAID Mozambique's Gender Advisor, Mary Ellen Duke.

4. GBV Case Study

We subcontracted with a team of consultants to prepare a qualitative case study to document the process of the integrating gender and GBV and HIV prevention with local CSO's. The case study will also identify key success factors to help others seeking to integrate gender and GBV, HIV prevention into CSO capacity building. The results are based on analysis of existing project data and documentation, a literature review, and interviews with staff, partners and other informants. Preliminary findings were presented at the SVRI conference. The full case study will be finalized early in the next reporting period. Two technical briefs are also being prepared, one on the *Quebrando Barreiras* films and the second on the important role the CSOs played in achieving results. In addition, we will prepare an article to submit to a peer reviewed journal.

5. Support GBV consultant for SCIP Zambezia

In November 2014, USAID asked us to recruit and provide operational support to a GBV consultant for the Strengthening Communities in Integrated Programming (SCIP) in Zambezia province. We managed contractual and travel arrangements. The consultant resigned in September 2015 for personal reasons and was not replaced because SCIP was nearly closed-out. She will submit a final report in October 2015.

VIII. Monitoring and Evaluation (M&E) (Marty)

A. KEY ACHIEVEMENTS: M&E COMPONENT

During the current reporting period, CAP Mozambique:

- Facilitated five data verification visits, verifying data on key PEPFAR/USAID indicators with Kubatsirana, ANDA, Kukumbi, NAFEZA and HACI.
- Wrote four success stories to illustrate change at the individual level.
- Wrote two project assessments—CCM Sofala and Ophavela—to illustrate project results and capacity building change upon completion of their grant awards.
- Provided TA to five organizations, all CAP Partners, to foster better understanding of new indicators and improve their M&E systems to better capture, analyze, and report on these indicators.
- Presented results of CAP Prevention Endline Survey to USAID and CAP Partners. (*See Annex 20*)

B. SPECIFIC ACTIVITIES: M&E COMPONENT

1. Technical Assistance to Partners in M&E

Although CAP provided additional TA and guidance to Partners in the first half of this fiscal year, they continued to struggle with collecting, analyzing, and reporting data throughout the year. (*See SAR 12 Annex 20* entitled “New Guidelines for Reporting M&AE Data.”) In addition to new reporting requirements introduced by USAID (new age disaggregation for OVC reached and new OVC access indicator), Partners are grappling with the sheer complexity of reporting now required for their projects. This is due both to the increased number of activities and increased detail and disaggregation required. The systems we use were designed several years ago when reporting requirements were simpler. We help each Partner adapt its system in keeping with the incremental changes; at this point, these data management systems have, in most cases, become unwieldy. Unfortunately, a complete redesign does not make sense with so little time left on the project, so we adapt by allocating additional time for TA and for review, making many of the adjustments in disaggregations, formulas, and so on ourselves because these changes are very difficult for partners to apply. We share examples in this section of the report to illustrate the ripple effect purportedly small changes have and to highlight the need for ongoing TA for local organizations in the area of M&E, particularly as long as the new data requirements stand.

One of the biggest issues for Partners is the correct transfer of data. In the beginning of the CAP project, Partners had just a few data collection sheets requiring data transfer to reporting templates. Due to the complexity of their projects, partners now have individual data collection sheets and aggregate sheets for multiple indicators—all of which need to be transferred to their

reporting templates. This data transfer is where the majority of mistakes are made during reporting.

To respond to more detailed requests from USAID, CAP Mozambique also began asking Partners to provide much more detail on their data collection forms for certain indicators (Referrals/Completed Referrals, GBV Screening, and VSLA participation.) At the conclusion of each reporting cycle, CAP Mozambique reaches out to Partners to clarify information and/or request that any missing information be supplied.

2. Ongoing Challenges with PEPFAR/USAID Indicators

a. OVC Beneficiaries Reached

Frequent changes to the age disaggregation for this indicator create confusion for Partners. At the initiation of their projects, only OVC up to age 17 were counted against this indicator. This was later revised to include OVC through age 18. Then, USAID provided guidance to count all OVC and caregivers in the family. At that time, some CAP Mozambique Partners found it difficult to add these individuals to their OVC databases without conducting additional interviews with beneficiary families. Additional data collection sheets for each family also were created to accommodate additional family members. In addition, Partners were confused about how to define “OVC caregiver”, and how many caregivers could be included for each family. We discussed this internally and determined that *an OVC caregiver should be defined as an adult living in the household that for some portion of the time has responsibility for the well-being of one or more children in the household.* CAP Mozambique does not place any limit on the number of caregivers that can be included in any household. However, an OVC caregiver can only be counted once he/she receives a direct service or referral from a CAP Mozambique Partner.

In June 2015, USAID/Mozambique provided guidance to include the following age disaggregation for reporting in October (<1, 1-4, 5-9, 10-14, 15-17, and 18+). Many CAP Partners face serious challenges with basic maintenance of their OVC databases, so CAP assumed this responsibility and inserted the requisite formulas into Partner databases to ensure that data was accurately captured for this age disaggregation. In October, new guidance was provided to revise this age disaggregation to <1, 1-4, 5-9, 10-14, 15-17, 18-24, and 25+. Again, CAP captured data according to these ages on behalf of the Partners, both because there was no time to request this new information from them, and because they would have struggled to provide it.

This is one of the tough decisions we make every time PEPFAR changes the reporting requirements. As we have indicated before, whenever there is a new or modified indicator, it takes a full year to work with partners to adapt their systems, apply the changes, work through the kinks, verify and arrive at a point where they are accurately reporting the new info on their own. From a capacity building perspective, ideally we would only report this data once the partners are ready. However, given PEPFAR’s emphasis on numbers served and the importance of achieving targets and reporting all data as accurately as possible for the mission’s objectives, and the fact that adjustments are made to guidance frequently, and often after our partner reports have been submitted to CAP, we decided that the most efficient and cost effective way to respond with accurate data in the timeframe was to make

the above mentioned adjustments to formulas that aggregate and sort the data ourselves. As described in the M and E section of this report, we have built partner capacity on M and E and continue to do so; this is an area where partners have made good progress in accurately capturing and reporting data. Higher level functions with data are still difficult for most.

b. OVC Access

Since Partners already struggle with data reporting, CAP assumed the responsibility for reporting on this indicator on their behalf. Data for this indicator is derived through Partner reporting forms for referrals to anonymous testing service (ATS), ART, and Pre-ART, as well as direct HTC. TA was provided to one Partner (ANDA) to expand the age disaggregation for which data was captured for ATS, since numbers reported against ATS require reporting on 0-14 and 15+, and the OVC Access indicator requires (as of October 9, 2015) reporting on <1, 1-4, 5-9, 10-14, 15-17, 18-24, and 25+.

c. Defaulter Tracing

Defaulter tracing is challenging because it depends on the accuracy of the lists provided by the health clinics. In some cases, these lists are incomplete—partial or non-existent addresses are provided in some cases. In other cases, the lists are not updated and include people that are following their treatment. Sometimes, individuals on the lists live far from the normal target areas of the partners, causing them to travel great distances to follow-up with patients. All of these factors create challenges for community Partners trying to locate treatment defaulters. We oriented partners on using the MoH forms for tracking ART defaulters and created summary forms to enable Partners to accurately report to us. In this period, we supported Partners to advocate directly and through ART committees for clinics to improve their records. As a result, health clinic staff have received additional training, in turn, improving the quality of record-keeping and counseling. In addition, ANDA's *assistentes Sociais*, through more frequent visits, were better able to help defaulters overcome barriers and return to treatment.

d. GBV Screening Indicator

Partners continue to have difficulties classifying violence—domestic, child abuse, and GBV. CAP reviews the data presented, but often the descriptions are too brief to make an accurate determination. We continue to provide TA in this area to improve understanding and reporting. This is further described in the section of this report on GBV.

e. Village Savings and Loan Association (VSLA) Indicators

CAP Partners struggle with reporting accurately on the number of caregivers and number of community members participating in VSLAs. The tendency has been to incorrectly include community members in the caregiver category and vice-versa. CAP worked with Partners to correct and revise the VSLA data for the previous reporting period so that it is correct for the full fiscal year. Partners also struggled to accurately report on the number of OVCs benefitting from parents/caregivers participating in savings and loans groups supported by PEPFAR. This indicator requires reporting on OVC indirectly reached through caregivers that participate in VSLA activities. CAP Partner OVC databases and reporting forms for this indicator are linked, since the OVC reached under this indicator are project participants. In the past, OVC were counted as reached with services through age 17. Individuals 18+ were not counted as OVC (nor were caregivers at that time). It takes time for Partner M&E systems to catch up with changes introduced by PEPFAR. For example, one Partner, in particular, needed to report additional OVC reached for VSLA activities that were age 18 or older. Unable to provide the data in the previous reporting period, they were added to results for this reporting period. Each quarter, CAP provides intensive support to all Partners reporting on these indicators to ensure accurate reporting.

3. Routine Monitoring of Partner Activities

a. Ongoing Monitoring and Technical Assistance

We continued to make regular monitoring visits during this period and provide TA to Partners in areas requiring improvement. In this period, the team visited partners in Maputo, Nampula, and Sofala provinces. These visits are described in detail in the Program Management TA and Programmatic TA sections of this report.

b. Data Verification

Each year, CAP conducts a full data-verification exercise with each Partner. This exercise is conducted jointly, as it is an important learning opportunity for Partners. Together, CAP M&E and Partner staff review source documents and track the data through all parts of the Partner's M&E system ending with the formal quarterly reports submitted to CAP. Any gaps in the system are discussed with the Partner, and TA is provided to improve performance. The M&E Team then tracks the Partner's progress in meeting data quality standards. Data verification visits give us a better understanding of the challenges Partners face on the ground, in particular, in the context in which they are working and how this impacts quality data collection and reporting. It also helps us develop a true sense of the capacity of Partners to complete data collection forms, transfer data, and report accurately. We consider this information when we adapt our systems to new reporting requirements, when we provide guidance to Partners, and in the information we share with USAID through DQA reports and semi-annual reporting. In the current reporting period, data-verification visits were conducted with Kubatsirana, ANDA, Kukumbi, NAFEZA and HACI. Kubatsirana, NAFEZA, and ANDA demonstrated considerable improvement in the quality of data for indicators assessed (for indicators on OVC reached and HIV prevention) when compared with our last visit. This was the first DQA for this Kukumbi project, so no comparison could be made. HACI's data has not improved since the last DQA exercise. (See Annex 21 for the Data Verification Visits Report.)

4. Partner Project Assessments

We developed and tested a tool for reporting on end-of-project results by Partner. The Project Assessment provides a brief description of the organization and its project; highlights key project results; illustrates the Partner's contribution to CAP Mozambique's HIV/AIDS prevention results (for prevention partners); describes organizational growth through CAP capacity-building support; summarizes the results of the organization's graduation process; and illustrates change measured by CAP's capacity assessments—Financial Health Check, POAP, SBCC or OVC Technical Assessment, Report Writing Assessment. We completed Project Assessments for two Partners—CCM Sofala and Ophavela)— and disseminated the results to these Partners in both English and Portuguese. The Partners have told us they appreciate these reports and will find them useful in explaining their projects and accomplishments to potential donors and partners. Ophavela converted its Project Assessment into a large poster to demonstrate the organization's progress to stakeholders. (See Annex 22 for the CCM Sofala and Annex 23 for Ophavela Project Assessments.)

5. Final Prevention Evaluation Survey

On July 2, 2015, CAP Mozambique presented the results of the Final Evaluation Survey to the USAID Mission Director, Deputy Director of the Integrated Health Office, and other high level USAID representatives. The evaluation was conducted to assess the impact of the HIV Prevention activities undertaken by CAP Mozambique Partners. The survey and results were described in SAR 12. Elizabeth Oliveras, FHI 360 Mozambique's Strategic Information Director and Hayley Bryant, CAP Mozambique's Chief of Party, presented the program and results. Three CAP Partners whose activities contributed to the strong results answered questions and provided details of the field realities that the data represents. ED of NAFEZA Candida Quintano, Program

Coordinator with CCM Sofala Miguel Chibete, and ED of Ophavela Anibal Oliveira represented their organizations. The audience was impressed with the results and suggested publishing in a peer reviewed journal. (See Annex 20 for a copy of the presentation.)

In June, we prepared and presented two posters based on the Endline results at the South Africa Aids Conference in Durban. The topics were:

- *The positive impact of a capacity development project on HIV prevention knowledge, attitudes, and behaviors in Mozambique.*
- *Reactions to a new social and behavior change strategy for HIV and GBV prevention in Mozambique.*

In July, shared the Endline results with Partners at the SAPM. In September, we delivered an oral presentation on the qualitative results at the *Jornadas de Saude* (Health Days) conference organized by the Ministry of Health in Maputo. (See Annexes 24 and 25 for the posters and Annex 26 for the oral presentation notes.)

IX. Collaboration with Mozambican Government

We collaborated with the government of Mozambique in the following ways during this reporting period.

Three CAP Partners—ANDA, Niiwanane, Kukumbi—and HACI’s seven subpartners worked closely with government health services to refer debate session participants and other community members to testing. CAP Partners Kukumbi OVC and CCM supported government counselors’ visits to communities during the weekends following debate sessions. The counselors’ visits were scheduled to coincide with debate sessions on the importance of knowing your HIV status and HTC. CAP Partners NAFEZA, ANDA contracted their own counselors and are receiving test kits from local health authorities. Community leaders were informed of HTC activities and asked to help mobilize community members. (See Section VI for the results of these efforts.)

Five CAP Partners—CCM, ANDA, Kubatsirana, Niiwanane, and NAFEZA—and two HACI sub Partners have worked hard to support government health facilities to increase retention by bolstering treatment literacy among communities and their leaders, and by tracing HIV treatment defaulters. All Partners routinely participated in ART committees or other coordination mechanisms at clinics to report results and discuss challenges and used MoH-approved forms. (See Section VI for counseling and testing results.)

OVC Partners, using the MGCAS minimum standards, increased their capacity to conduct individual needs assessments and develop and negotiate joint care plans with caregivers. CAP Mozambique has worked closely with VPHealth—a software development company that specialises in developing and supporting ICT solutions in the field of health and social development—and UNICEF to pilot the digitization of the MGCAS-approved Child Status Index. We presented progress to National Institute for Social Action INAS and the Planning Department of MGCAS. All Partners continued to use the MoH-approved, FHI 360-created referral form. To respond to OVC needs, Partners interacted with several other government agencies to obtain birth certificates and identity papers, nutritional support, agricultural inputs, TA and education materials.

In an effort to reduce gender-based violence, five Partners—ANDA, Niiwanane, NAFEZA, CCM, Kukumbi OVC—shared information on family law with their communities during debate sessions. Three Partners continued to screen individuals for GBV and are collaborating with health authorities and *Gabinete de Atendimento de Familia, Menorese Vitimas de Violencia* (GAFMVV) to help victims gain access to appropriate services and justice.

Three representatives of the National AIDS Council (CNCS) participated in the Semi-Annual Partners Meeting, including the Executive Secretary who presented Government HIV Priorities. One representative of MGCAS also participated in this meeting.

CAP Mozambique presented two oral presentations at the MOH *Jornadas de Saude* conference in September. One presented the quantitative results of the Prevention endline evaluation; the second presented the qualitative results.

CAP Mozambique and our Partners continued to participate in coordination meetings convened by National and Provincial chapters of the CNCS. As part of FHI 360, CAP Mozambique 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 including the NCPS and Communications working group meetings with the CNCS whenever possible.

X. Project Performance Indicators

A. PEPFAR TARGETS AND OTHER KEY INDICATORS

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

The targets illustrated in the table that follows are those CAP Mozambique presented in its revised Annual Work plan submitted December 16, 2014.

1. Community-Based HIV Care and Treatment Support

For FY15, CAP Mozambique far exceeded its targets in all but one category (priority populations). We reached 238.06 percent of our annual target for HIV prevention messaging focusing on abstinence and fidelity. The target for FY15 was 3,150 individuals; we reached 7,499. CCM Sofala, the Partner that contributes to results for this indicator, performed strongly in Sofala province through the end of its grant in May 2015.

CAP Mozambique reached 196.30 percent of its annual target for HIV prevention messaging focusing on key populations. Our target for FY15 was 135; we reached 265 individuals. We assumed, when setting the original target, that ANDA had reached a saturation point because it had long provided services to CSWs in its area. However, ANDA continued to find new CSWs to serve and thus, produced higher results than anticipated.

CAP Mozambique reached 388.89 percent of its annual target for mass media spots. Our target for mass media spots for FY15 was nine; we developed 35. CAP Partners Kukumbi and CCM Sofala produced more mass media spots than expected. For the first time, ANDA also contributed mass media spots. We were conservative in setting this target as Kukumbi was, at the time, having difficulties negotiating an agreement with the radio station. In addition, ANDA had been airing radio spots, but not counting them; therefore, they were not included in the targets.

CAP Mozambique reached 142.86 percent of its annual target for condom distribution sites. Our target for FY15 was 35; we reached 50. ANDA contributed five sites and Ophavela contributed 45. Ophavela maintained its high performance through the end of its grant in April 2015. CAP Mozambique reached 9,960 priority populations with prevention messages this fiscal year, or 94.77 percent of our annual target of 10,510 individuals.

Table 19 illustrates the community-based HIV care and treatment support targets and results for this fiscal year.

Table 19: Community-Based HIV Care and Treatment Support Targets for FY 2015

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 Population reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	135	40	29.63%	40	59.26%	115	144.44%	70	196.30%
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	10,510	3,800	36.16%	959	45.28%	3,212	75.84%	1,989	94.77%
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	3,150	2,531	80.35%	2,481	159.11%	2,487	238.06%	0	238.06%
P-SBRP.05 - Number of targeted condom service outlets	35	50	142.86%	0	142.86%	0	142.86%	0	142.86%
P-SBRP.04 - Number of mass media spots delivered	9	4	44.44%	12	177.78%	16	355.56%	3	388.89%

2. Gender-Based Violence

CAP exceeded all of its GBV targets for the year, with the exception of GBV referral. We continue to gather and report data on P.GBV.01, and have reached 156.37 percent of our annual targets for that indicator to date (15,559 individuals). We reached 128.88 percent of our annual target GBV.10. Our target for FY15 was 11,650; we reached 15,014. This is mainly due to CCM Sofala's strong performance on this indicator. CAP Mozambique reached 260.34 percent of its annual target for GBV screening. Mozambique's target for this indicator for FY15 is 295; we reached 768 individuals. Three Partners contribute to this indicator—ANDA, NAFEZA, and Niiwanane. In the first half of the fiscal year, we conducted a rapid assessment of this activity with these three Partners and adjusted the program based on our findings. The three Partners dramatically improved their performance in the second half of this fiscal year, yielding the much higher results achieved for the period overall.

For GBV referrals, we set a target of 82 referrals stemming from GBV screening activities. However, by year's end we were only able to refer 48 individuals (58.54 percent). This target was set without an evidence base to draw from, because this was a new activity for CAP. Over the past year implementing GBV screening activities, we have learned that our Partners receive few cases that need to be referred to health services. Many cases uncovered through screening are old, some are encumbered by inheritance issues rather than GBV violations, and many others have been resolved. In some cases, it is difficult to determine if a case should be truly classified as GBV or domestic violence or child abuse.

Table 20 illustrates the annual GBV targets and results for the current fiscal year.

Table 20: Annual GBV Targets and Results for FY 2015

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 reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (P.GBV.01)	9,950	5,289	53.16%	2,767	80.96%	5,444	135.68%	2,059	156.37%
P.GBV.10 - Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	11,650	4,658	39.98%	3,848	73.01%	5,082	116.64%	1,426	128.88%
P-GBV.06 - Number of people screened for GBV (community screening)	295	51	17.29%	135	63.05%	211	134.58%	371	260.34%
Number of people referred to GBV services	82	8	9.76%	9	20.73%	7	29.27%	24	58.54%

3. HIV Testing and Counseling (HTC)

CAP Mozambique reached 392.13 percent of its annual HTC target. The target was 1,600; we reached 6,269 individuals in this reporting period. CCM Sofala, ANDA (prevention and OVC grants), Kukumbi, NAFEZA, and Ophavela all reached targets in counseling and testing. CCM

Sofala performed better than expected because it increased its weekend testing from one to two days to meet the demand in its target areas. Having learned from the first six months of providing HTC to OVC families and understanding the importance of identifying individuals in need of HIV care and treatment, ANDA intensified its efforts and tested nearly ten times more individuals in this reporting period than the previous reporting period, contributing to these high results. Ophavela was not originally expected to report on HTC, but since it was not possible to negotiate an agreement with local testing, Partners began testing directly.

Table 21 illustrates the results for the current fiscal year in counseling and testing.

Table 21: HIV Counseling and Testing Results for FY 2015

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q1	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	1,600	2,201	137.56%	1,103	206.50%	2,062	335.38%	903	392.13%

4. Antiretroviral Therapy (ART)

CAP Mozambique reached 210.52 percent of its annual indicator for defaulters “sought.” The target was 1,340; we reached 2,821 individuals. Multiple CAP Partners contributed to these results and all subsequent ART results: CCM Sofala, Niiwanane, Kubatsirana, ANDA, Kukumbi, Ophavela, NAFEZA, and two HACI subpartners. As reported in the PEPFAR Semi-Annual Performance Report, CCM Sofala tripled its expected results for this (and subsequent cascade) indicator(s) due to its success in seeking, finding, referring and returning defaulters to treatment. Invited to share its approach and experience with other CAP Partners at the semi-annual partners meeting, CCM Sofala’s lessons learned helped Partners improve their performance. We also conducted a rapid assessment of Partner results for these indicators (17.01, 18.01, and 19.01) and provided targeted TA to improve Partners’ performance, which resulted in higher results in the second half of this fiscal year.

CAP Mozambique reached 203.48 percent of its annual indicator for defaulters “with result defined”. The target was 890; we reached 1,811 individuals. For referrals to ART, CAP Mozambique reached 1,096 individuals, or 173.97 percent of our annual target of 630 individuals. We reached 205.98 percent of our annual indicator for defaulters “returned to treatment.” The target was 435; we reached 896 individuals.

Table 22 illustrates the results for the current fiscal year in ART lost to follow-up.

Table 22: ART Lost to Follow-up for FY 2015

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
T.ARV.17.01: # ART defaulters or lost to follow-up actively sought during reporting period	1,340	478	35.67%	799	95.30%	976	168.13%	568	210.52%
T.ARV.18.01: # ART defaulters or lost to follow-up found during reporting period	890	372	41.80%	474	95.06%	582	160.45%	383	203.48%
Number of individuals referred to ART (CAP Indicator)	630	248	39.37%	262	80.95%	330	133.33%	256	173.97%
T.ARV.19.01: # ART defaulters or lost to follow-up who returned to treatment during the reporting period	435	195	44.83%	205	91.95%	285	157.47%	211	205.98%

5. Orphans and Vulnerable Children (OVC)

Table 23 illustrates the annual OVC targets and results for the current fiscal year.

Table 23: Annual OVC Targets and Results for FY 2015

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 OVC receiving OVC services	6,990	5,251*	75.12%	2,541*	111.47%	791*	122.79%	1,606*	145.77%
Education and/or Vocational Training		3,710	-	1,182	-	580**	-	1127**	-
Psychosocial, Social and/or Spiritual Support		2,663	-	889	-	1067**	-	1753**	-
Legal and Protection Services		2,199	-	1,289	-	623**	-	1269**	-
Food and Nutrition		2,183	-	2,420	-	712**	-	780**	-
Economic Strengthening		1,277	-	469	-	282**	-	759**	-
Shelter and Care-giving		442	-	278	-	401**	-	565**	-
Health Care Referral		3,397	-	1,191	-	964**	-	1773**	-
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	-	-	-	-	-	212	-	591	-
Number of direct participants in savings and loans groups supported by PEPFAR	300	1009	363.33%	464	491%	542***	671.67%	699***	904.67%
Number of OVCs benefiting from parents/caregivers participating in savings and loans groups supported by PEPFAR.	830	861	103.37%	370	148.31%	215****	174.21%	544****	239.76%

* The results for this indicator have been revised for all four quarters. This is because two CAP partners (HACI and Kukumbi) struggled with maintaining their databases. CAP helped both partners cleanse the databases to (a) remove duplication of OVC reached and OVC services provided, (2) revise incorrect age designations, and (3) revise incorrect sex designations. These errors contributed to minor variances in the

data reported in the first half of this fiscal year, compared to accurate results for that period. All four quarters were revised here to reflect accurate data reported for the full year; the annual totals are correct and in line with results reported in the APR.

** For the reasons mentioned above, there were some differences in the numbers reported in the first two quarters for OVC services reached by some partners, compared to real results for that period. The numbers under- or over-reported in the first half of this year were compensated for in the numbers reported in the second half of this year (i.e. they were added or subtracted from second half totals per district, as appropriate).

*** CAP Partners struggle with reporting accurately the number of caregivers and number of community members participating in VSLAs. The tendency has been to incorrectly include community members in the caregiver category and vice-versa. CAP worked with partners to correct the VSLA data and revised second half data so that the data for the full fiscal year is correct.

**** This indicator requires reporting on OVC indirectly reached through caregivers participating in VSLA activities. CAP Partner OVC databases and reporting forms for this indicator are linked because the OVC reached under this indicator are project participants. Before, OVC were counted as reached with services through age 17. Those ages 18+ were not counted as OVC (nor were caregivers at that time). Because it takes time for Partner M&E systems to catch up with changes introduced by PEPFAR, one Partner in particular needed to report additional OVC reached for VSLA activities that reached those age 18 or older. These results were added to results for the second half of this fiscal year.

6. Food and Nutrition

Although CAP Mozambique did not set a target for individuals reached with food and/or other nutrition services, we reached 6,080 individuals this fiscal year. Table 24 illustrates the targets and results for food and/or other nutrition services for the current fiscal year.

Table 24: Food and/or Other Nutrition Services Targets and Results for FY 2015

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	0	2,183	-	2,420	-	712*	-	765*	-

* Two CAP partners struggled to maintain their OVC databases this fiscal year (HACI and Kukumbi). CAP helped both partners clean their databases to (a) remove duplication of OVC reached and OVC services provided, (2) revise incorrect age designations, and (3) revise incorrect sex designations. This resulted in the discovery of under- and over-reporting (depending on the age disaggregation and district) against this indicator in the first half of this fiscal year. To align the data for the fiscal year, the second half data was revised to compensate for these errors.

7. Human Resources for Health (HRH)

Table 25 illustrates the annual HRH targets and results for the current fiscal year.

Table 25: Annual HRH Targets and Results for FY 2015

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	300	117	39%	239	118.67%	120	158.67%	298	258%

CAP Mozambique reached 258 percent of its annual target for training community health workers. Our target for this indicator was 300; we reached 774. Our prevention Partners were not expected to train community health workers this fiscal year, but three Partners—NAFEZA, Ophavela, and Kukumbi—reported results. NAFEZA and Kukumbi trained *activistas* in sexual and reproductive health. Ophavela identified gaps in performance conducting defaulter-tracing activities, and conducted a refresher training for staff to overcome these capacity gaps. Other Partners that contributed toward this indicator include Niiwanane, Kubatsirana, ANDA (OVC), HACI, and Kukumbi (OVC).

8. Cross-Cutting Indicators

Table 26 illustrates CAP Mozambique’s results on other USAID health indicators.

Table 26: Results on USAID Cross-Cutting Health Indicators for FY 2015

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	9,600	9,613	100.14%	6,051	163.17%	11,276	280.63%	2,776	309.54%
Number of referrals from community-based organizations known to be completed	1,850	1,339	72.38%	1,436	150%	1,860	250.54%	1,184	314.54%
Number of individuals reached through USG-funded community health activities	20,785	11,638	55.99%	5,925	84.50%	6,605	116.28%	3,424	132.75%

CAP Mozambique exceeded its annual targets for health referrals and completed referrals. Our annual target for health referrals was 9,600: we provided 29,716 health referrals (309.54%). CCM Sofala, Kukumbi, NAFEZA, and Ophavela provided referrals to ITS, ATS, and Family Planning during prevention sessions conducted in their communities. In addition, CCM Sofala, ANDA, Kukumbi, Ophavela, and NAFEZA contributed to this indicator when they referred individuals for treatment following receipt of positive HIV test results. Our OVC Partners also contributed to this indicator through referrals for a variety of health issues for OVC and prevention, including malaria, general illness, HIV testing, TB, and others. A breakdown of the types of health referrals provided to project participants is included in Table 27.

Table 27: Health Referrals

Period	Total Health Referrals		HTC		Pre-TARV/TARV		SRH		GBV		Suspected Malaria		Suspected TB		Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Q1+Q2	6671	8993	2955	3608	323	533	2930	3819	1	18	134	296	44	52	279	672
Q3+Q4	5720	8332	2065	2796	191	404	2673	4022	0	29	102	174	10	8	679	899

CAP Mozambique reached 314.54 percent of its annual target for completed referrals. Our target for this activity was 1,850; we reached 5,819. There are multiple reasons for this: (1) strong performances by CAP OVC Partners in accompanying OVC and their families to receive health and other services; (2) a strong performance from IBFAN in providing and completing large numbers of health referrals; (3) increased numbers of referrals coming from defaulter-tracing activities, and (4) an increase in completed referrals reported by HACI subpartners. Table 28 demonstrates the number of completed health referrals compared to all other types of health referrals facilitated through Partners.

Table 28: Completed Referrals

Period	Total Completed Referrals		Health Completed Referrals		Other Completed Referrals	
	Male	Female	Male	Female	Male	Female
Q1+Q2	990	1785	766	1539	233	237
Q3+Q4	1243	1801	865	1391	381	407

CAP Mozambique hit 132.75 percent of its target for individuals reached through USG-funded community health activities. Our target was 20,785 individuals; we reached 27,592. This is due to higher than expected OVC and Abstinence and Fidelity results.

9. Capacity Building

Table 29: below illustrates the annual capacity building targets and results for the current fiscal year. These targets are based on the CAP annual workplan for FY15.

Table 29: Annual Capacity Building Targets and Results for FY 2015

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 Civil Society organizations using USG assistance to improve internal organizational capacity	30	28	93.33%	8	120%	2	126.67%	20	193.33%
Number of Mozambican civil society organizations using USG assistance to contribute to the health system	16	22	137.5%	0	137.5%	0	137.5%	0	137.5%
Dollar value of program funds obligated to local organizations	\$5,640,540	-	-	-	-	-	-	\$6,421,883	Exceeded
Number of individuals trained in institutional capacity building	550	91	16.55%	255	62.90%	260	110.18%	154	138.18%
Number of organizations demonstrating increased capacity in 2 or more areas*	7	-	-	-	-	-	-	9	128.57%
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	8	1	12.5%	6	87.5%	0	87.5%	2	112.5%

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 indicators assessed by a data quality audit	5	0	0	5	100%	1	120%	1	150%

CAP Mozambique exceeded all of its annual targets on its Capacity-building indicators this fiscal year. Results are as follows: number of CSOs using USG assistance to improve capacity (193.33%); number of Mozambican CSOs contributing to the health system (137.5%); dollar value of program funds obligated annually (exceeded), number of individuals trained (138.18%); number of meetings facilitated to share experiences (112.5%), number of organizations demonstrating increased capacity in two or more areas (128.57%), and number of indicators assessed by a data quality audit (150%). The number of CSOs using USG assistance to improve capacity was much greater than originally expected, because other organizations were invited to participate in the CAP Mozambique Leadership and Mentoring Initiative (LMI) and MANGO trainings. In addition, there was a large turnout of organizations for the *Intercambio* event held in September, which counts toward this indicator. CAP Mozambique exceeded the target for number of indicators assessed by a data quality audit because as the number of PEPFAR indicator requirements grows over time, so does the necessity to verify the data quality of these indicators.

10. Graduation

CAP Mozambique *exceeded* all of its annual targets on its capacity-building indicators this fiscal year. Results are as follows:

- number of CSOs using USG assistance to improve capacity (193.33 percent);
- number of Mozambican CSOs contributing to the health system (137.5 percent);
- dollar value of program funds obligated annually (exceeded);
- number of individuals trained (138.18%);
- number of meetings facilitated to share experiences (112.5%);
- number of organizations demonstrating increased capacity in two or more areas (128.57%), and
- number of indicators assessed by a data quality audit (150%).

Table 30 below illustrates the annual graduation targets and results for the current fiscal year.

Table 30: Annual Graduation Targets and Results for FY2015

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	0	0	-	0	-	0	-	0	-

Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding	1	0	-	0	-	0	-	0	0%
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CAP Mozambique facilitated a graduation process in September, evaluating Kubatsirana and following-up on Niiwanane and HACI’s progress on meeting conditions set for graduation. None of these organizations graduated this year, but will be re-evaluated in February 2016. Therefore, we did not meet our target for this indicator this fiscal year.

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 evaluated nine organizations (two Partners who ended their award in FY2015 and seven OD Clients) against this indicator for FY15. The remaining CAP partners will be evaluated towards the end of their award in 2016 to maximize capturing change. Only those organizations who had a follow-up evaluation of all relevant technical and organizational areas during this fiscal year were evaluated. The baseline and follow-up data were used to measure change in two or more areas. Other Partners will be evaluated in FY16 and reported on in April 2016.

The data for measuring increased capacity presented in Table 31 and the discussion below were derived from the following four assessments:

- SBCC Prevention Assessment
- Report Writing Assessment
- Financial Health Check
- POAP

This last tool assesses progress in multiple institutional areas. Table 31 below demonstrates all of the positive areas of change (which were potentially influenced by TA/Training provided by CAP Mozambique) for each of the nine organizations evaluated.

Table 31: Areas of Positive Organizational Change for Each of the Organizations Evaluated

	External					POAP																							
	Prevention Programming	OVC Care	Grant Management	Narrative Report Writing	Financial Health	Vision	Mission	Values	Member Management	Audits	Leadership	Information Technology	Internal Procedures	Governance	Archival System	Human Resources	Monitoring	Capacity Building of Staff	Financial Planning	Reports	Assets	Legal Statutes	Performance Evaluations	Analysis	Public Relations	Partners	Transparency	Networking	Members & Accountability
ACIDECO	-	*	**	-																									
ASF	-	*	**	-																									
CA Barue	-	*	**	-																									
CONFHIC	-	*	**	-																									
IBFAN	-	*	**		-																								
Kugarissica	-	*	**	-																									
NAFEZA		*	**																										
Rubatano	-	*	**	-																									
Shingirirai	-	*	**	-																									

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 “-“.

* This assessment was not conducted on any of these organizations because these organizations do not implement OVC care projects under CAP Mozambique. OVC care for CAP Partners will be assessed in the next reporting period.

** This assessment was not conducted on any of these organizations because these are not receiving TA from CAP for subaward management. This area will be assessed in the next reporting period for appropriate Partners.

CAP Mozambique counts each of the areas included in Table 31 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 Table 31, all nine of the Partners and OD Clients evaluated in this reporting period demonstrated positive change in at least two technical or organizational capacity areas. In fact, all organizations have demonstrated change in five or more areas, and six have experienced improvements in nine or more areas.

In the sections following, we provide more details about organizational change of these nine organizations in the following four areas: Prevention Programming, Report Writing Capacity, Financial Health, 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. Only one (NAFEZA) of the nine organizations being assessed for organizational change in this reporting period: they were assessed in the areas of HIV prevention, SBCC.

NAFEZA's overall score increased by 13.12% from 2.82 to 3.19 (out of a possible maximum of 4). The most significant improvements were noted in NAFEZA's capacity to:

- **Establish New and Strategic Partnerships** - In the context of the GBV pilot, NAFEZA established a partnership with the police, the GBV victim support center, a health facility that offered GBV services, and the tribunal to provide support to GBV victims identified by NAFEZA.
- **Develop and Implement Communication Strategies** - NAFEZA designed a strategy to reach more individuals eligible for GBV screening, demonstrating their ability to develop and implement a communication strategy.

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. The SBCC capacity analysis for NAFEZA is included below in Table 32.

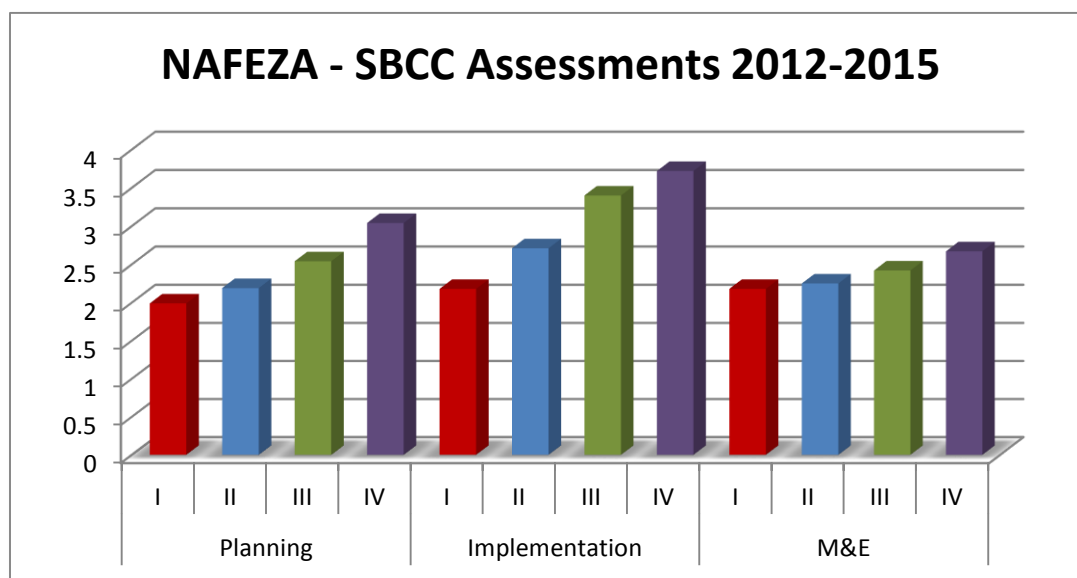
Table 32: Complete SBCC Capacity Analysis for NAFEZA

NAFEZA					
Evaluation Category	2014 Score	2015 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.54	3.04	19.7%		
Theory-Driven Planning & Design	2.00	3.00	50%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	Following the training, NAFEZA developed various proposals applying the newly acquired knowledge and skills.
Collection and Use of Data	2.50	2.50	0%	TA on use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	No changes noted.
Negotiation and Strategic Partnership	2.67	3.67	37.5%	TA on strategic partnerships during preparation of proposals. TA to establish partnerships for HTC, GBV and HIV defaulters tracing.	NAFEZA continues to establish new and strategic partnerships. In the context of the GBV pilot, NAFEZA established a partnership with the police, the GBV victim support center, a health facility that offered GBV services, and the tribunal to provide support to GBV victims identified by NAFEZA.
Development of Strategies	3.00	3.00	0%	TA during project expansion to develop an implementation strategy that responded to formative research results.	NAFEZA continues to increase capacity to expand project activities and include new primary and secondary target groups – as was evident with the GBV activities.
Component 2: SBCC Program Implementation	3.40	3.72	9.41%		
Implementation of Communication Strategies	2.63	3.13	19.01%	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 designed a strategy to reach more individuals eligible for GBV screening, demonstrating their ability to develop and implement a communication strategy.
Strengthening of Staff Competencies	3.20	4.00	25%	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.	In 2015, NAFEZA lost a number of key staff. The organization recruited temporary staff who were trained in the use of the supervisory tools so monitoring and mentoring of field staff continued uninterrupted.
Implementation Structure	3.75	3.75	0%	TA on recruitment, including developing selection criteria, job descriptions, and outlining supervision and reporting obligations.	In 2015, NAFEZA lost key staff to transition and maternity leave. The organization hired temporary staff to monitor quality of program implementation at the district level.
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.	No change noted.

Component 3: SBCC Monitoring & Evaluation	2.42	2.67	10.33%		
Frameworks and Mechanisms	3.75	4.00	6.67%	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 understands the importance of quality data collection, analysis and reporting and is in the process of finalizing an organizational M&E plan.
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.	No change noted.
Utilizing and Communicating Results	2.50	3.00	20%	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 continue to report project results quarterly to government counterparts and field staff. This year, the organization has shared data on GBV and defaulters tracing with the health facility.
TOTAL SCORE	2.82	3.19	13.12%		

NAFEZA has demonstrated consistent growth in SBCC since the first assessment conducted with the organization in 2012. Between 2012 and 2015, over four different SBCC assessments, the organization’s global score has increased from 2.11 to 3.19, illustrating a 51.18% improvement. Figure 1 below illustrates growth over the four assessments in the three main assessment categories: Planning & Design, Implementation, and M&E. As shown in the figure, NAFEZA has demonstrated consistent growth in all three areas over time, in particular in the implementation of SBCC activities.

Figure 1: Change in NAFEZA’s SBCC Capacity Measured over the Life of Grant



2. Improvement in Quality of Report Writing

We evaluated two Partners on their report writing capacity in this reporting period. Of the nine partners being evaluated overall, only two implement grants and receive CAP Mozambique’s technical assistance in report writing (NAFEZA and IBFAN). 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.

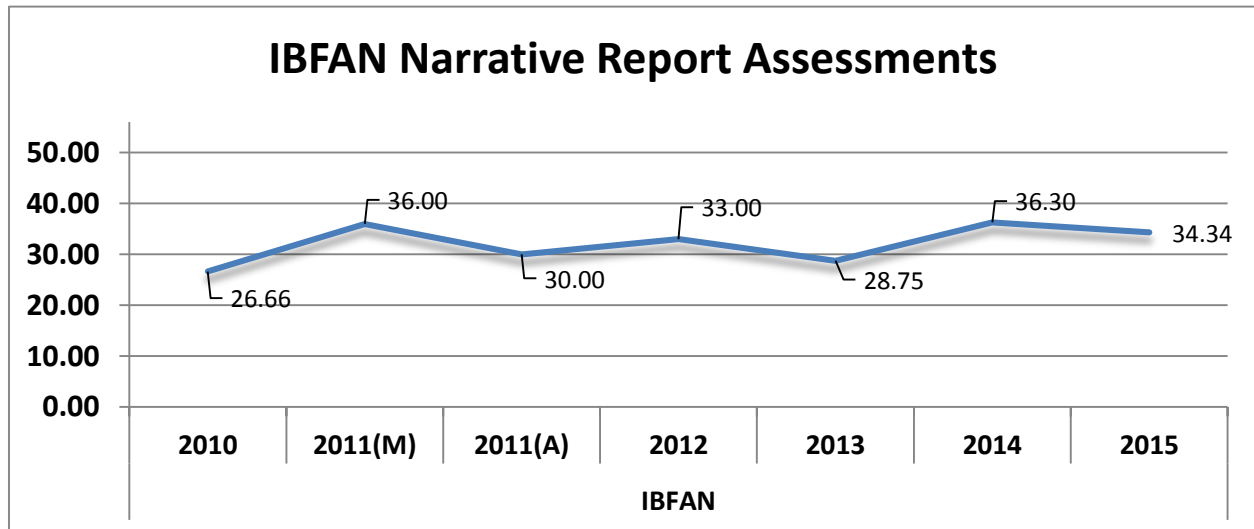
Using our Report Writing Assessment Tool, CAP Mozambique compared scores attributed to an analysis of grant recipient quarterly reports from one period to a period one year later. Typically, quarterly reports submitted for the June-August 2014 period (assessed in September) are evaluated. However, since IBFAN’s grant ended March 31, 2015, their December – February report was assessed. The results of the report writing analysis are reflected in Table 33 and Figure 2.

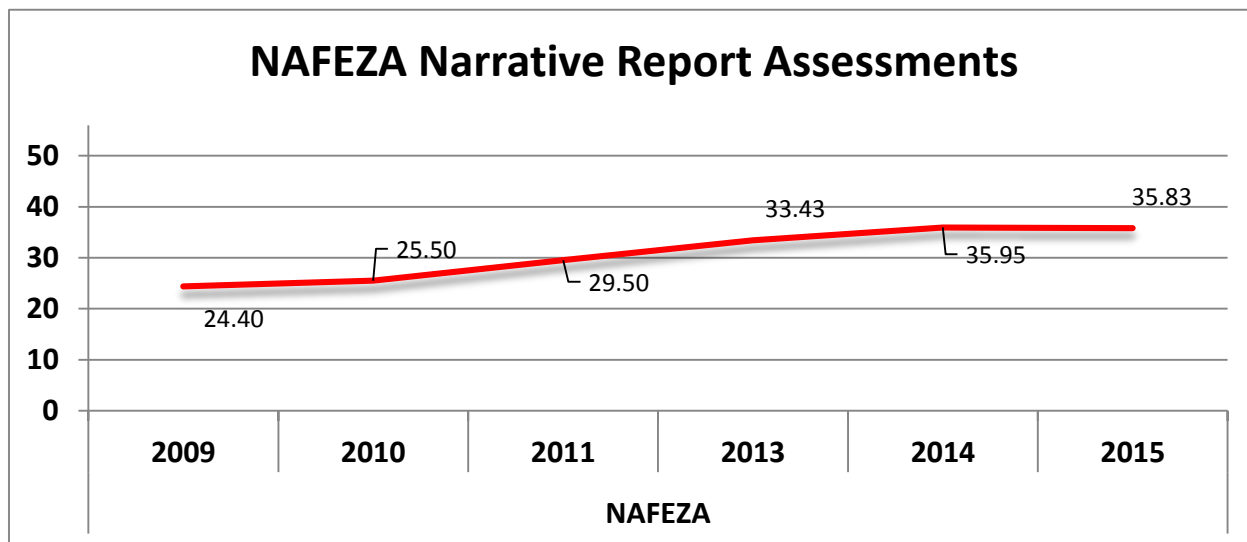
Table 33: Report Writing Assessment

Grant Recipient	Date of Assessment	Score	Date of Assessment	Score	Change
IBFAN	September 2014	36.3	September 2015*	34.34	Declined
NAFEZA	September 2014	35.95	September 2015	35.83	Declined

* The report was assessed September 2015, but the report covered the December 2014 – February 2015 reporting period.

Figure 2: 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).

3. Improvement in Financial Health

CAP Mozambique evaluated eight organizations on Financial Health, of which seven demonstrated improvement and one demonstrated decline in its overall scores since the last application of the assessment tool. It was determined that an accurate assessment of IBFAN's financial health remained impossible, since the organization still depends upon the staff and systems of AMODEFA. IBFAN, therefore, was not evaluated on financial health.

Figure 3 below illustrates changes in financial health for Partners and OD Clients supported by CAP Mozambique. The financial health evaluations included analysis of six categories of financial health for each of the assessed Partners. (See Annex 27 for financial health check results disaggregated by category.) Scoring for the Financial Health Check is as follows: High Risk (0-150 points), Medium Risk (151-240 points), and Low Risk (241-300 points). Figure 4 below illustrates the change in financial health over all four applications of the tool with NAFEZA (the only organization of those assessed that has received more than two FHC).

Figure 3: Changes in Financial Health for Organizations after the Second Assessment

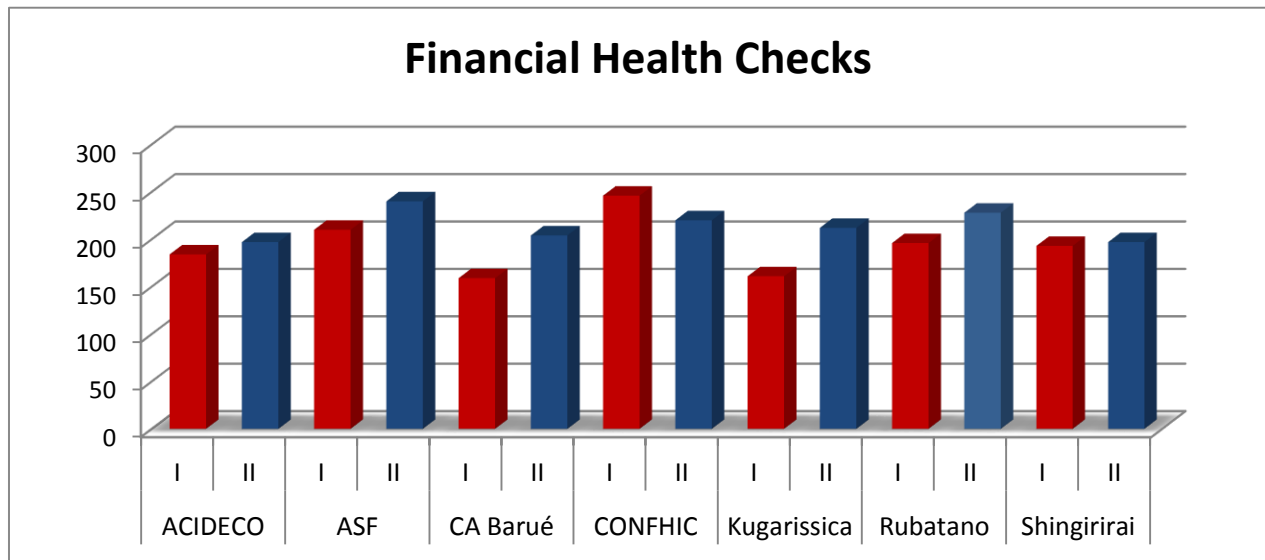
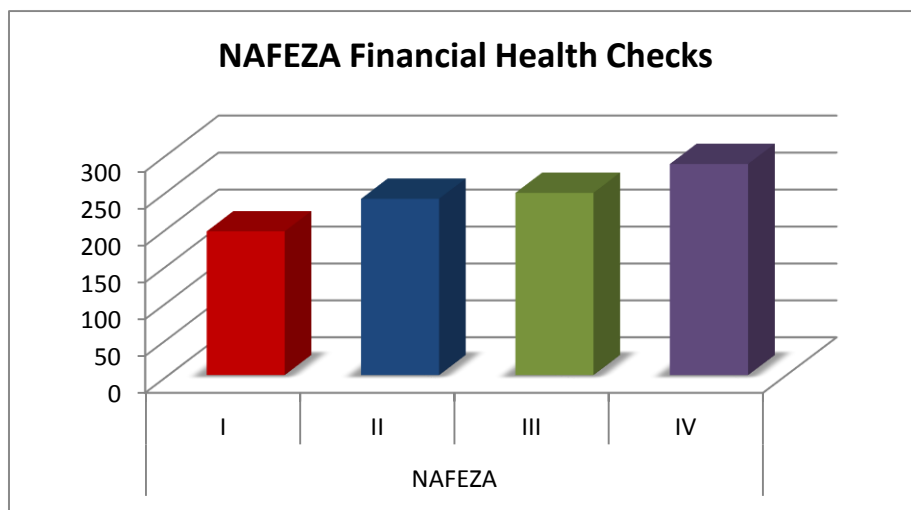


Figure 4: Changes in NAFEZA's Financial Health after Four Assessments



ACIDECO remained in the Medium Risk category, but increased its score from 184 to 197. The organization improved its internal controls by ensuring that all funds received are properly registered, cash is safeguarded in a safe, and checks are signed only after all details have been completed.

ASF increased its score between assessments from 210 to 240—remaining in the Medium Risk category but only one point from entering the Low Risk category. Greatest improvements were demonstrated in financial reporting and internal controls. Between assessments, ASF introduced cash accounting, quarterly reviews of financial reports by the Board of Directors, production and review of monthly budget monitoring reports by managers, a revised signature authority policy

that determines different levels of authority, and approved finance and administrative policies and procedures.

CA Bárue also increased its score significantly, moving from 159 to 204 in the Medium Risk category. The organization improved its accounting systems, internal controls, and financial reporting. CA Bárue began operationalizing its administrative and finance policies and procedures, preparing monthly receipts and expenditures, and ensuring that most payments are justified with appropriate supporting documents. A budget execution report is analyzed monthly and comments on variations are used for decision making. Procurement has been improved through the segregation of duties, and the organization presents a detailed financial report every six months to the Board of Directors.

CONFHIC is the one organization this period that decreased its score on the FHC. The organization scored in the Low Risk category with the first assessment with a score of 246, but dropped into the Medium Risk category in their second assessment with a score of 220. Although the organization began conducting monthly bank reconciliations and an analysis of budget expenditures and variances following the first FHC and CAP training, CONFHIC's scores in financial reporting and internal controls dropped in the second assessment. It is not clear whether financial reports are used for decision-making, as the organization could not provide any evidence that this was happening. The organization does not yet have a Financial and Administrative Policy and Procedure Manual, which would help facilitate proper financial procedures and norms for staff.

Kugarissica increased its score from 161 to 212, remaining in the Medium Risk category. The organization improved most substantially in basic accounting and staffing. Kugarissica now prepares monthly forecasts of receipts and expenses for projects, and safeguards cash in a safe. A policy now exists for signature authority levels, assets are properly registered on an inventory list, and the different financial roles are clearly defined, understood, and followed.

NAFEZA has improved with each subsequent financial health check, remaining in the Low Risk category for the last two assessments (2012 Score: 195, 2013 Score: 239, 2014 Score: 247, 2015 Score: 286). NAFEZA has approved its strategic plan, improved its archives, conducts appropriate procurement processes, maintains assets on an inventory list, has begun using a chart of accounts and cost centers, and has greatly improved the quality of its financial reports to CAP. NAFEZA's Fiscal Council is very active and conducts internal compliance reviews. The Board has full control of membership contributions and internal funds are kept in a separate account.

Rubatano remained in the Medium Risk category, but improved its score from 196 to 228 points. The organization's most notable improvements were in financial reporting and internal controls. Rubatano's project budgets are now based on planned activity costs, budget monitoring reports include explanations and comments on the majority of differences, financial information is shared with beneficiaries once a year, most bank reconciliations are verified by someone other than the person conducting the transaction, and the organization has a signatory policy that shows different levels of authority.

Shingirirai illustrated a modest improvement between assessments (from 193 to 197), remaining in the Medium Risk category. The organization now prepares monthly forecasts of receipts and

expenses, has introduced cash accounting, shares financial information with beneficiaries annually, has a signatory policy for different levels of authority, and has an updated assets inventory. Shingirirai declined in the staffing category because it lost its accountant between assessments.

4. Improvement in Organizational Development (OD) Capacity

OD capacity 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 facilitated follow-up POAP assessments with nine organizations in the reporting period (two partners and seven OD Clients)

Table 33 demonstrates all of the areas in which these nine 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 there. 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 4 include complete POAP analysis for each relevant organization, including the scores from both POAP assessments; the technical assistance provided by CAP Mozambique; and the results of technical assistance. Seven of these tables have one additional column: status pre-CAP involvement. This was included because these OD Clients received training and technical assistance that contributed to their organizational growth prior to their first POAP, so was not captured through the assessments. This means that the change in numerical score for each category might not reflect the actual change influenced by CAP with these organizations.

The tables in Annex 4 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 sample of the analysis done for ASF in Table 34.

Table 34: Full POAP Analysis for ASF

Capacity Area	POAP I Score June 2013	POAP II Score Sept. 2014	TA Provided	Results of TA/Training
Legal Statutes	2	3	TA to revise statutes clarifying roles and responsibilities of governing bodies.	The statutes were revised and will be submitted to the ASF General Assembly in November 2015.
Vision	2	4	TA to formulate a clearer and more concise vision statement.	Vision statement revised and publicly displayed in ASF office.
Mission	1	3	TA to revise mission statement.	Mission statement revised and publicly displayed in ASF office. Most of Board and CF members and senior staff understand the mission statement clearly.
Values	2	3	TA to foster common understanding and agreement among members and staff on the meaning of ASF's institutional values.	Some ASF stakeholders understand and can explain the meaning of the values.
Leadership	1	3	Provided Governance, Leadership and Management (GLM) training. TA to clarify roles and responsibilities of the governing bodies, including the use of tools and check lists.	The Fiscal Council reviews staff recruitment files to ensure recruitment procedures are followed.
Governance	1	3	Provided Governance, Leadership and Management (GLM) training. TA to clarify roles and responsibilities of the governing bodies, including the use of tools and check lists.	Board of Directors and Fiscal Council meet regularly and prepare minutes of the meetings.
Transparency and Accountability	1	3	TA to improve reporting to stakeholders, including beneficiaries.	ASF sends regularly narrative and financial reports to the donor and Provincial and district office of the Ministry of Gender, Children and Social affairs but does not yet report to beneficiaries.
Human Resources	3	4	TA to revise HR policies and procedures.	ASF follows labor laws and the staff recruitment procedures.
Filing Systems	2	3	TA to improve filing systems.	ASF files are well organized and have back-up copies. The back-up device is still stored in the office.
Performance Evaluation	2	3	Training and TA on management of staff performance. Provided samples of appropriate tools (definition of annual target, performance assessment and review and renegotiation of targets).	ASF has not yet conducted performance evaluations for staff or Executive.
Financial Planning	2	4	Provided Mango Financial management training. TA on project and institutional budget development.	Five ASF staff members are able to develop budgets. ASF prepares annual institutional budgets.

Policies and Procedures	1	3	TA to revise HR and Administrative and Finance Policies and Procedures. Provided samples of Policies and procedures and commented on drafts.	ASF finalized and approved the HR Policies and Procedures. ASF submitted PP to the labor office for verification of conformity to the Labor Law. ASF submitted the first draft of Administrative and Financial Policies and Procedures to CAP for comments.
Reports	3	3	Provided comments on monthly financial reports to the Board of Directors, Fiscal Council and senior staff. Provided Mango financial management training.	ASF prepared good quality financial reports. Reports are often submitted past the deadline. ASF staff has limited capacity to use the program database.
Information Technology (IT)	2	3	Provided samples of IT policies.	ASF approved an IT Policy. Staff does not yet abide by the policy.
Analysis	2	4	TA to improve data collection and analysis for planning and project design (done by PPF)	ASF staff has capacity to analyze the community needs data collected from primary and secondary sources for project design. Two project proposals were designed based on analysis of data collected from communities and other entities.
Implementation	3	3	TA on project implementation (done by PPF)	ASF achieve results in the project supported by PPF.
Monitoring	2	3	TA to improve data collection and quality verification techniques (done by PPF).	ASF applies data verification processes and reports quality data.
Partnership with the Government and Civil Society Organizations	1	2	TA to formalize partnerships with Government institutions and other service providers.	ASF has written partnership agreements (MoU) with the provincial Directorate of Women and Social Affairs of Sofala, the Pedagogic University, the Forum of Civil society organizations of Sofala (Foproza) and Kugarissica.

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. The trade-off 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. Comparison should not be made between organizations’ scores.

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 4.

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. 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

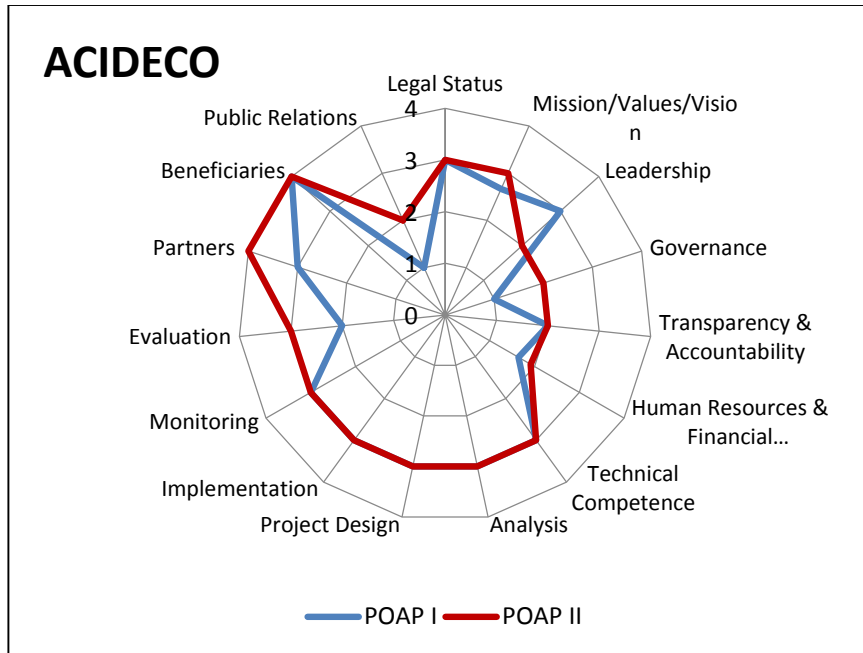


Figure 5

ACIDECO demonstrated improvement in human resources and financial management, but also improved public relations, relationships with partners, and evaluation. The score for leadership declined as it became clear that board engagement is extremely limited.

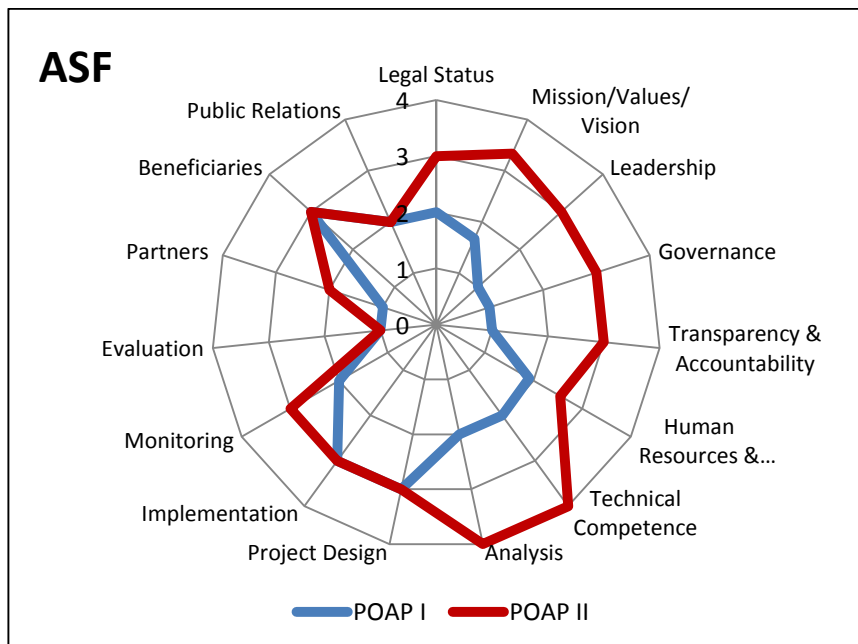


Figure 6

ASF demonstrated growth in the majority of categories, but improved most notably in mission/values/vision, leadership, governance, technical competence, and analysis.

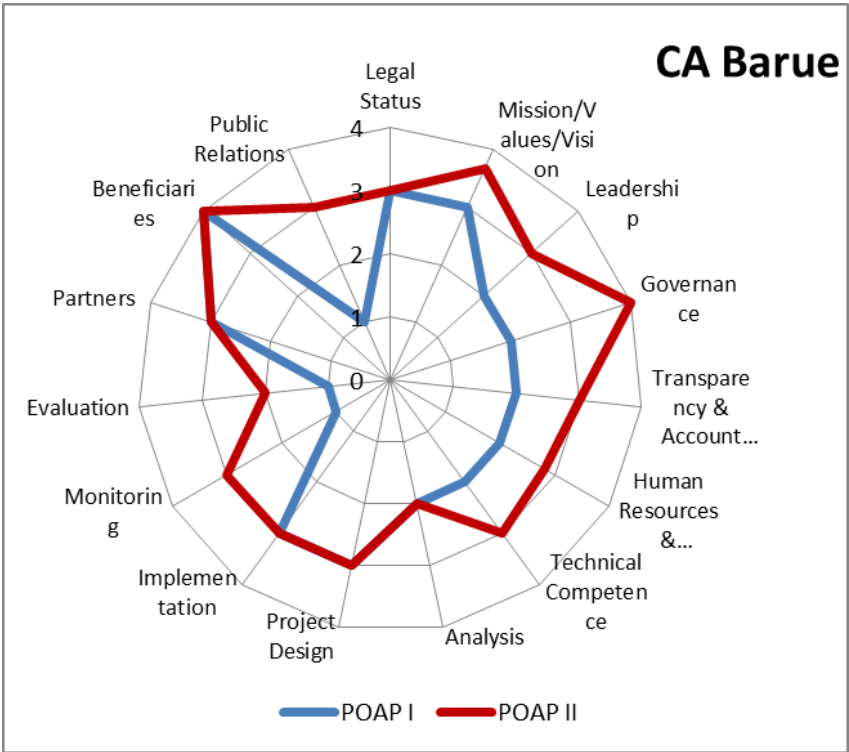


Figure 7

CA Barue showed its greatest improvements in the areas of governance, monitoring, public relations, and human resources and financial management.

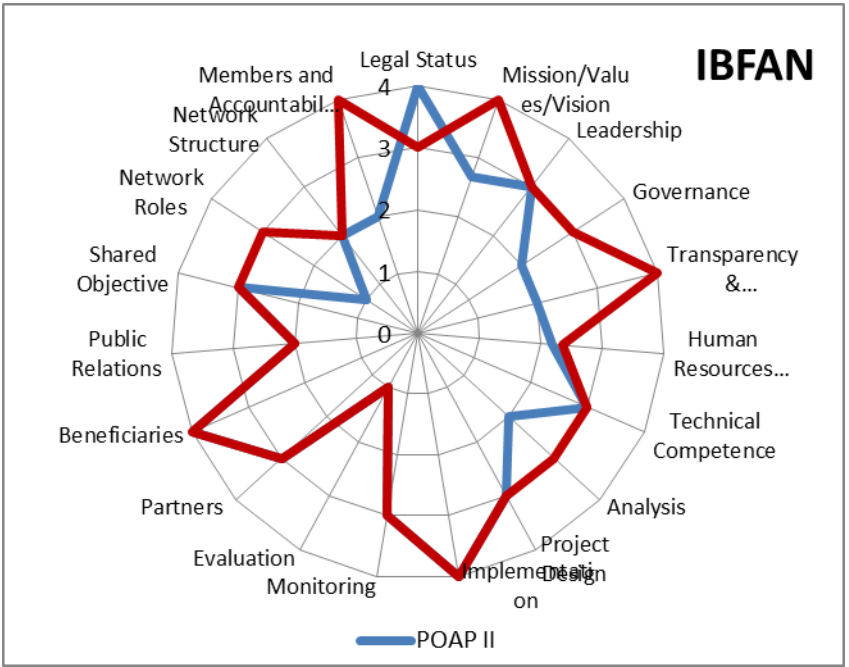


Figure 8

IBFAN continued to grow as a network with this third application of the POAP, showing improvements in mission/vision/values, transparency, and network roles.

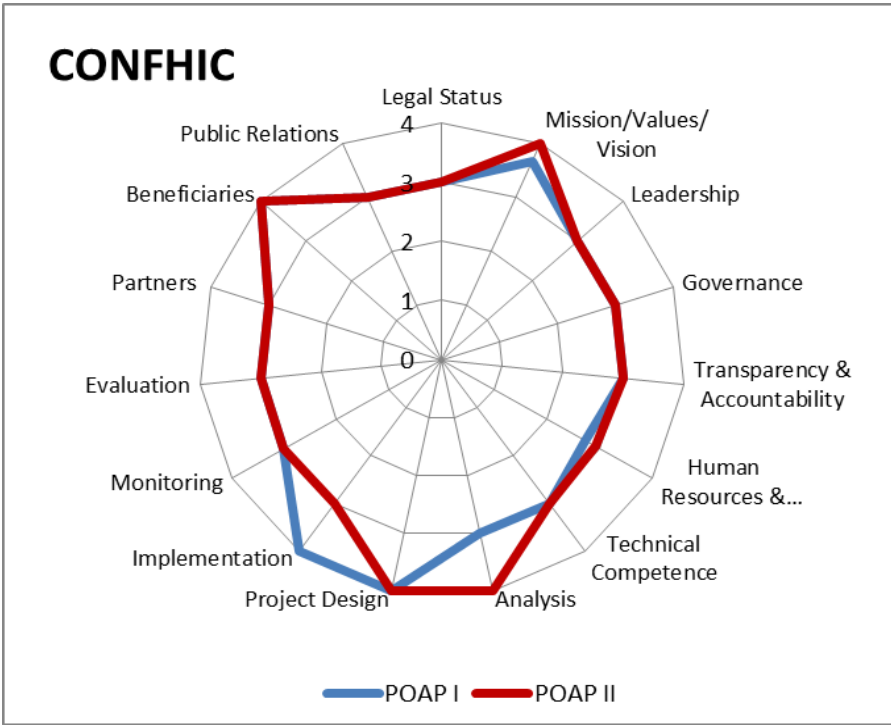


Figure 9

CONFHIC demonstrated modest growth between POAPs, showing improvement in its mission/vision/values and human resources. Scores for financial management decreased as they learn d more about what the standards represent.

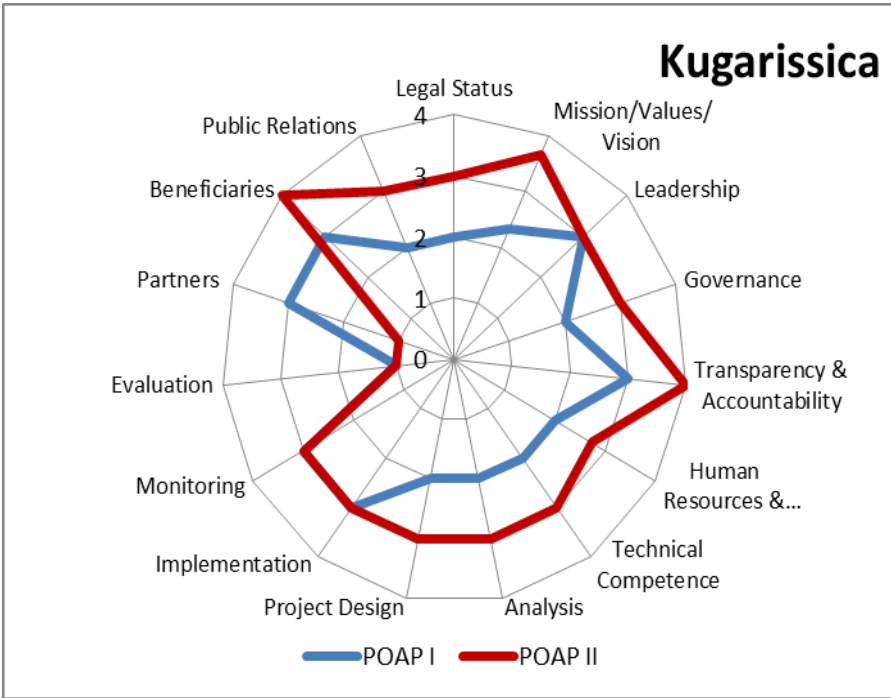


Figure 10

Kugarissica increased its capacity across many areas, particularly in mission/values/vision, governance, transparency, and human resources and financial management.

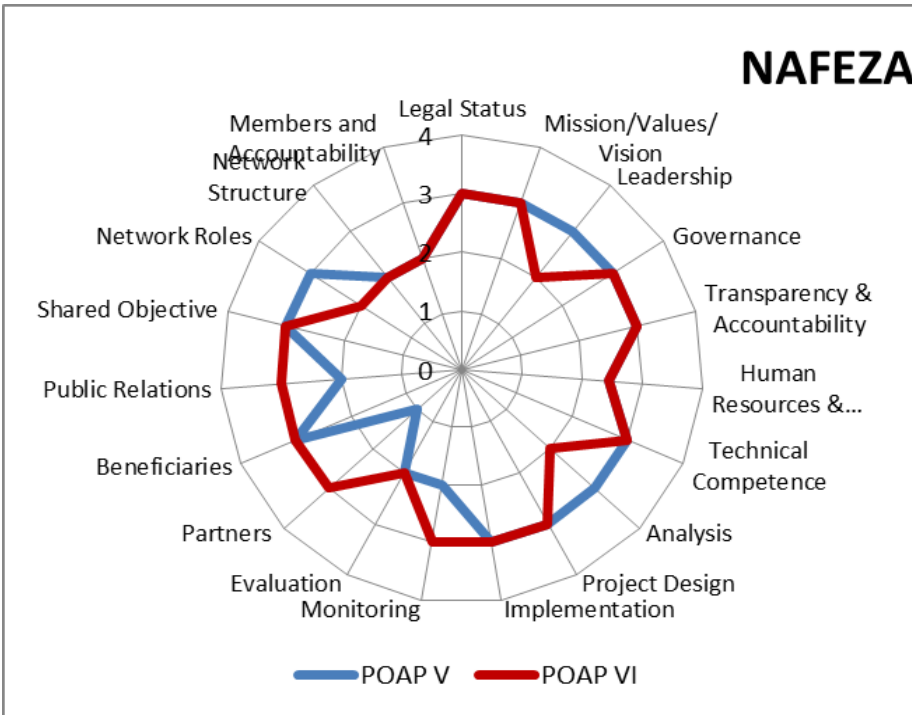


Figure 11

In its sixth POAP, NAFEZA demonstrated growth in project monitoring, partner relations, and public relations.

Challenges linked to board- fiscal council communication and clarity on the role of network members and the executive continue and lead to a decrease in these areas.

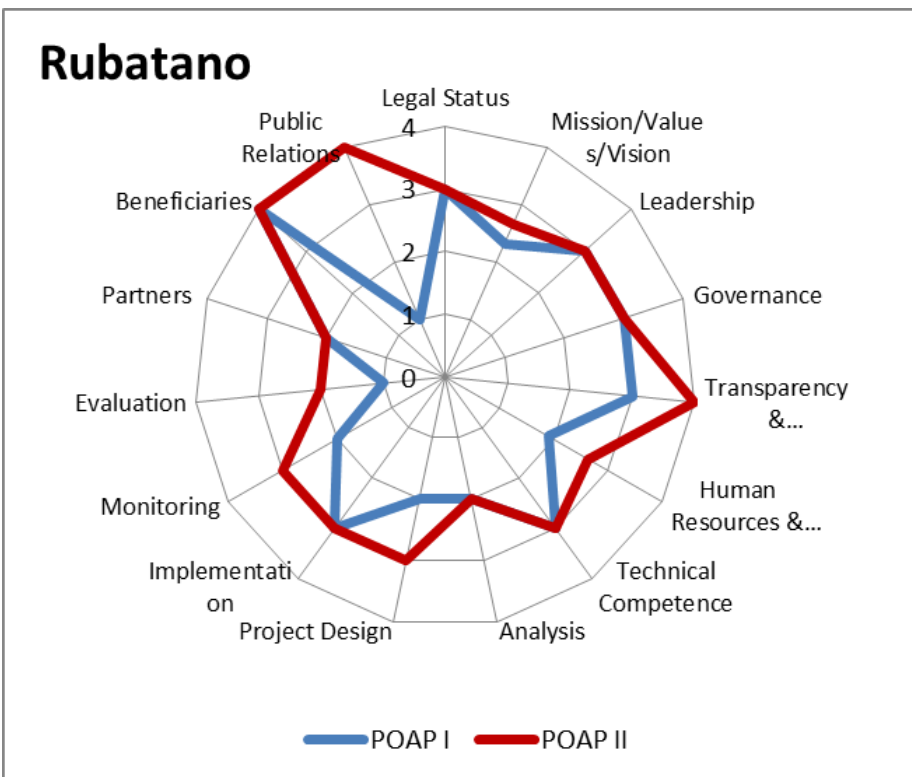


Figure 12

Rubatano showed great improvement in human resources and financial management and public relations. Modest growth was demonstrated in transparency and mission/vision/values.

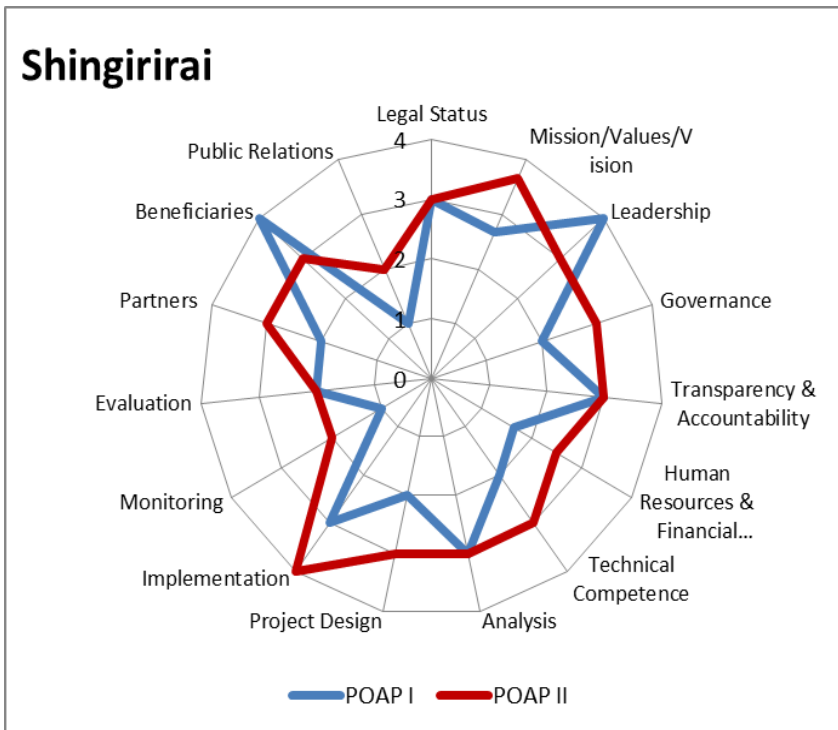


Figure 13

Shingirirai demonstrated growth in mission/values/vision, HR and financial management, and partner relations.

C. QUALITATIVE RESULTS: SUCCESS STORIES

Results in capacity development are difficult to measure, and quantitative results only demonstrate a partial vision of the inputs and outcomes of capacity-building interventions. For this reason, CAP Mozambique works hard to produce qualitative information that complements the quantitative results produced for each reporting cycle. In addition, the CAP Mozambique M&E team provides a great deal of support to its grant recipients in producing success stories and including qualitative information in their quarterly narrative reports. We share four success stories from two Partners in this section:

- ANDA
- PPF: Banco Comercial e Industrial
- PPF: National Social Security Institute
- PPF: Universidade Lúrio in Nampu

1. ANDA Provides a Lifeline to a Widow and her Four Children

Like many widows in Mozambique, Noémia Chairuca struggled to support her four children by selling vegetables produced from a small piece of land owned by the family. Because she lacked the know-how to improve its productivity, her garden produced small quantities of food only four months of the year, which meant she could neither generate enough savings to launch more profitable economic endeavors, nor meet the daily needs of her family.



Chickens purchased with a loan Noemia quickly repaid to her VSLA

Noémia and her children felt isolated and alone: Their meager diet was short on nutrition; they received no social benefits for lack of identification documents and legal poverty status; they lived in a sub-standard home, and lacked funds for extra school fees and health care. Noémia worried that the family was one medical emergency away from ruin.

In 2014, ANDA (Associação Nacional para o Desenvolvimento Auto-Sustentado), a Mozambican civil-society organization implementing an orphans and vulnerable children (OVC) project, entered Noémia's life and changed it for the better. Under a grant funded by USAID/PEFPAR through FHI 360's CAP Mozambique project, ANDA assessed the needs of Noémia and her

children and immediately began providing essential services to all family members.

Through referrals and linkages to the appropriate authorities, ANDA helped Noémia's family receive a poverty certificate (resulting in a waiver of all extra school fees) and obtain identification documents. Her school-age children all received school uniforms and materials, allowing them to integrate better with the other children. Family members were tested for HIV, learned how to treat their drinking water, and received referrals for mosquito nets and various medical issues.

Perhaps the most important turning point, however, happened when Noémia was invited to join one of ANDA's saving and loan groups in her community. The group had raised nearly 90,000 MTN (equivalent to \$2,250 USD) in just seven months, and Noémia was excited for an opportunity raise capital and start new business ventures to support her family. She quickly took out a large loan, re-paid it in full, and bought chickens to start an aviary. In the coming month, she expects to re-pay in full a second loan she took out to support a second business buying and selling corn. The ventures provide a more secure income for her family, and enabled her to remodel her home.

"Since I began saving, I have been able to buy clothes for my children, other things for the house, and support my daughter with her education," says Noémia. She has become such a proponent of the saving and loan group that she was trained as an economic strengthening facilitator so she can in turn form other saving and loan groups to benefit community members.

ANDA also made sure that Noémia and her family were eating nutritional meals. Noémia joined ANDA's training sessions on agricultural management provided by a Government District Extension Agent. She was invited her to join the communal farm project, where she grows cabbage with other community members. She learns about the nutritional values of food to support a healthy family, and benefits from the joint sales of cabbage.

Noémia and her children are five of nearly 800 OVC and their families in Manica district, Manica province supported by ANDA each year through a grant from CAP Mozambique. Since 2012, ANDA has been one of 38 Mozambican grantees supported by the Capable Partners

Program (CAP), implemented by FHI 360, in Mozambique. CAP provides leading civil society organizations with grants and intensive technical assistance in organizational development, program implementation and financial management. Through this support, CAP helps Mozambican CSOs health.

Noémia growing cabbage with fellow community members through ANDA's agricultural extension project.



2. From Vulnerable to Venerable: Three PPF Youth Hired at BCI Bank



Christopher Barrett, Deputy Chief, Integrated Health Office listens to João telling his personal story at the PPF Youth Graduation.

They felt completely out of place—three poor orphaned youth amongst a sea of well-dressed applicants competing for entry-level jobs at the Banco Comercial e Industrial (BCI), a large Mozambican bank. Looking around the room at his peers, João Mazembe thought to himself, “We will never get these jobs. They are just interviewing us to say that they gave us a chance.” Despite their doubts and fears, João Mazembe, Anita Saraiva, and Sofia Artur walked into the room that day with their heads held high, and left hours later with job offers from one of Mozambique’s most respected banking institutions, with Sofia testing the highest of all applicants.

Sofia, Anita, and João were encouraged to apply for the prestigious BCI jobs by the team from the Programa Para o Futuro (PPF) program, an integrated youth program development implemented through FHI 360’s Capable Partner’s Program (CAP) with funding from USAID/PEPFAR. PPF helps orphaned and vulnerable youth (OVC) ages 15-17 develop the skills, knowledge and behaviors to transition into healthy, productive adults. All three youth had graduated from PPF, where they learned how to land the highly competitive positions at BCI.

The youth were invited to Maputo to attend BCI’s six-week induction course for newly hired employees. The beginning was difficult. “We were nervous about failing and hesitant about interacting with people from a different social class,” admitted Joao. “I got over this after the

first week, when I realized that we all shared the same objective, had the same knowledge base, and that I even might have had an advantage with the public speaking and computer skills training I had learned through PPF.”

Anita agrees, “PPF gave us strength. We learned to be persistent. We also learned how to get along with others, behave in the workplace, and use professional language.” For João, PPF opened the door to a whole new world. “My vision of my options was very limited (before entering the program). I knew nothing beyond what was in my neighborhood, nothing about the types of jobs that were available.” Through the program, the youth learned about different career opportunities, gained information and technology skills, and practiced interviewing skills. Before their interview, they researched interview questions on the internet, a tool they never knew existed before PPF.

Both youth highlighted a more intangible, critical component about PPF that is particularly important for youth who have experienced trauma. “When I first started PPF, I was surprised,” said João, “I thought I was going to a school, but I found I was going to a home. PPF is like a family—I feel like I have a mother and father there.” Even though Anita graduated from PPF in 2010, she still feels like part of the program. “PPF doesn’t abandon us.” These strong bonds are particularly important when youth are learning about sensitive topics like reproductive health and HIV/AIDS. According to João, “When we learned about reproductive health, it was like talking to friends. In our culture we don’t talk about these things with our mothers, and I do not have a father. PPF made us more open (to talking about these things).”

Both João and Anita grew up fatherless and poor. Their mothers struggled to provide for their families, and the youth frequently ate only one meal a day—often a bowl of rice. At BCI, João and Anita are now making two to four times the national minimum wage, with other benefits included. They are no longer dependents, but rather leading breadwinners that are pulling their families out of poverty.

“Getting this job has been a huge relief for me,” says Anita. “I am no longer a burden on my family—I now help support my (four) brothers. We have a stable life, and eat three meals a day.” Anita’s father died in 2004, and her mother was all but abandoned by her husband’s family. Anita’s mother struggled, but always encouraged Anita to continue with her schooling, even with four other children at home requiring care. Through her mother’s support, and that of their neighbors in helping care for her brothers, Anita was able to graduate secondary school, attend PPF, participate in a PPF-facilitated internship to gain valuable workplace skills, and now works at BCI.



Anita, Joao, and Sofia doing a group exercise at PPF.

João’s father abandoned the family when he was young, leaving his mother as the sole provider for the family. At that time, the family typically only had enough money for one daily meal. That situation has changed. Says Joao, “(Since starting at BCI) I became the head of the family. Now I am the breadwinner for my family as my mother no longer has the strength to continue working

on the farm or conduct other business. My salary sustains my family, and allows me to buy extra things for myself (bed, television, and chairs).”

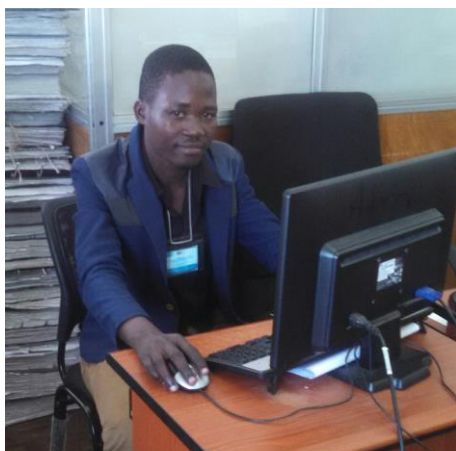
João is excelling at BCI. He regularly puts to use the financial skills learned through his PPF internship and the critical thinking skills learned at PPF. According to his supervisor, João is a dynamic young professional that only needs to receive instructions once to complete his tasks to perfection, and is never afraid to ask questions. Says his supervisor, “Since João joined us it has been very clear that he knew exactly what he was coming here to do, and has shown us he knows what he is doing. I also want to stress that he has excellent interpersonal relationships with colleagues.”

Anita, Joao, and Sofia had assumed that banking jobs were only for people from wealthy families. In the end, they learned that everyone—regardless of their background—has a chance to succeed. PPF provided the platform for them to demonstrate their real potential, and through their own determination and hard work these youth have become stellar examples within their communities.

To date, 390 vulnerable youth in Sofala Province have graduated from PPF’s 4-6 month learning program, with 366 youth participating in a three-month internship after completing the program. PPF motivates youth to stay in school and gives them the tools they need to succeed. As of September 2015, 95% of PPF graduates either remain in secondary school or have graduated. Graduation from secondary school is a critical indicator of success, as many private sector companies require a diploma. PPF builds youth’s potential through ICT skills, reinforcing basic literacy and numeracy skills, job search skills, and understanding how to stay healthy and meet their goals. More than 60% of PPF graduates were working in the formal or informal sector within a year after completing the program.

3. Work by Day, Study by Night: PPF Graduate Finishes Secondary School while Working at the National Social Security Institute

Luis Vincente lost his father when he was seven years old. From that moment forward, his mother struggled to provide for him and his siblings by taking tenants into their family home and selling items from their farm. Luis began taking small jobs in carpentry and masonry as soon as he turned 16 to support the household expenses and pay school fees. The family was vulnerable, and the future did not look very bright for young Luis.



Luis hard at work at the INSS entering data.

Fast forward a few years and Luis—bolstered by the skills and confidence he received through the Programa Para o Futuro (PPF) program, an integrated youth program implemented through FHI 360’s Capable Partner’s Program with funding from USAID/PEPFAR—has signed an employment contract with the National

Social Security Institute (INSS). Although he did not yet have a secondary school diploma when he interviewed for the position, he was hired on the spot when he completed the data entry test in less than half the time required by his peers. Now, Luis is helping implement a new information management system that will be introduced nationwide, and teaching his colleagues at INSS how to manage the institute's computer system.

Like most PPF youth, Luis had never even turned on a computer before he started the program. Through PPF, he learned skills such as Information Technology (IT), job search skills, and how to conduct research and give presentations. PPF helps orphaned and vulnerable youth (OVC) ages 15-17 develop the skills, knowledge and behaviors to transition into healthy, productive adults. More than that, it helps vulnerable youth begin to dream again, to see that there are tangible academic and employment opportunities within their reach. Says Luis, "I changed the way I present myself and the way I talk. I learned to give presentations. I learned that I need to be flexible and adapt to things and different types of jobs."

PPF also tackles topics with the youth that are typically left unaddressed due to cultural or gender norms. It is here that Luis himself sees the most changes in how he views the world. He is particularly bothered by traditional views on women in his neighborhood. "I have a girlfriend and many people ask why I don't have her wash my clothes because they think it's a women's job to take care of men," says Luis. "I don't ask her to do these things because I don't want to. Women can do so much (more)."

At PPF, Luis learned about gender norms, reproductive health, and HIV/AIDS prevention. When PPF facilitated the opportunity for interested youth to get circumcised, Luis chose to have the surgery. Because of what he learned in the program, he has also committed to getting tested for HIV every three months, and uses condoms regularly.

Linkages created by PPF have expanded Luis' horizons. Through an internship placement following the academic portion of the PPF project, he joined the human resources department of the Office of Combatting Drugs, where he learned the valuable data entry skills that landed him his permanent job at INSS. Through professional connections at INSS, he secured an opportunity to interview for highly selective positions that are typically filled by internal candidates. Finally, the opportunity created for him to be circumcised has cleared the path for him to lead a full, healthy life.

At the INSS, Luis' supervisor continues to be impressed by his hard work and dedication. He stands out from his colleagues as being constantly hard at work at his desk and providing support to colleagues whenever they are in need. Very little effort is expended in supervising Luis, because he is so committed to his job. Luis received an excellent performance rating, which led to a permanent employment contract with the institute. Not only that, but his colleagues are impressed with him as well. Recently, three of his INSS colleagues visited PPF to understand more about the project-based methodology that was producing such qualified candidates. In the months following, another PPF graduate was hired at the INSS.

Luis worries less about his future now, and spends more time dreaming of possibilities. Not only that, but he serves as a positive role model in his community for his hard work and dedication – and his positive attitudes toward gender roles and HIV prevention.

To date, 390 vulnerable youth in Sofala Province have graduated from PPF's 4-6 month learning program, with 366 youth participating in a three-month internship after completing the program. PPF motivates youth to stay in school and gives them the tools they need to succeed. As of September 2015, 95% of PPF graduates either remain in secondary school or have graduated. Graduation from secondary school is a critical indicator of success, as many private sector companies require a diploma. PPF builds youth's potential through ICT skills, reinforcing basic literacy and numeracy skills, job search skills, and understanding how to stay healthy and meet their goals. More than 60% of PPF graduates were working in the formal or informal sector within a year after completing the program.

4. Learning to Believe: From PPF Graduate to University Student

At age 16, Francisco Ganijo was leading a life of self-destruction. "I was drinking and skipping school. I didn't know right from wrong," Francisco admits. His mother had recently passed away and his father had died many years before, leaving Francisco to live with only his siblings. Like far too many young orphans in Mozambique, Francisco spent much of his time feeling sad, hopeless, and without any dreams for the future.

Francisco needed school desperately. "Being at school helped me avoid thinking about all of sad things in my life, and it was the only place that I felt equal to my peers," he said. By the time Francisco had reached 10th grade, however, he could no longer find the money to cover the many costs Mozambican students incur in school. Unable to pay annual registration and testing fees, Francisco was going to have to drop out.

Just in time, Francisco was chosen to participate in Programa Para o Futuro (PPF), an integrated youth program implemented through FHI 360's Capable Partner's Program with funding from USAID/PEPFAR. PPF helps orphaned and vulnerable youth (OVC) ages 15-17 develop the skills, knowledge and behaviors to transition into healthy, productive adults. A requirement of participation in PPF is continuing with school, and the program secured the fee waivers necessary to allow Francisco to keep studying.

"Coming to PPF was a huge victory for me," admitted Francisco. "In the beginning I didn't completely understand what it was all about, but I knew that I was in the right place. I felt like I was part of a big family." The transition was challenging at first. Francisco brought to PPF the negative behaviors he had been developing and needed help understanding how to respect others.

In the end, the patience of the PPF teachers and familial atmosphere helped Francisco turn a corner. Not only did Francisco learn how to respect others, work well in a team, and how to dress and behave in the workplace, he learned to respect and love himself. "Before PPF, I didn't



Francisco at the Universidade Lúrio in Nampula where he studies nutrition.

believe in myself. I didn't like spending time with friends and was very quiet," said Francisco. "But now, I love to smile, spend time with friends, and help anyone I can."

Bolstered by this new self-confidence, Francisco persevered with his studies. He had a new dream—to become a working professional. After finishing the PPF program, he went on to complete a three-month internship organized through PPF at the National Institute of Employment and Professional Training, and in time graduated from high school. He didn't stop there, however. With the persistence he learned through PPF, Francisco went after his dream. He was accepted at the Universidade Lúrio in Nampula to study nutrition.

Francisco is the first in his family to go to university, and he funds his schooling with a scholarship earned through his own merit. "My success at the university is a result of what I learned at PPF," said Francisco. "I have had an advantage over many of my peers because I know how to lead a project and create a presentation." PPF's project-based learning methodology help students build knowledge and skills through projects that require research, analysis, teamwork and a public presentation much as one would in the workplace.

Francisco's life is now a far cry from that of the young boy preparing to drop out of school. He is now in his third year at university and expects to graduate next year. He gets good grades and has formed a new 'family' with his classmates in Nampula (located several hours by plane from his home). With support from his family and PPF, Francisco has turned a life of sadness into one full of opportunities.

To date, 390 vulnerable youth in Sofala Province have graduated from PPF's 4-6 month learning program, with 366 youth participating in a three-month internship after completing the program. PPF motivates youth to stay in school and gives them the tools they need to succeed. As of September 2015, 95% of PPF graduates either remain in secondary school or have graduated. Graduation from secondary school is a critical indicator of success, as many private sector companies require a diploma. PPF builds youth's potential through ICT skills, reinforcing basic literacy and numeracy skills, job search skills, and understanding how to stay healthy and meet their goals. More than 60% of PPF graduates were working in the formal or informal sector within a year after completing the program

XI. Management Issues

Based on information received from the Mission regarding reduced funding availability for FY16, we adjusted our staffing and activities, including closing the Nampula office and reducing staff. Our Program Coordinator in Nampula is now housed in the FHI 360 FANTA office. We let go of a number of staff, including Delsa Guente, our OD technical officer specializing in Internal Control Systems. Fortunately, she stayed to complete the final round of TA with all OD Clients before she left. In another shift, Luis Suarez, our Deputy Chief of Party for Finance and Operations, accepted the position of Finance Director of the CHASS project. We are pleased that he is still with FHI 360 and available to help out with Mango trainings, salary policies and other finance issues.

We submitted our proposed FY16 workplan on September 30, 2015.

We have no outstanding work permit issues at this time.

We have discussed with the mission how to handle the disposition of the vehicle CCM Sofala used during its project. They had an accident that totaled the vehicle and it has been in between the insurance companies. USAID Mozambique advised us to sell the vehicle for salvage and return the money from the sale and the insurance funds to USAID. USAID would then allocate another vehicle or purchase another vehicle for CCM Sofala to continue.

XII. Collaboration with Other Donors

CAP Mozambique and our Partners continued to collaborate with other donors and USG-funded organizations implementing projects in the following ways.

- To find ways to address the poor registration and administration of HIV defaulters that hampers efficient tracing, Niiwanane has approached the Elizabeth Glazer Pediatric AIDS Foundation in Nampula. The health facility decided to temporarily hold off on providing lists of defaulters to Niiwanane until such a time that it had reviewed records, and retrained personnel on recording patients' personal data and the use of the referral guide.
- To ensure that GBV victims access health services and that reports are forwarded to the police for further investigation, ANDA is continuing to work very closely with CHASS SMT in Manica.
- To pilot an electronic version of the MGCAS-approved CSI, CAP is working with VPHealth Systems and UNICEF.
- The collaboration between PATH and CAP has also progressed. PATH has trained CAP staff on ECD stages and techniques, production of toys using locally available resources and diagnosis of retarded development. In this reporting period, CAP Mozambique staff trained staff and *activistas* from our OVC partners in ECD using PATH's materials.
- To strengthen Kubatsirana's organizational capacity as it emerges from its leadership crisis, CAP Mozambique continues to collaborate with Tear Fund. CAP and Tear Fund together insisted that the organization have a job descriptions and budget for both an Executive Director and a Program Manager.
- We have communicated with CEP regarding allocation of shared staff for ANDA.
- We participated in NAIMA+, including the Health Fair that took place in September.
- We delivered an oral presentation titled *Success factors that improve CBO contribution to HIV defaulter tracing* at the South Africa AIDS Conference in June in Durban.

In addition, we coordinated with AGIR Partners on a number of fronts including the Civil Society Sustainability Study and the *Intercambio*, by exchanging information on grantees we have in common. (See OD section IV for more information.)

In FY15, various events demonstrated that OVC partners have become a real resource for their community and a partner for government. Niiwanane has fostered strong relationships with local governments, including the Provincial HIV/AIDS Council. In late FY15, the organization was invited to participate in a meeting of the National HIV/AIDS Council to share the OVC support interventions that it worked so hard to develop and maintain. ANDA's vocational training includes a three-month internship. When ANDA approached its government partners with a

request to provide internship opportunities to some of its students, the government absorbed all 26 students. In addition, Kukumbi responded to the Lugela district administrator's specific request to conduct debate sessions on HIV prevention, care and treatment with a community that had rarely been exposed to this critical information. Six months later, the administrator and community leaders asked Kukumbi to expand the debate sessions and VSLAs beyond the borders of the communities supported through CAP's award.

XIII. Evaluation/Assessment Update

CAP Mozambique began implementing HIV/AIDS prevention activities in late 2009. A baseline study was conducted in 2010 to capture information related to our initial activities. To assess the impact of the CAP intervention on prevention indicators, a mixed-method, endline evaluation was conducted in July and August 2014. We captured the findings in the CAP Endline Evaluation Report, completed on March 19, 2015. A summary was translated into Portuguese and shared with CAP Partners and other stakeholders. In addition, as described in the M&E section of this report, the results were presented to USAID and included in several conference posters. (See SAR 12 for further details on the results and the full Endline Evaluation Report.)

CAP Mozambique has also contracted a team to conduct a case study on the integration of gender and GBV, HIV Prevention and CSO Capacity building. This is further described in the section VII on GBV.

XIV. Upcoming Plans

The workplan submitted on September 30 details upcoming plans for FY 16. A few highlights are included below:

- Pilot a supervision tool to monitor the quality of *activistas'* work.
- Finalize the pilot on the CSI software and handheld device in collaboration with VPHealth and UNICEF, including a final assessment report.
- Continue to provide technical support for VSLAs, ECD and other aspects of OVC service delivery.
- Continue to support Partners to increase the number of beneficiaries who know their HIV status, referred to and retain in HIV services as appropriate.
- Continue to support Partners to improve defaulters tracing outcomes.
- Support ANDA to implement a pilot aimed at providing STI treatment to mobile populations and CSW
- Support Ophavela to start-up a new HIV care and treatment retention award if approved by USAID. This includes providing TA on program technical and organizational development aspects and sub-grant management.
- Conduct final graduation process for Niiwanane and Kubatsirana.
- Support Partners to complete their final workplans and budget alignments and to complete award close-out.
- Implement an exit strategy to support Partners to maintain good relations with stakeholders and mitigate consequences of the end of CAP Mozambique support to

the extent possible.

- Support Partner sustainability through finalization of by-laws (ROSME), end of project events with stakeholders, final assessments, and Resource Mobilization workshops.
- Continue support in Financial Management including coaching the Fiscal Councils and conducting at least one Mango training on *Practical Financial Management for NGOs*.
- Conduct Financial Health Checks, technical assessments and POAPs.
- Continue to support Partners to collect quality data and adjust M&E systems to changing indicators. Support partners to use routine data for project implementation monitoring and planning.
- Develop a dissemination strategy for project documentation, including technical briefs, final reports, conference materials, etc.
- Continue to collaborate with GRM and other stakeholders

XV. Financial Information

See Annex 28 CAP Mozambique July 1 through September 30, 2015 Financial Information.

Total expenses July 1 through September 30, 2015: \$1,221,593.03

Total projected expenditures October 1 through December 31, 2015: \$1,776,753.00

Projected expenditures amount does not include obligations that will be outstanding to partners as of December 31, 2015 only expenditures.

See Annex 29 CAP Mozambique July 1 through September 30, 2015 GBV Financial Information.

Total expenses July 1 through September 30, 2015: \$132,180

Total projected expenditures October 1 through December 31, 2015: \$134,535.07

Projected expenditures amount does not include obligations that will be outstanding to partners as of December 31, 2015 only expenditures.

Annex 1: Partner Profiles

This chart presents award details and progress toward project goals for each CAP Mozambique grantee. The reporting period for CAP Mozambique sub-grants differs slightly from CAP Mozambique's reporting period. The six-month results are for the sub-grantee period from March 1, 2015 – August 31, 2015.

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
CBCTS/ Prevention Graduated	Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – Key Populations Award Ceiling: 13,747,075 MTN (\$342,734) Period of Performance: April 2, 2012 – April 30, 2016	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)	ANDA KP award was extended until April de 2016. ANDA conducted an exchange visit with IRHC in Tete to observe an STI treatment intervention for key population. Following the visit, NADA decided to include a similar STI treatment component in its project with CAP. ANDA will pilot the extended working hour of one clinic to accommodate treatment for mobile population in the evening. To make the intervention more sustainable, ANDA signed a MoU with the DPS who will continue overtime payment for nursing staff if the pilot is successful. During this period, the organization made the following progress: <ul style="list-style-type: none"> trained peer educators in GBV and introduced the topic in debate sessions with CSW and discussions with truck drivers. Both CSW and truck drivers are interested in the topic. continued to conduct HTC in all the hot spots where the project is operating, namely Motocrosse, Garimpo, Machipanda, Vanduzi, IAC and Messica. continued to maintain five fixed condoms distribution sites at hot spots as well as distribute them to truck drivers, sex workers, transactional sex workers and communities. continued to show 'Quebrando Barreiras' films, music and animation sessions followed by rapid discussions with truck drivers. continued to conduct radio broadcasts facilitated by community leaders, addressing issues related to the law banning minors from entering establishments that sell alcoholic beverage points and/or show pornographic films, cultural practices that influence the spread of HIV/AIDS and gender-based violence.

<p>CBCTS/ Prevention</p> <p>Graduated</p>	<p>Organização de Desenvolvimento Rural (Kukumbi)</p> <p>Award Ceiling: 12,934,127 MTN (\$397,973)</p> <p>Period of Performance: May 1, 2012 – April 30, 2015</p>	<p>Kukumbi contributes to the reduction of the spread of HIV among adolescents and young people in the Districts of Mocuba and Nicoadala.</p> <p>Geographic Targets: Zambézia Province, District of Mocuba (Communities of Mugeba, Mulevane and Alto Benfica), District of Nicoadala (Communities of Nicoadala Sede, Botão and Namacata)</p>	<p>Note: This grant ended on April 30, 2015.</p> <p>Kukumbi CBCTS/Prevention ended in April 30, 2015. During this period, the organization produced a quarterly report, and final narrative and financial reports and results table.</p>
<p>CBCTS/ Prevention</p> <p>Graduated</p>	<p>Núcleo das Associações Femininas de Zambézia (NAFEZA)</p> <p>Award Ceiling: 16,233,660 MTN (\$499,497)</p> <p>Period of Performance: May 1, 2012 – September 30, 2015</p>	<p>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.</p> <p>Geographic Targets: Zambézia Province, District of Inhassunge (Localities of Mucopia, Mussangane and Abreu), District of Nicoadala (Localities of Bilila, Nanthide and Mutchessane)</p>	<p>Note: This grant ended on September 30, 2015.</p> <p>Nafeza continue to implement HIV prevention debate sessions, provide referrals and support community based HIV care and treatment efforts as well as screen for GBV.</p> <p>During this period, the organization made the following progress:</p> <ul style="list-style-type: none"> • continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health , GBV and ATS with teenagers and young adults and community leaders. • continued to receive condoms from the DPS and Provincial AIDS Council for distribution during sessions and in communities. • continue strengthening their institutional relations with the DPS but specifically with the DDS of Nicoadala and Health Unit of the District Headquarters by participating in

			<p>coordination meetings and district planning meetings</p> <ul style="list-style-type: none"> continued to trace defaulters in the communities where they are working in Nicoadala district. continue to participate in the ART committee of Nicoadala hospital, that meets once a week and is responsible for analyzing adherence and retention activities. continued to carry out HIV counseling and testing activities in communities focusing especially on the debate session participants. HIV testing kits are provided by the health unit in Nicoadala district. continued to screen and provide support to GBV victims t in collaboration with the community leaders, health unit, police station and judicial authorities. continued to hold meetings with the community leaders in order to sensitize them to follow up the GBV issues better in the community.
<p>CBCTS/ Prevention Graduated</p>	<p>Associação para o Desenvolvimento Socio-Económico (OPHAVELA)</p> <p>Award Ceiling: 15,071,182 MTN (\$463,729)</p> <p>Period of Performance: September 10, 2012 – April 30, 2015</p>	<p>OPHAVELA contributes to reducing the high risk of HIV infection among OPHAVELA beneficiaries in the Districts of Meconta, Ribaue and Murrupula (Nampula). The project focuses on men and women 18-50 years old and community leaders.</p> <p>Geographic Targets: Nampula Province, Meconta, Ribaue, and Murrupula districts</p>	<p>Note: This grant ended on April 30, 2015.</p> <p>Ophavela CBCTS/Prevention ended in April 30, 2015. During this period, the organization produced a quarterly report, and final narrative and financial reports and results table.</p>
	<p>Conselho Cristão de</p>	<p>CCM-S works with adolescents and youth</p>	<p>Note: This grant ended on May 31, 2015.</p>

<p>CBCTS/ Prevention</p> <p>Graduated</p>	<p>Moçambique, Delegação de Sofala (CCM-S)</p> <p>Award Ceiling: 31,303,881 MTN (\$963,196)</p> <p>Period of Performance: July 1, 2011 – May 31, 2015</p>	<p>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>	<p>CCM-Sofala continued to implement its activities in Chemba, Buzi and Machanga Districts, including preparing beneficiaries and staff for project close-out.</p> <p>During this period, the organization made the following progress:</p> <ul style="list-style-type: none"> Improved knowledge of religious and community leaders, and other influential individuals in the Law 6/99 of 3 February that bans minors from entering establishments that sell alcoholic beverage points and/or show pornographic films.. Religious Leaders were also built their capacity in the Family Law, Law 10/2004 of 25 August, which allows the registration and validation of marriages conducted by religious leaders. continued to conduct debate sessions using the recently revised manual that includes sessions on ATS-C, defaulters tracing, ART, VBG4, SSR, treatment literacy, and radio debate. continued to mobilize and provide community-based HTC to debate session participants and communities in coordination with the health services, local authorities and religious leaders. <p>CCM submitted the final project report in May, 2015. The quality of the report was good.</p> <p>CCM organized a closing ceremony with the participation of key actors (health, leaders, and pastors) and beneficiaries who provided testimonies about the impact of the project. CAP prepared a final project assessment report on CCM's performance during the life of project, which was shared with the CCM's donors and partners. This document indicates that CCM Sofala, with its current team, was one of CAP's most competent partners. The organization showed consistent programmatic performance, ability to adapt and take on new challenges (HIV testing/counseling and active search for patients who abandoned ART) and achieve</p>
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			impressive results. In addition, CCM provided quality data and responded well to programmatic and organizational capacity building efforts. CCM is well respected by the community, government and donors.
<p>Orphans and Vulnerable Children (OVC)</p> <p>Graduated</p>	<p>Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – OVC</p> <p>Award Ceiling: 18,299,839 MTN (\$456,241)</p> <p>Period of Performance: June 1, 2013 – March 31, 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>	<p>ANDA-OVC continued to implement OVC support activities, including conducting needs assessments, developing individuals care plans, strengthening household economy, providing and referring to services for OVC and care givers, and monitoring completion of services. Having analyzed project results, ANDA realized that it was not going to reach its annual targets if implementation continued at current pace. The project team successfully concentrated its efforts on modifying implementation strategies that would ensure better results.</p> <p>During this period, the organization made the following progress:</p> <ul style="list-style-type: none"> • Following a repeat CSI application, ANDA determined that 350 OVC had improved to such an extent that they could be considered for transition to a less intensive support phase. Twenty five of these OVC had benefited from vocational training. • selected and trained 22 members of existing savings group to become facilitators tasked with establishing and supporting new VSL groups. Only six of the 22 facilitators were deemed capable of supporting groups independently. The remaining 16 facilitators are being monitored by the FE officer. At the end of this cycle they will be re-assessed on their capacity to support groups independently. ANDA reached its targets of the number of caregivers and children benefiting from economic strengthening. • continued to mobilize and collaborate with district level agriculture department field workers to support OVC families to improve seed production, agricultural production and conservation techniques, and use of local products in diets. • arranged internships for 26 students of the first cycle completed their traineeship in the city of Manica. All 26 students graduated. ANDA started the second cycle of vocational training with 38 OVC (adolescents and young

			<p>people), in Cookery and Event Management, and Cooling Systems. All students have begun their traineeship in four hotels and refrigeration companies. In September, 2015, ANDA selected 34 young students who began the 3rd cycle of training in the above-mentioned courses.</p> <ul style="list-style-type: none"> • facilitated poverty certificates and other civil identification documents (Birth Certificates and Identity Cards) for 91 OVC. • conducted prevention debate sessions with adults and young people about HIV prevention, treatment literacy, PMTCT, FP, STIs and masculinity norms and GBV. During this period, ANDA was able to conduct sessions with adolescents during the quarterly school holidays and at weekends through a partnership with schools. • continued to make referrals and monitoring access of beneficiaries to services (education, health and legal protection). ANDA increased its health referrals from 16 in the previous period to 202 in the past six months. • continued trace defaulters. The numbers of defaulters that ANDA returned to treatment improved greatly during this semester, as a results of ANDA's advocacy for better patient record keeping during ART committee meetings lists and more persistent follow-up of identified defaulters. • continued to screen for and provide follow-up services to victims of gender-based violence. Recently, ANDA was invited to be a member of a child protection committee created by Save the Children in partnership with the Attorney General's Office of Manica. In this committee, ANDA was requested to be a focal point of GBV in recognition of its experience and work it has done in the community. • expanded its OVC program interventions with Early Childhood Development activities after having been trained by CAP. The organization began to integrate this intervention in its regular home visits to OVC and their families providing counseling on healthy growth of children.
Orphans and Vulnerable Children	Hope for the African Child Initiative (HACI)	HACI provides training, technical assistance, and grants to five NGOs (three in Maputo City/Province and two in Manica Province) and	HACI continued to support sub partners continued to implement OVC support activities, including conducting needs assessments, developing individuals care plans, strengthening household

<p>(OVC)</p>	<p>Award Ceiling: 62,097,652 MTN (\$1,548,184)</p> <p>Period of Performance: June 1, 2011 – March 31, 2016</p>	<p>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"> • 	<p>economy, providing and referring to services for OVC and care givers, and monitoring completion of services. CAP intensified direct support to HACI sub partners following persistent concerns with the quality of HACI TA. As a result of the joint visits, HACI improved project performance.</p> <p>During this period, HACI and sub partners made the following progress:</p> <ul style="list-style-type: none"> • continued to improve CSI application and care plan development, implement economic strengthening activities, forming new savings groups, providing referrals to services, monitoring completion of referrals, and conducting defaulters tracing. With intensive CAP support, HACI has identified and addressed most barriers that impeded completion of referrals of beneficiaries, achieving much better results against set targets. • provided technical assistance to subpartners to improve preparation of annual project activity plans and supporting documentation. • conducted programmatic technical capacities assessments with subpartners and developed capacity building plans. The capacity building plans are being implemented and monitored by HACI. • held semi-annual subpartners meeting. In addition to sharing project implementation experiences and reinforcing technical aspects of OVC support, HACI worked with sub partners to improve the use of data to monitor project implementation progress. CAP was invited to attend this meeting at the request of HACI to reinforce the need to pay attention to the key project indicators and targets. • expanded subpartners' OVC program interventions with Early Childhood Development activities after having been trained by CAP. The organization began to integrate this intervention in its regular home visits to OVC and their families providing counseling on healthy growth of children
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			<ul style="list-style-type: none"> • HACI subpartner PACO participated in piloting CSI software. • HACI developed the terms of reference for an exchange visit to CAP partner ANDA in Manica scheduled for October, 2015.
Orphans and Vulnerable Children (OVC)	Kubatsirana Award Ceiling: 10,662,570 MTN (\$265,833) Period of Performance: November 1, 2012 – April 30, 2016	Kubatsirana HIV OVC and provides psycho-social support, strengthening parenting skills, improving the life skills of OVC, improving economic resiliency, promoting advocacy and community mobilization, and creating/improving networks for service referrals. Geographic Targets: Manica, District of Gondola - Inchope, Manica - Machipanda and Barué – Catandica	<p>Kubatsirana continued to implement OVC support activities, including conducting needs assessments, developing individuals care plans, strengthening household economy, providing and referring to services for OVC and care givers, and monitoring completion of services. During this period, the organization made the following progress:</p> <ul style="list-style-type: none"> • conducted CSI refresher training and CSI application planning exercise. As a result of rigorous planning, Kubatsirana was able to apply the CSI in a 15-day period, much faster than the previous application that took three months and impacted on service delivery. • expanded its OVC program interventions with Early Childhood Development activities after having been trained by CAP. The organization began to integrate this intervention in its regular home visits to OVC and their families providing counseling on healthy growth of children. • improved archiving of OVC documentation. Needs assessment, CSI, care plans and follow-up support records are archived. • trained 24 VSL facilitators who are tasked with the expansion of and support to VSL groups. Out of 24 trained facilitators, nine have already formed 11 savings groups. The other facilitators are still mobilizing community members and OVC beneficiaries to constitute groups. VSL groups completed the first and started the second cycle with Kubatsirana support and monitoring. • referred OVC and their caregivers to health services (ART and ATS), social action (acquisition of poverty certificates) and civil registration (acquisition of birth certificates). Apart from the usual referrals, Kubatsirana mobilized caregivers of children under 5 years of age to access immunization services provided during the national child health week.

			<ul style="list-style-type: none"> continued to PSS by conducting dialogue circles with OVC applying REPSSI developed <i>Journey of Life and Tree of Life</i> methodologies. continued to conduct home visits to chronically ill and bedridden individuals. continued to trace ART defaulters in collaboration with SDSMAS in the districts of Bárue and Machipanda. Although not a large number, they have increased the number of persons who are sought and referred to. Efforts are hampered by poor record keeping at health facilities. <p>CAP conducted the second programmatic technical evaluation in the area of OVC more than two year after conducting the first assessment. Kubatsirana's capacity to deliver OVC support has grown substantially. An evaluation of the technical capacity development plan developed in response to the first technical assessment indicated that 98% of planned TA was carried and that staff had acquired new skills and knowledge.</p>
Orphans and Vulnerable Children (OVC)	Associação Niiwanane Wamphula (Niiwanane) Award Ceiling: 12,510,686 MTN (\$311,909) Period of Performance: December 1, 2011 – April 30, 2016	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. Geographic Reach: Napipine and Natiquir neighborhoods, Nampula City/Province	Niiwanane continued to implement OVC support activities, including conducting needs assessments, developing individuals care plans, strengthening household economy, providing and referring to services for OVC and care givers, and monitoring completion of services. During this period, the organization made the following progress: <ul style="list-style-type: none"> trained staff and <i>activistas</i> in nutrition and expanded OVC program interventions with screening for acute malnutrition among OVC beneficiaries of 0-to 5 years using the MUAC tape. expanded its OVC program interventions with Early Childhood Development activities after having been trained by CAP. The organization began to integrate this intervention in its regular home visits to OVC and their families providing counseling on healthy growth of children established an agreement with the provincial registry and notary services to visit communities and register OVC. established a formal agreement with the 25 September Health Unit and Marrére General Hospital for OVC beneficiaries referral services.

			<ul style="list-style-type: none"> continued to mobilize families for HTC in health units but is analyzing barriers and formulating new strategies to achieve higher rates of referral completion. continued to conduct debates with adults and adolescents on HIV and AIDS, treatment literacy, family planning, gender-based violence, masculine norms in the communities where they are working. continued to trace defaulters in the communities in coordination with the 25 September Health Unit and Marrère General Hospital. continued participation in ART committee of the 25 September Health Unit and Marrère General Hospital that meets once a week and is responsible for analyzing adherence and retention activities in each health unit. continued to screen for and provide support to victims of GBV in the communities where they are working in collaboration with the community leaders, 25 September Health Unit, police station and judicial authorities
Orphans and Vulnerable Children (OVC)	<p>Organização de Desenvolvimento Rural (Kukumbi)</p> <p>Award Ceiling: 4,363,333 MTN (\$108,784)</p> <p>Period of Performance: November 1, 2014 – October 31, 2015</p>	<p>Kukumbi Contribute to increased access, retention and success of OVC in formal education.</p> <p>Geographic Targets: Mobede Communities, Lugela District, Zambezia Province</p>	<p>Kukumbi continued to implement OVC support activities, including conducting needs assessments, developing individuals care plans, strengthening household economy, providing and referring to services for OVC and care givers, and monitoring completion of services. During this period, the organization made the following progress:</p> <ul style="list-style-type: none"> established an agreement with the provincial registry and notary services to register OVC beneficiaries and issue identity cards. expanded its OVC program interventions with Early Childhood Development activities after having been trained by CAP. The organization began to integrate this intervention in its regular home visits to OVC and their families providing counseling on healthy growth of children Mobilized and provide community-based HTC for OVC families and other community members in collaboration with Lugela health units. conducted debates sessions with adults and adolescents on HIV and AIDS, treatment literacy, family planning, gender-based violence, and masculine norms.

			<ul style="list-style-type: none"> participated in ART committee of the health unit of Lugela district headquarters that meets once a week and is responsible for analyzing adherence and retention activities in this health unit established six VSL groups and mobilized OVC family caregivers to participate.
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: 19,479,219 MTN (\$599,361)</p> <p>Period of Performance: September 1, 2010 – March 31, 2015</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>	<p>Note: This grant ended on March 31, 2015.</p> <p>IBFAN ended in March 31, 2015. During this period, the organization worked on producing final narrative and financial reports and results table.</p>

Annex 2: Graduation Report

CAP Mozambique

Strengthening Leading Mozambican NGOs and Networks

Report on Assessment of Partners for Graduation

October 30, 2015

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 Kubatsirana

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 three organizations as part of the September 2015 graduation exercise focusing on programmatic performance, contractual compliance, financial management and overall potential: Kubatsirana, Niiwnanae, and HACI. Kubatsirana was reviewed for the first time. For Niiwnanae and HACI, this was a reassessment, as they were previously reviewed in February 2014 and August 2014, respectively, and deemed not ready at that time.. All are considered as *Up-and-Coming* partners.

In June and July of 2015, 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)

	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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, in September, a committee convened to decide which organizations should be recommended for advancement. CAP Mozambique has planned feedback meetings with the leadership of each organization to share the findings with the organization. This creates 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 none of the organizations should be recommended for transition awards at this time. HACI has made some progress, but not enough in key areas. HACI is not recommended and will not be evaluated again. Brief summaries are included below. Detailed reports can be found in an annex for each organization.

KUBATSIRANA

Kubatsirana is a faith based organization that works through churches and other Christian community groups to prevent, care for, and mitigate the impact of HIV/ AIDS. It has been

implementing programs in Manica province since 1996. Kubatsirana recently struggled with a leadership crisis linked to the role of the founding members in the organization, not an unusual situation for Mozambican organizations. Kubatsirana stands out because they have come through that crisis and are stronger. They effectively navigated a sensitive restructuring of the governing bodies that honors and defines the role of the founding members, encouraging them to remain constructively engaged, and allowing the organization to evolve and become stronger. They have approved a new constitution/ statutes that define a clear structure that specifies responsibilities and roles. Kubatsirana also has an effective executive director, who is motivated to help Kubatsirana attain high standards of integrity and performance. The organization also now has a strong admin and finance manager, and project coordinator. Despite its turbulent leadership crisis, Kubatsirana continued to deliver services and strive to overcome the challenges they faced. As a result, they have exceeded most of their core targets of services for OVC and number of VSL members and have significantly improved in terms of referrals and the ART cascade. They have also maintained their strong relationships in the communities.

The leadership crisis stalled progress on administrative and financial systems, but the organization now has a strong Admin and Finance Manager and is putting in place its policies and procedures. Kubatsirana needs to improve its employee contracting and salary practices; so each employee has one contract and one paystub. They also need to implement a performance evaluation system with their staff and ED. TA and tools are readily available from CAP in these areas. The organization had a complete organizational audit and are taking steps to improve systems and restore donor confidence. Although Kubatsirana lost some donors during the leadership crisis in 2012-13, it is recovering well and staff have raised funds from the US Embassy Quick Impact program, HelpAge, and Dorcas Aid. Tear Fund also continues to fund Kubatsirana. Kubatsirana has made tremendous progress, and can address the recommendations before the next graduation evaluation.

NIIWANANE

Niiwanane has responded to many of the conditions outlined in the previous report. Niiwanane has::

- submitted their registration for publication in the *Boletim de Republica* to make it official.
- developed a strategic plan with strong involvement from staff, members and board. They have confirmed their identity as an association of PLHIV
- completed their policies and procedures, which been approved by the board.
- submitted solid data that is consistently amongst the best of our partners, despite its increasing complexity due to PEPFAR requirements.

However, before recommending them for graduation, we would like to see the Fiscal Council documenting its activities and meetings. Also, the ED made an excellent effort to redistribute responsibilities to reduce the daily management burden on the ED, but they just lost the key program manager; they are recruiting a new one, so we will see how they do with a new strong manager. We will reevaluate Niiwanane in February 2016.

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. We reevaluated them again in August 2014, and they had made progress in their understanding of the technical areas of COVs, but had not yet demonstrated their ability to sufficiently support their sub-partners to implement effectively. They had not made sufficient progress in other areas as well. The table below summarizes the key follow-up points and the progress made.

Recommendations	Comments
1. Take action on recommendations to improve policies and procedures, including those related to USAID compliance, and performance reviews;	They did complete policies and procedures manuals, which were approved by the board. They conducted a performance review to justify an increase in salaries, but the salary policy did not clearly state how to implement the increase. They maintained current salaries. It appears the board was not informed about proposed salary increases.
2. Improve financial reporting to reduce errors, including in providing TA to sub partners to improve their capacity in this area;	Quality is inconsistent. They have the capacity, but quality varies month to month.
3. Implement accounting software package;	They have purchased the software, but have not completed the chart of accounts that is necessary to operationalize the software. They have received TA on this, but have not followed up.
4. CD and CF should more actively engage in oversight (beyond crises situations) and holding the executive team accountable;	They were involved during the year before the previous graduation assessment, but have not been active lately. If the board has made efforts to follow up on the recommendations for graduation or the feedback provided on data reports, no visible results have been registered. We have not seen any measures taken to hold staff accountable for performance.
5. Board should review and approve the grants manual;	HACI staff completed the manual, but it was not approved by the board.
6. Diversify funding sources.	HACI staff report that they have submitted over 22 proposals, but have not yet been successful fundraising, nor have they sought CAP's assistance.
7. Conduct a data verification exercise	None has been conducted.
8. Manage the Integrated Capacity Building Plans for their partners, reapplication of the CSI, and a six month planning process	They did develop the ICBPs and assign responsibilities. They organized the reapplication of the CSI and improved in their organization of the event. The team are doing planning of field visits on their own and are going to the field more often. HACI has also attained all its targets this year and shown improvement in their technical assistance.

9. Maintain improvements already made	HACI has made some programmatic improvements, mentioned above. However, overall the quality is inconsistent, and seems to only be present when CAP is observing. Most disturbing is that data reports continue to be a disaster. There are people on staff capable of producing good data reports, but HACI insists on giving this assignment to a staff person that consistently does not perform, and takes no action to improve that person's performance.
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Two years after the initial graduation assessment, with clear indicators and the ready availability of TA, HACI has still not evolved sufficiently to be recommended for graduation. Our conclusion is that there is not sufficient organizational commitment to evolve. We will not evaluate HACI a third time.

IV. NEXT STEPS

CAP Mozambique will conduct feedback meetings with the each organization and make available technical assistance to support each organization in responding to the recommendations. Niiwanane and Kubatsirana will be reevaluated in March 2016.

Detailed Report for Kubatsirana Graduation Assessment - September 2015

Kubatsirana is an ecumenical association that works through churches and other Christian community groups to take action to prevent, care for, and mitigate the impact of HIV/AIDS, primarily in Manica province which has been hit particularly hard by the HIV/AIDS epidemic. Legally registered in 2000, the association was founded in 1996 and has over 18 years experience designing and implementing projects to support and care for Orphans and Vulnerable Children (OVC). Kubatsirana works to provide psychosocial, emotional, and spiritual support to OVCs and their caregivers.

Kubatsirana's vision is to see communities free of new HIV infections and where the impact of AIDS is mitigated. Its mission is to develop the capacity of churches and other Christian groups to prevent, care for, and mitigate the impact of HIV/AIDS by sharing resources, ideas, attitudes, experiences, and encouraged strategic partnerships for an effective response to HIV/AIDS.

Kubatsirana has worked with both UN, multilateral, and international donors since its inception, including Kellogg Foundation, Tearfund, Health Alliance International, UNESCO, NORAD, Canadian Hunger Foundation, VSO, Food for the Hungry International, Africare, and the Embassy of the United States, among others.

Award Details
Grantee Kubatsirana
Award Ceiling: 10,662,570 MTN (\$265,833)
Period of Performance: November 1, 2012 – April 30, 2016
Geographic Targets: Manica, District of Gondola - Inchope, Manica - Machipanda and Barué – Catandica
Project Description: Kubatsirana work is in HIV OVC and provides psycho-social support, strengthening parenting skills, improving the life skills of OVC, improving economic resiliency, promoting advocacy and community mobilization, and creating/improving networks for service referrals.

Key Personnel

Executive Director – Ernesto Tuia
Admin and Finance Manager – Claudia Chimonzo
Project Coordinator – Betty Mutata

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.*

- Kubatsirana's headquarters are located in Chimoio, Manica Province.

- Kubatsirana published its statutes and Government Recognition in 2001. All members of the governing bodies have Mozambican nationality. The President of the board of directors (BD) was elected at the General Assembly (GA) in June, 2015. The other governing bodies' members will complete their terms in 2016.
 - Kubatsirana recently revised its statutes. They were approved by the GA in June, 2015. The revised statutes need to be published in the *Boletim da República*. Publication is a legal requirement that will allow Kubatsirana to apply the revised statutes in its interaction with third parties.
2. *Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.*

Separation of functions

- Kubatsirana has a well-defined organizational structure with a clear separation of board and executive functions. The statutes clearly describe the distinct roles and responsibilities of the governing bodies.
- Kubatsirana's founding members had a strong influence over organizational decision making processes, distorting the separation of roles and responsibilities between governing bodies and executive. CAP has raised this concern with Kubatsirana since we started working with the organization. The revised statutes have addressed this concern.

Internal governance systems

- Regular election and rotation of governing bodies' members occur.
- The BD adheres to the separation of duties, roles and responsibilities described in the statutes. It meets regularly and documents the meetings. The minutes, however, are neither finalized nor signed.
- The Fiscal Council (FC) is not active and currently has only two of the legally required three members. The third member was elected president of the board and has not yet been replaced. The FC neither conducts internal policy and procedures compliance checks, nor visits activities. It limits itself to reviewing financial reports presented to the AG.

External relations

- Kubatsirana is well known in Manica province and Mozambique. Kubatsirana was the first organization to provide home-based care to people living with HIV. Internal management and governance challenges tarnished the organizations image in 2012-2013. Kubatsirana lost donors and could not mobilize new resources. CAP continued to help the organization to address the internal management challenges. In January 2014, Kubastirana hired a new program coordinator/executive director who was able to turn the tide. He addressed many of the challenges and mobilized resources from Quick Impact (US Embassy), HelpAge and Dorcas Aid. Kubatsirana is also working with other local organizations, having submitted a proposal to the World Food Program in collaboration with ANDA.
- Kubatsirana is participating in district health meetings, especially on HIV, and has strong links with the district and provincial office of Health and Social Action through which it mobilized support for OVC beneficiaries, including to build houses, purchase educational materials and uniforms, provide mosquito nets and a wheelchair. Kubatsirana has increased

its knowledge on issues faced by the community they serve. The organization visits communities more regularly and has become more responsive to their needs which has resulted in success stories. Kubatsirana also strengthened its relationship with local leaders through regular visits, mobilizing leaders to be part of village savings and loans (VSL) groups and selecting them as *activistas*. When leaders heard about mosquito net distribution, they asked Kubatsirana to identify families in need. The Government provided nets to these families.

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

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

Progress on targets

- This fiscal year, Kubatsirana exceeded the target for OVC beneficiaries, reaching 724. Last year they did not.
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- Kubatsirana did not make much progress in supporting beneficiaries to know their HIV status. *Activistas* refer beneficiaries to HTC services but few go. CAP expects that Kubatsirana will improve on the number of beneficiaries that know their HIV status as the organization is re-evaluating its approach learning from other CAP partners' experiences. .

Table 1. Targets reached by Kubatsirana

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Participants in VSL groups	180	580	276	736
Referrals to health services	327	271	327	318
Completed referrals	424	318	424	337
Defaulters sought	576	210	576	260
Defaulters identified	346	202	346	225
Defaulters referred	207	105	207	118
Defaulters returned	124	60	124	73

*Includes caregivers as of 2014/2015

OVC Technical Assessment

- Kubatsirana' technical capacity increased since the last technical assessment. The latest assessment shows that the organization increased its capacity to develop more focused and integrated projects. Strategies are geared towards strengthening systems to benefit primary as well as secondary beneficiaries. Assessment findings are supported by the fact that Kubatsirana has been successful in securing new resources. In regards to program standards, Kubatsirana has improved the technical capacity and systems required to implement OVC support interventions.

Table 2. Kubatsirana Programmatic Capacity Scores

Criteria	March 2012	April 2015
Project design	12	17
Qualified program staff	18	37

Appropriate process to support OVC care	15	17
Processes used to assess client satisfaction	3	5
Adequate data management and reporting systems	7	8
TOTAL	55	84

Responsiveness

- Kubatsirana adopted many systems recommended by CAP, especially for M & E and program management. CAP was heavily involved when Kubatsirana recruited a new team at the start of 2014. We visited once every two months and had frequent email and telephone contact. The program team overcame its reluctance to go to the field. Both the ED and the program manager are observing field activities regularly. CAP has gained confidence in the program team’s ability to manage the project and is now conducting quarterly monitoring visits. Kubatsirana’s team is pro-actively seeking support from CAP’s program team when they face challenges.

Adaptability to change

When CAP started working with Kubatsirana, the organization primarily provided home-based care (HBC) to PLHIV following MoH standards, and alternative care for orphaned and homeless children. They had limited experience with family-centered OVC support. Kubatsirana now has the ability to conduct needs assessments and provide or refer OVC beneficiaries to all services required by the MGCAS minimum standards of OVC care.

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- In the first two years of the award, Kubatsirana experienced frequent staff turn-over. Now they have a stable team that is gradually increasing its capacity. The Staff has sufficient knowledge and experience in HBC and OVC support.
- Kubatsirana does not have a Program Coordinator. The ED currently assumes a dual role. With the growing number of awards, we recommended the organization includes a Program Coordinators in its organogram and budget proposals.

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Challenges:

- a) Mobilizing families for HTC- Kubatsirana is referring families to HTC services but families do not go. The organization intends to adopt strategies that other CAP partners have tried and tested, i.e. collaborate with health facilities to provide community-based HTC.
- b) The technical team is very dependent on Project Coordinator, Betty Mutata - if she leaves, Kubatsirana may be in trouble.

Financial and Administrative Management capacity

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

Kubatsirana has experience working with various different funding sources and donors, including FHI360/ CAP, FHI360/PCC, UNICEF, Tear Fund, Missão Aliança da Suécia, HAI (Health Alliance International):

- Tearfund, 2012-17 , USD 340.000 Earnest Maswera, Cell +258 847007001 or +258 866668765, Landline + 258251 23371 Fax +0025822123370 Email: Earnest.Maswera@tearfund.org;
- Missão Aliança da Suécia, 2012-17, USD 100.800, tel 0046735688280, car.winberg@gmail.com;
- HAI, 2004-09, 18.000.000Mt, Miguel Jose Tafira de Nhumba, Tel. +258 823165790 Miguel.Nhumba@helthallianeinternational.org ;
- DORCAS AID, 2015-17, 3,947,031.00 MT, Blessing Njopera, Tel. +258825180820 / 849087620 blessingnjopera@gmail.com; evelynmunotengua@rocketmail.com.

Kubatsirana has other donors that contribute with smaller funds, like Help Age, VSO, and UNICEF.

We approached other donors for a reference on Kubatsirana's financial and administrative management performance. Even though the award only commenced in 2015, Dorcas Aid indicated to be happy with project implementation and financial performance so far. Tearfund didn't adequately control Kubatsirana's spending and had not realized they were behind in spending. Kubatsirana also under- spent funds made available by CAP.

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, the organization has progressed from a score of 155 (Medium risk) to 181 (Medium risk). Kubatsirana needs to continue to improve its performance to reach a low risk rating.

Table 4. Kubatsirana’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	25 High risk	28 High risk	16 High risk	43 Medium risk	23 Medium risk	20 High risk	155 Medium risk	26
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- Audit: Kubatsirana conducted an audit in 2014 that identified some irregularities in financial management procedures. The Fiscal Council never conducted an internal policy and procedures (PP) compliance review.

Policies and procedures

- Kubatsirana is finalizing the Financial and Administrative Policies and procedures (PP) manuals with CAP support and expects to submit the manuals for board approval in November, 2015. CAP conducted a PP review to assess compliance with USAID standard requirements and is helping Kubatsirana to address the gaps. The manual includes clauses on the benefits for the ED, but CAP advised the BD to consider defining limits to the use of institutional equipment and property outside of working hours.
- Lots of travel reports are missing and are prepared only when CAP identifies them missing.
- Kubatsirana does not have an inventory of assets.

Reporting

- Since the beginning of the project, Kubatsirana has submitted 34 financial reports. 11 were submitted late (32%). However, in the last 20 months, only one was submitted late.

Qualifications of finance staff and structure

- When CAP visited Kubatsirana to prepare for the graduation meeting (Agosto 2015), the administration and finance team was composed of a new accountant and assistant. The accountant, Claudia Chimonzo, was on maternity leave. Given the recent expansion in awards, she will become the Finance and Admin Manager upon her return. Kubatsirana has divided the roles and responsibilities between the two staff well.
- Some staff and governing bodies’ members are able to prepare good quality budgets. The board president and the admin and finance manager are accountants and at least two program staff have experience developing budgets.
- The finance and admin team is stronger than before. In 2014, the ED was acting accountant while he hired new staff. Once Claudia Chimonzo took up her post, the ED stepped back and

financial management and reporting improved. When Claudia Chimonzo went on maternity leave, the responsiveness and quality of reports prepared by the new team dropped. Similarly, the quality of procurement processes dropped. Procurement processes are not always followed correctly, take a long time to complete, and require greater CAP support and involvement. The ED has stepped in to support the processes, but he did not participate in the Grants Management Workshop that emphasizes the importance of correctly conducting procurements. As a result, some processes are distorted or delayed. These delays impact programming. At the moment, CAP does not have confidence in Kubatsirana's ability to correctly conduct procurements. We will monitor processes once the Admin and Finance Manager returns from leave.

- The use of timesheets remains a challenge.
- Kubatsirana does not conduct performance appraisals yet.

Accounting software/ chart of accounts

- Accounts are done using Excel. HelpAge provided a simple accounting system with locked formulas that produces matrices and financial reports aligned with HelpAge's overall organizational reporting format. Kubatsirana does not have a chart of accounts yet and uses codes provided by donors. The organization does not have an overall accounting system but manages all awards separately which impedes an overall organizational financial overview and might lead to duplications of expenditures.

Files (HR and finance)

- General archives (letters, demands) need to be improved. Financial, administrative and programmatic archives have improved but need to be kept in a suitable location. HR archives are separated from other files in a locked cupboard controlled by the HR manager. Kubastriana does not back-up its files. The Governing Bodies do not have a dedicated space for their archives.

Internal control systems

- Internal control systems work well - Payments are authorized according to stipulated procedures, there is a safe, and the CD co-signs cheques. Kubatsirana is accounting for internally generated funds but needs to close this account monthly.
- Kubatsirana can be considered an umbrella organization. It channels funds that it receives from Tearfund and Swedish Alliance to 13 FBOs and three OVC support centers (*Centro Aberto*). Kubatsirana, however, does neither have solid, transparent systems to manage these funds well, nor the capacity to support organizational strengthening of the FBOs and support centers. The lack of transparent accounting systems is a result of the crisis Kubatsirana faced two years ago when founding members were heavily involved in managing the organization.

Conclusion

CAP Mozambique concluded that Kubatsirana has improved its organizational development significantly but is still not in a position to graduate and be recommended as a direct recipient of USAID funds.

Recommendations

In order to be considered for graduation in the future, HACI should consider the following recommendations:

1. Publish the revised statutes in the *Boletim de Republica*
2. Routinely finalize and sign minutes of BD meetings. This includes finalizing and signing the minutes of CD meetings of 2015
3. Ensure the Fiscal Council actively performs its role, including conducting internal compliance checks and field visits. This may require electing the missing members for the CF with capacity, commitment and time to fulfil the role of the FC.
4. Show CAP the court documents regarding the law suit.
5. Ensure proper segregation of tasks by making efforts to mobilize funds and recruit a Program Coordinator
6. Meet or exceed targets and maintain other aspects of performance in program implementation, including referrals.
7. Finalize, approve and operationalize the HR, Financial and Administrative Policies and procedures. This includes implementing single contracts and paystubs for all staff members, conducting performance reviews, and developing a succession plan for key staff.
8. Ensure compliance to procurement policies; we recommend that the FC reviews the procurement files.
9. Implement measures to achieve a low-risk rating in the FHC
10. Use accountancy software and have a general ledger. Design and apply a chart of accounts.
11. Conclude the process of improving the filing system. Assure sufficient space for proper organization and conservation of files, protecting them from flooding and other damage
12. Conclude the institutional assets inventory

Detailed Report for Kubatsirana Graduation Assessment - September 2015

Kubatsirana is an ecumenical association that works through churches and other Christian community groups to take action to prevent, care for, and mitigate the impact of HIV/AIDS, primarily in Manica province which has been hit particularly hard by the HIV/AIDS epidemic. Legally registered in 2000, the association was founded in 1996 and has over 18 years experience designing and implementing projects to support and care for Orphans and Vulnerable Children (OVC). Kubatsirana works to provide psychosocial, emotional, and spiritual support to OVCs and their caregivers.

Kubatsirana's vision is to see communities free of new HIV infections and where the impact of AIDS is mitigated. Its mission is to develop the capacity of churches and other Christian groups to prevent, care for, and mitigate the impact of HIV/AIDS by sharing resources, ideas, attitudes, experiences, and encouraged strategic partnerships for an effective response to HIV/AIDS.

Kubatsirana has worked with both UN, multilateral, and international donors since its inception, including Kellogg Foundation, Tearfund, Health Alliance International, UNESCO, NORAD, Canadian Hunger Foundation, VSO, Food for the Hungry International, Africare, and the Embassy of the United States, among others.

Award Details
Grantee Kubatsirana
Award Ceiling: 10,662,570 MTN (\$265,833)
Period of Performance: November 1, 2012 – April 30, 2016
Geographic Targets: Manica, District of Gondola - Inchope, Manica - Machipanda and Barué – Catandica
Project Description: Kubatsirana work is in HIV OVC and provides psycho-social support, strengthening parenting skills, improving the life skills of OVC, improving economic resiliency, promoting advocacy and community mobilization, and creating/improving networks for service referrals.

Key Personnel

Executive Director – Ernesto Tuia
Admin and Finance Manager – Claudia Chimonzo
Project Coordinator – Betty Mutata

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.*

- Kubatsirana's headquarters are located in Chimoio, Manica Province.

- Kubatsirana published its statutes and Government Recognition in 2001. All members of the governing bodies have Mozambican nationality. The President of the board of directors (BD) was elected at the General Assembly (GA) in June, 2015. The other governing bodies' members will complete their terms in 2016.
 - Kubatsirana recently revised its statutes. They were approved by the GA in June, 2015. The revised statutes need to be published in the *Boletim da República*. Publication is a legal requirement that will allow Kubatsirana to apply the revised statutes in its interaction with third parties.
2. *Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.*

Separation of functions

- Kubatsirana has a well-defined organizational structure with a clear separation of board and executive functions. The statutes clearly describe the distinct roles and responsibilities of the governing bodies.
- Kubatsirana's founding members had a strong influence over organizational decision making processes, distorting the separation of roles and responsibilities between governing bodies and executive. CAP has raised this concern with Kubatsirana since we started working with the organization. The revised statutes have addressed this concern.

Internal governance systems

- Regular election and rotation of governing bodies' members occur.
- The BD adheres to the separation of duties, roles and responsibilities described in the statutes. It meets regularly and documents the meetings. The minutes, however, are neither finalized nor signed.
- The Fiscal Council (FC) is not active and currently has only two of the legally required three members. The third member was elected president of the board and has not yet been replaced. The FC neither conducts internal policy and procedures compliance checks, nor visits activities. It limits itself to reviewing financial reports presented to the AG.

External relations

- Kubatsirana is well known in Manica province and Mozambique. Kubatsirana was the first organization to provide home-based care to people living with HIV. Internal management and governance challenges tarnished the organizations image in 2012-2013. Kubatsirana lost donors and could not mobilize new resources. CAP continued to help the organization to address the internal management challenges. In January 2014, Kubastirana hired a new program coordinator/executive director who was able to turn the tide. He addressed many of the challenges and mobilized resources from Quick Impact (US Embassy), HelpAge and Dorcas Aid. Kubatsirana is also working with other local organizations, having submitted a proposal to the World Food Program in collaboration with ANDA.
- Kubatsirana is participating in district health meetings, especially on HIV, and has strong links with the district and provincial office of Health and Social Action through which it mobilized support for OVC beneficiaries, including to build houses, purchase educational materials and uniforms, provide mosquito nets and a wheelchair. Kubatsirana has increased

its knowledge on issues faced by the community they serve. The organization visits communities more regularly and has become more responsive to their needs which has resulted in success stories. Kubatsirana also strengthened its relationship with local leaders through regular visits, mobilizing leaders to be part of village savings and loans (VSL) groups and selecting them as *activistas*. When leaders heard about mosquito net distribution, they asked Kubatsirana to identify families in need. The Government provided nets to these families.

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- Some staff and governing bodies’ members are able to prepare good quality budgets. The board president and the admin and finance manager are accountants and at least two program staff have experience developing budgets.
- The finance and admin team is stronger than before. In 2014, the ED was acting accountant while he hired new staff. Once Claudia Chimonzo took up her post, the ED stepped back and

financial management and reporting improved. When Claudia Chimonzo went on maternity leave, the responsiveness and quality of reports prepared by the new team dropped. Similarly, the quality of procurement processes dropped. Procurement processes are not always followed correctly, take a long time to complete, and require greater CAP support and involvement. The ED has stepped in to support the processes, but he did not participate in the Grants Management Workshop that emphasizes the importance of correctly conducting procurements. As a result, some processes are distorted or delayed. These delays impact programming. At the moment, CAP does not have confidence in Kubatsirana's ability to correctly conduct procurements. We will monitor processes once the Admin and Finance Manager returns from leave.

- The use of timesheets remains a challenge.
- Kubatsirana does not conduct performance appraisals yet.

Accounting software/ chart of accounts

- Accounts are done using Excel. HelpAge provided a simple accounting system with locked formulas that produces matrices and financial reports aligned with HelpAge's overall organizational reporting format. Kubatsirana does not have a chart of accounts yet and uses codes provided by donors. The organization does not have an overall accounting system but manages all awards separately which impedes an overall organizational financial overview and might lead to duplications of expenditures.

Files (HR and finance)

- General archives (letters, demands) need to be improved. Financial, administrative and programmatic archives have improved but need to be kept in a suitable location. HR archives are separated from other files in a locked cupboard controlled by the HR manager. Kubastriana does not back-up its files. The Governing Bodies do not have a dedicated space for their archives.

Internal control systems

- Internal control systems work well - Payments are authorized according to stipulated procedures, there is a safe, and the CD co-signs cheques. Kubatsirana is accounting for internally generated funds but needs to close this account monthly.
- Kubatsirana can be considered an umbrella organization. It channels funds that it receives from Tearfund and Swedish Alliance to 13 FBOs and three OVC support centers (*Centro Aberto*). Kubatsirana, however, does neither have solid, transparent systems to manage these funds well, nor the capacity to support organizational strengthening of the FBOs and support centers. The lack of transparent accounting systems is a result of the crisis Kubatsirana faced two years ago when founding members were heavily involved in managing the organization.

Conclusion

CAP Mozambique concluded that Kubatsirana has improved its organizational development significantly but is still not in a position to graduate and be recommended as a direct recipient of USAID funds.

Recommendations

In order to be considered for graduation in the future, HACI should consider the following recommendations:

1. Publish the revised statutes in the *Boletim de Republica*
2. Routinely finalize and sign minutes of BD meetings. This includes finalizing and signing the minutes of CD meetings of 2015
3. Ensure the Fiscal Council actively performs its role, including conducting internal compliance checks and field visits. This may require electing the missing members for the CF with capacity, commitment and time to fulfil the role of the FC.
4. Show CAP the court documents regarding the law suit.
5. Ensure proper segregation of tasks by making efforts to mobilize funds and recruit a Program Coordinator
6. Meet or exceed targets and maintain other aspects of performance in program implementation, including referrals.
7. Finalize, approve and operationalize the HR, Financial and Administrative Policies and procedures. This includes implementing single contracts and paystubs for all staff members, conducting performance reviews, and developing a succession plan for key staff.
8. Ensure compliance to procurement policies; we recommend that the FC reviews the procurement files.
9. Implement measures to achieve a low-risk rating in the FHC
10. Use accountancy software and have a general ledger. Design and apply a chart of accounts.
11. Conclude the process of improving the filing system. Assure sufficient space for proper organization and conservation of files, protecting them from flooding and other damage
12. Conclude the institutional assets inventory

Annex 3: Grant Agreement Chart

CURRENT GRANTS							
Sub Partner Name: Local/Portuguese	Grant Number	PEFPAR Area	Start Date	End Date	Approved Budget MTN	Budget USD (1 USD=40.11 MTN)	Longevity with CAP II
Hope for African Children Initiative (HACI)	3253-17-RFA10.01-11-HACI-02	OVC	6/1/2011	3/31/2016	62,097,652	\$1,548,184	CAP II Partner since 10/2009
Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA10.04-11-NIIWANANE-01	OVC	12/1/2011	4/30/2016	12,510,686	\$311,909	CAP II Partner since 5/2010
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) MARP	3253-17-RFA10.05-11-ANDA-01	Prevention	4/2/2012	4/30/2016	13,747,075	\$342,734	CAP II Partner since 4/2012
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) OVC	3253-17-APS11.02-ANDA-02	OVC	6/1/2013	3/31/2016	18,299,839	\$456,241	CAP II Partner since 4/2012
Organização de Desenvolvimento Rural (KUKUMBI)	3253-17-SS-KUKUMBI-02	OVC	11/1/2014	10/31/2015	4,363,333	\$108,784	CAP II Partner since 5/2012

Kubatsirana - Associação Ecuménica Cristã	3253-17-APS11.02- 12-KUBATSIRANA- 01	OVC & HBC	11/1/2012	4/30/2016	10,662,570	\$265,833	CAP II Partner since 11/2012
CLOSED GRANTS							
Sub Partner Name: Local/Portuguese	Grant Number	PEPFAR Area	Start Date	End Date	Final Budget MTN	Budget USD	Reason for End of Grant
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-CAPI-09- ADC-01	Prevention	8/3/2009	8/31/2011	4,372,402**	\$143,635	Completed Award
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-RFA10.05- ADC-02	Prevention	9/1/2011	10/31/2013	10,270,111**	\$355,533	Completed Award
Associação dos Deficientes de Moçambique (ADEMO)	3253-17-APS001-10- ADEMO-01	Prevention	5/17/2010	11/30/2011	1,193,894**	\$37,109	Completed Award
Ajuda Desenvolvimento Povo para Povo (ADPP)	3253-17-RFA10.03- 11-ADPP-01	Prevention	3/1/2012	4/30/2013	11,313,208**	\$385,888	Ended early due to shift in PEPFAR priorities
Associação dos Jovens de Nacala (AJN)	3253-17-RFA10.04- 11-AJN-01	OVC	7/16/2012	4/30/2013	1,644,107***	\$55,193	Ended early due to shift in PEPFAR priorities

Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-APS001-09-AJULSID-01	Prevention	10/1/2009	3/31/2011	1,994,810**	\$59,707	Completed Award
Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-RFA10.05-11-AJULSID-02	Prevention	8/1/2012	10/31/2013	4,990,907**	\$167,455	Ended early due to shift in PEPFAR priorities
Associação Moçambicana Mulher e Educação (AMME)	3253-17-APS001-09-AMME-01	Prevention/OVC	11/1/2009	3/31/2012	2,551,955**	\$83,117	Completed Award
Associação Moçambicana Mulher e Educação (AMME)	3253-17-RFA10.05-AMME-02	Prevention/OVC	3/1/2012	12/31/2013	9,168,119**	\$312,308	Ended early due to shift in PEPFAR priorities
Associação de Mineiros Moçambicanos (AMIMO)	3253-17-APSOO I-09-AMIMO-0 1	Prevention	11/1/2009	8/14/2010	844,712**	\$26,714	Terminated for financial misconduct or poor performance
Associação Moçambicana para a promoção da Rapariga (AMORA)	3253-17-APS001-10-AMORA-01	Prevention	5/17/2010	12/31/2011	1,174,582**	\$37,106	Completed Award

Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-RFA003-07-ANEMO-02	Care and Treatment + Treatment Adherence	1/1/2010	6/30/2011	9,237,247**	\$281,122	Completed Award
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-11-ANEMO-03	Care and Treatment + Treatment Adherence	1/2/2011	2/28/2013	8,813,234**	\$310,305	Completed Award
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-11-ANEMO-04	Care and Treatment + Treatment Adherence	3/1/2013	9/30/2013	2,615,260**	\$87,459	Completed Award
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-APS001-09-CCM-01	Prevention	10/1/2009	6/30/2011	2,713,026****	\$119,895	Completed Award
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-RFA10.05-11-CCMS-02	Prevention	7/1/2011	5/31/2015	31,303,881***	\$963,196	Completed Award
Conselho Cristão de Moçambique-Zambezia (CCM-Zambezia)	3253-17-RFA10.01-11-CCMZ-01	OVC	10/3/2011	12/3/2013	7,439,249***	\$256,912	Terminated for financial misconduct or poor performance
Comité Ecuménico para o Desenvolvimento Social (CEDES)	3253-17-RFA10.05-11-CEDES-01	Prevention	7/16/2012	12/31/2013	4,828,856**	\$161,779	Ended early due to shift in PEPFAR priorities

Conselho Islâmico de Moçambique (CISLAMO)	3253-17-APS001-09-CISLAMO-01	Prevention	1/1/2010	12/16/2010	1,392,318**	\$38,876	Terminated for financial misconduct or poor performance
Comunidade Moçambicana de Ajuda (CMA)	3253-17-APS11.02-12-CMA-01	Prevention (MARF)	1/2/2013	4/30/2013	458,999**	\$15,218	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	Prevention	7/16/2012	12/31/2013	15,575,376**	\$523,041	Completed Award
Fórum Nacional de Rádios Comunitárias de Moçambique (FORCOM)	3253-17-APS001-09-FORCOM-01	Prevention	10/1/2009	6/30/2011	2,502,655**	\$86,346	Completed Award
Associação para a Promoção do Emprego (Get Jobs)	3253-17-RFA003-07-GetJobs-02	Prevention	1/1/2010	12/31/2010	1,880,356**	\$57,159	Completed Award
Hope for African Children Initiative (HACI)	3253-17-RFA002-09-SAVE/HACI-01	OVC	10/1/2009	5/31/2011	N/A	\$130,571	Completed Award
International Breastfeeding Action Network (IBFAN)	3253-07-SS-10-AMODEFA-01	Systems Strengthening	9/1/2010	3/31/2015	19,479,219***	\$599,361	Completed Award

Organização de Desenvolvimento Rural (KUKUMBI)	3253-17-RFA10.05-11-KUKUMBI-01	Prevention	5/1/2012	4/30/2015	12,934,127 ***	\$397,973	Completed Award
Organismo de Desenvolvimento Socioeconómico (KULIMA)	3253-17-RFA003-07-KULIMA-02	Prevention	4/1/2010	3/31/2011	1,725,629**	\$51,138	Completed Award
Liga dos direitos da Criança da Zambézia (LDC)	3253-17-APS11.02-12-LDC-01	OVC	11/1/2012	8/8/2014	6,008,769***	\$198,061	Terminated for financial misconduct or poor performance
Movimento de Mães Intercessoras Contra HIV e SIDA (MMICHS)	3253-17-RFA003-07-MMICHS-02	Prevention	4/1/2010	3/31/2011	1,154,919**	\$32,569	Completed Award
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA04-09-Nafeza-01	Prevention	9/7/2009	9/30/2011	3,383,891**	\$105,469	Completed Award
Solidariedade da Zambézia - Delegação de Nampula (Solidariedade)	3253-17-APS001-10-Solidariedade-01	Prevention (& OVC)	9/13/2010	9/12/2011	1,167,539**	\$29,477	Completed Award
Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-CAPI-09-SOFALA-01	Prevention	8/3/2009	7/31/2011	4,654,603***	\$144,265	Completed Award

Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-RFA10.05-11-MONASO-S-02	Prevention	8/1/2011	12/15/2012	4,602,942**	\$169,546	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	Prevention	9/7/2009	4/18/2010	88,533**	\$2,729	Terminated for financial misconduct or poor performance
Monaso Rede Moçambicana de Organizações contra a SIDA - Delegação de Zambezia (MONASO-Zambezia)	3253-17-RFA04-09-MONASO/Zambezia-01	Prevention	9/7/2009	1/21/2010	165,657**	\$5,104	Terminated for financial misconduct or poor performance
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA10.05-11-NAFEZA-02	Prevention	5/1/2012	9/30/2015	16,233,660***	\$499,497	Completed Award
Associação para o Desenvolvimento da Criança e Educação da Rapariga (NAMUALI)	3253-17-APS001-09-NAMUALI-01	Prevention	11/1/2009	8/28/2010	468,137**	\$14,647	Terminated for financial misconduct or poor performance

Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA004-10-NIIWANANE-01	Prevention (& OVC)	5/17/2010	11/30/2011	1,267,384**	\$41,065	Completed Award
N'weti Comunicação para Saúde (N'WETI)	3253-17-RFA10.03-11-NWETI-01	Prevention	8/1/2011	10/31/2013	35,196,365**	\$1,230,736	Completed Award
Organização Nacional de Professores (ONP)	3253-17-APSOOI-09-ONP-01	Prevention	11/1/2009	7/5/2010	261,453**	\$7,979	Terminated for financial misconduct or poor performance
Associação para o Desenvolvimento Sócio Economico (OPHAVELA)	3253-17-RFA10.05-11-OPHAVELA-01	Prevention	9/10/2012	4/30/2015	15,071,182***	\$463,729	Completed Award
Rede Contra o Abuso de Menores (REDE CAME)	3253-17-RFA10.02-11-REDECAME-01	OVC	11/1/2011	4/30/2013	9,186,050**	\$320,116	Ended early due to shift in PEPFAR priorities
Rede Nacional Contra Droga (UNIDOS)	3253-17-APS001-09-REDE-01	Prevention	10/1/2009	5/31/2011	2,908,915**	\$91,995	Completed Award
Exchange Rate (September 29, 2015)	40.11						
** Value at final close-out of award.							
*** Estimated final value at close-out of award. Close-out still in progress.							
****Close-out for this award still in process. This estimate is above real value at close of award.							

Annex 4: Partner Growth Analysis

ACIDECO Growth Analysis

Capacity Area	Status Pre-CAP involvement	POAP I Score March 2014	POAP II Score March 2015	TA Provided	Results of TA/Training
Legal Status	Statutes not approved by General Assembly and not published in the <i>Boletim da República</i> .	3	3	TA to revise Statutes to improve and formalize their structure.	The Statutes are revised and awaiting approval by the General Assembly. Once approved, the revised Statutes should be published in the <i>Boletim da República</i> .
Vision	No vision statement.	2	3	TA to formulate and revise vision statement.	The vision statement is simpler, clearly formulated, and printed on a banner for public display. The revised vision statement should be submitted for approval by the General Assembly.
Leadership	No organogram. Board and fiscal council not functional.	3	2	TA on roles and responsibilities of Board and Executive. Training in MANGO Financial Management. <i>Training in GLM (Governance, Leadership and Management).*</i>	The Board and executive have distinct roles and responsibilities. The Board is comprised of four people instead of an uneven number which potentially hampers decision making. Board members live far away from the area in which ACIDECO operates. The Board doesn't have an annual plan and neither supports nor oversees the Coordinator (equivalent to Executive Director). ACIDECO should consider electing a new Board in the forthcoming General Assembly and mobilize new members that are able to support and oversee the executive.

Governance	Board does not know its roles and responsibility.	1	2	<i>Training on Governance, Leadership and Management. (GLM). * Training on Associativismo.*</i>	The governing bodies (the Board and fiscal council) are not overseeing the executive, do not have annual plans and do not meet regularly. ACIDECO self-allocated a higher score because they increased their knowledge of GLM through the training. ACIDECO should encourage residents in the area to run for elections in the forthcoming the General Assembly.
Archives	Archives not well structured and disorganized.	3	3	TA on archiving (classification of documents, archiving, storage and backing up)	Archives have improved. ACIDECO should comply with their archival policy and consider making regular back-ups.
Performance evaluation	Staff performance evaluation not conducted.	1	1	TA on performance evaluation systems. Provided samples of performance review tools.	ACIDECO has not conducted staff performance evaluations yet. ACIDECO should consider approving the HR PP and implement performance evaluations.
Financial Planning	Budgets prepared with donor support.	1	2	Training in Mango Financial Management.	Staff has increased their ability to prepare project budgets.
Policies and Procedures	No written policies and procedures.	1	2	TA on HR and Admin and Finance Policies and Procedures (PP). Provided samples of PP and commented on drafts. <i>Training on Policies and Procedures.*</i> TA on internal control system in compliance with policies and procedures.	Developed drafts of HR and Admin and Finance PP. Should consider revising the draft PP based on CAP comments before seeking board approval.
Auditing	Audits not conducted.	1	1	Fiscal Council (FC) training. Training in Mango Financial Management.	The Fiscal Council did not implement the action plan emanating from the training. The Fiscal Council did not participate in the follow-up meetings facilitated by CAP.

Assets	No assets inventory.	2	2	TA on assets inventory.	The assets inventory was updated and some assets have been allocated unique identifier codes. ACIDECO should consider identifying all assets on the inventory list, allocating and affixing unique codes.
Partnership (with Government and CSO)	No formal/written agreements with other CSOs.	3	4	TA on importance of formalization of partnerships.	Signed MoU's with Center for Citizenship and Development (CODD) and INSS (<i>Instituto Nacional de Segurança Social</i>).
Public Relations	Visibility limited only to supported community groups.	1	2	<i>GLM training*</i> and TA during POAP.	Increased its visibility by more actively participating in meetings and engaging with the government, other civil society organizations and community institutions.

* Training/TA in italics was provided to the partner prior to the facilitation of the first POAP with the organization.

ASF POAP Growth Analysis

Capacity Area	POAP I Score June 2013	POAP II Score Sept. 2014	TA Provided	Results of TA/Training
Legal Statutes	2	3	TA to revise statutes clarifying roles and responsibilities of governing bodies.	The statutes were revised and will be submitted to the ASF General Assembly in November 2015.
Vision	2	4	TA to formulate a clearer and more concise vision statement.	Vision statement revised and publicly displayed in ASF office.
Mission	1	3	TA to revise mission statement.	Mission statement revised and publicly displayed in ASF office. Most of Board and CF members and senior staff understand the mission statement clearly.
Values	2	3	TA to foster common understanding and agreement among members and staff on the meaning of ASF's institutional values.	Some ASF stakeholders understand and can explain the meaning of the values.
Leadership	1	3	Provided Governance, Leadership and Management (GLM) training. TA to clarify roles and responsibilities of the governing bodies, including the use of tools and check lists.	The Fiscal Council reviews staff recruitment files to ensure recruitment procedures are followed.
Governance	1	3	Provided Governance, Leadership and Management (GLM) training. TA to clarify roles and responsibilities of the governing bodies, including the use of tools and check lists.	Board of Directors and Fiscal Council meet regularly and prepare minutes of the meetings.
Transparency and Accountability	1	3	TA to improve reporting to stakeholders, including beneficiaries.	ASF sends regularly narrative and financial reports to the donor and Provincial and district office of the Ministry of Gender, Children and Social affairs but does not yet report to beneficiaries.
Human Resources	3	4	TA to revise HR policies and procedures.	ASF follows labor laws and the staff recruitment procedures.

Filing Systems	2	3	TA to improve filing systems.	ASF files are well organized and have back-up copies. The back-up device is still stored in the office.
Performance Evaluation	2	3	Training and TA on management of staff performance. Provided samples of appropriate tools (definition of annual target, performance assessment and review and renegotiation of targets).	ASF has not yet conducted performance evaluations for staff or Executive.
Financial Planning	2	4	Provided Mango Financial management training. TA on project and institutional budget development.	Five ASF staff members are able to develop budgets. ASF prepares annual institutional budgets.
Policies and Procedures	1	3	TA to revise HR and Administrative and Finance Policies and Procedures. Provided samples of Policies and procedures and commented on drafts.	ASF finalized and approved the HR Policies and Procedures. ASF submitted PP to the labor office for verification of conformity to the Labor Law. ASF submitted the first draft of Administrative and Financial Policies and Procedures to CAP for comments.
Reports	3	3	Provided comments on monthly financial reports to the Board of Directors, Fiscal Council and senior staff. Provided Mango financial management training.	ASF prepared good quality financial reports. Reports are often submitted past the deadline. ASF staff has limited capacity to use the program database.
Information Technology (IT)	2	3	Provided samples of IT policies.	ASF approved an IT Policy. Staff does not yet abide by the policy.
Analysis	2	4	TA to improve data collection and analysis for planning and project design (done by PPF)	ASF staff has capacity to analyze the community needs data collected from primary and secondary sources for project design. Two project proposals were designed based on analysis of data collected from communities and other entities.
Implementation	3	3	TA on project implementation (done by PPF)	ASF achieve results in the project supported by PPF.
Monitoring	2	3	TA to improve data collection and quality verification techniques (done by PPF).	ASF applies data verification processes and reports quality data.
Partnership with the Government and Civil Society Organizations	1	2	TA to formalize partnerships with Government institutions and other service providers.	ASF has written partnership agreements (MoU) with the provincial Directorate of Women and Social Affairs of Sofala, the Pedagogic University, the Forum of Civil society organizations of Sofala (Foproza) and Kugarissica.

Centro Aberto Barue Growth Analysis

Capacity Area	Status Pre-CAP involvement	POAP I Score March 2014	POAP II Score Feb. 2015	TA Provided	Results of TA/Training
Vision	No Vision statement.	3	4	TA on vision statement. Provided examples of clear, simple and concise vision statements.	Vision statement was simplified to make it easier to understand and remember. Vision statement is clearly displayed in the office. All members of governing bodies were able to recite the vision.
Mission	No Mission statement.	3	4	TA on vision statement. Provided examples of clear, simple and concise vision statements.	Same as above.
Leadership	No organogram. Board and fiscal council (FC) not functional.	2	3	TA on distinction of roles and responsibilities between governing bodies and executive. <i>Training in GLM (Governance, Leadership and Management).*</i>	The roles and responsibilities of the Executive and governing bodies are clearly separated. The Board is active and fulfills its duties. New governing bodies were elected by the last General Assembly (GA). Hand- over to the newly elected Board was done in an exemplary manner (meetings and hand over of documents).
Governance	Board and FC don't not know their roles and responsibilities.	2	4	TA on functioning of governing bodies. Training on functioning of FC. <i>Training in GLM (Governance, Leadership and Management).*</i> <i>Training on Associativismo.*</i>	The General Assembly was carried out according to the Statutes. Governing bodies are fulfilling their duties according to the Statutes. All meetings are documented and shared with executive.
Transparency and accountability	Reports only made for donors. No accountability to members.	2	3	TA on functioning of governing bodies. <i>Training on Internal Control Systems.*</i>	Donor reports are shared with governing bodies before sending to donors and government. Financial and progress reports are presented regularly to the governing bodies and to members during GA.
Members	No clarity on difference in duties between	1	3	TA on member's duties and control of membership fees.	Collection of membership fees is systemized and recorded. The fees are kept in a separate bank account. CA Bárue accepted 10 new members

	members and staff.				during the last GA, bringing the total to 42 members. CA Bárue should consider revising their membership registration form to obtain more comprehensive information.
Archives	Archives not well structured and disorganized.	3	3	TA on archiving (classification of documents, archiving, storage and backing up).	Documents are classified, filed in folders and separated by project. Programmatic and financial archives are separated. The structure of hard and soft copy archives is identical.
Staff Training	No training plan.	1	2	MANGO Financial Management and Fiscal Council training.	CA Bárue recognizes the importance of professional development and has included funds to train four staff in budgets. Should consider designing a capacity building plan for staff and governing bodies.
Performance Evaluation	Staff performance evaluations not conducted.	1	3	TA on performance evaluation systems. Provided samples of performance review tools.	Performance evaluation included in the HR Policies and Procedures (PP). Performance of all staff evaluated. The board should consider evaluating the performance of the Coordinator (i.e. Executive Director).
Financial Planning	Budgets prepared with donor support.	2	3	MANGO Financial Management training.	Key staff increased capacity to prepare budgets. CA Bárue should consider finalizing its Strategic Plan.
Policies and Procedures	No written policies and procedures.	2	3	TA on development of HR and Admin and Finance PP. Provided samples and commented of drafts TA on PP dissemination. <i>Training on Policies and Procedures.*</i>	HR and Admin and Finance PP approved. CA Bárue should ensure that all staff understand the policies and procedures.
Reports	Reports for donors only.	2	3	MANGO Financial Management training.	The reports are shared with the Board before they are sent to the donor.
Auditing	No audits conducted.	1	3	Training FC on compliance checks. MANGO Financial Management training.	The Fiscal Council conducted two internal PP compliance reviews and made recommendations to improve asset management
Assets	No assets inventory.	4	3	TA on assets inventory.	CA Bárue overestimated the score for this area in the first POAP. The assets inventory was updated but goods are not yet tagged with unique identifier codes.

Public relations	Visibility limited to Catholic church believers.	1	3	<i>GLM training*</i> and TA during POAP.	Increased its visibility by more actively participating in meetings and engaging with the government, other civil society organizations and community institutions. CA Bárue should consider designing a public relations strategy.
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* Training/TA in italics was provided to the partner prior to the facilitation of the first POAP with the organization.

CONFHIC POAP Growth Analysis

Capacity area	Status Pre-CAP involvement	POAP I Score May 2014	POAP II Score March 2015	TA provided	Results of TA/Training
Vision	Vision statement long and not clear.	3	4	TA on vision statement. Provided examples of clear, simple and concise vision statements. <i>Training on GLM*</i>	Vision statement was simplified to make it easier to understand and remember. Vision statement is clearly displayed in the office.
Human Resources	No staff hiring procedures; no proper employment contracts; no written job descriptions; no performance evaluations; and no personal files.	3	4	TA on HR Policy and Procedures (PP) manuals. TA on HR file management. Provided HR samples (hiring dossier, employment contract, signed code of ethics, job descriptions, performance evaluations, staff files).	All staff have contracts in accordance with Mozambican labor law. New staff receive an introduction to the organization and their duties. Staff performance evaluations are conducted annually. All staff use time-sheets. CONFHIC self-allocated the highest score for this capacity area but they should ensure that HR files are complete.
Archives	Archives not well structured.	2	3	TA on filing systems.	Files are organized by project. Administrative and finance files are separated from program files. Documents are classified and properly filed. Personnel files contain all basic documents. Regular back-ups are made and kept outside the office.
Performance evaluation	Staff performance evaluation not conducted.	1	3	TA on staff performance evaluation.	Performance evaluations done for all staff. Salary increases awarded based on performance evaluation and in accordance with the policy. CONFHIC should consider defining SMART indicators for staff performance evaluation.
Financial Planning	Budgets prepared with donor support.	4	3	MANGO Financial Management training.	CONFHIC overestimated the score for this area in the first POAP. The staff has ability to prepare plans and budgets but do it only for separate projects. CONFHIC should consider

					developing an institutional budget that includes all revenues and expenses.
Policies and Procedures	No written policies and procedures.	4	3	TA on design of HR and Admin and Finance PP. Provided samples of policies. Commented on drafts. <i>Training on Policies and Procedures.*</i>	CONFHIC overestimated the score for this area in the first POAP. Finalized the HR and Admin and Finance PP and are waiting for board and fiscal council approval.
Assets	No assets inventory.	2	3	TA on inventory of assets.	CONFHIC has an updated inventory of its assets. The next step should be affixing unique identifier codes to all assets.
Information and Communication Technologies	No backups of vital information.	3	2	TA on importance of back-ups.	CONFHIC overestimated the score for this area in the first POAP. Staff is able to use computers for basic functions. The ITC policy should consider incorporating back-up instructions clearly.

* Training/TA in italics was provided to the partner prior to the facilitation of the first POAP with the organization.

IBFAN Growth Analysis

Capacity Area	POAP III Score April 2014	POAP IV Score March 2015	TA Provided	Results of TA/Training
Vision	3	4	TA to revise vision statement. Provided examples of clear, simple and concise vision statements.	IBFAN's vision statement is better formulated and easier to understand and remember. The vision statement is clearly displayed in the office.
Mission	3	4	TA to revise mission statement. Provided examples of clear, simple and concise vision statements.	IBFAN's mission statement is better formulated and easier to understand and remember. The mission statement is clearly displayed in the office.
Values	2	4	TA to explain the meaning of organizational values.	The meaning of each organizational value is clearly explained.
Leadership	3	3	TA on roles and responsibilities of Board and Executive of a network organization.	The Board and executive have distinct roles and responsibilities. The Board directs and oversees the Executive.
Governance	2	3	Training on the role and structure of a networking organization. TA on functioning of governing bodies of network organizations.	Governing bodies are executing their duties according to the Statutes. The board and FC have annual activity plans. The board meets regularly and issues minutes that are shared with the Executive.
Transparency and accountability	2	4	Training on the role and structure of a networking organization. TA on functioning of governing bodies of network organizations.	IBFAN conducts quarterly meetings with beneficiaries and member organizations to review progress and challenges. The Executive reports quarterly to the board and the board reports annually to the General Assembly. IBFAN's reports are shared with Maputo City Health Directorate and Ministry of Health.
Members	2	2	TA on profiles of governing bodies members	IBFAN has profiles for board and Fiscal Council members. IBFAN Board should consider convincing the members to pay their membership fees more regularly.

Archives	3	3	TA on archiving (classification of documents, archiving, storage and backing up).	Documents are classified, filed in folders and separated by project. Programmatic archives are separated from financial. IBFAN should consider storing back up files of vital information outside the office.
Training	2	3	Training on Financial management (MANGO). Fiscal Council training. Induction to USAID project management rules and regulations, including reporting formats.	Staff perception is that their financial management capacity has improved. IBFAN should consider designing its capacity building plan for staff and governing bodies.
Performance Evaluation	1	1	Training and TA on Performance evaluation systems. Provided samples of performance evaluation tools.	IBFAN is not yet conducting performance evaluation review.
Policies and Procedures	2	2	TA on design of HR and admin/Finance Policies and Procedures (PP). Provided samples of PP and commented on drafts.	Draft HR and Admin/Finance PP finalized. Recruitment observed the best practices in human resources management. The Executive should consider submitting the PPs for board approval and prepare a dissemination plan.
Reports	3	4	Trained the newly hired accountant, administrative assistant and project officer on USAID project management rules and regulations, including reporting formats.	Quality of narrative and financial reports improved.
Networking role	1	3	Training on role and structure of a networking organization.	The project is implemented by members and the secretariat only coordinates.
Members and service provision	2	4	Training on role and structure of a networking organization.	IBFAN conducts quarterly meetings with its members.

Kugarissica Growth Analysis

Capacity Area	Status Pre-CAP intervention	POAP I Score May 2014	POAP II Score May 2015	TA Provided	Results of TA/Training
Legal Status	Statutes not published in the <i>Boletim da Republica</i> .	2	3	TA to revise Statutes to clarify the object of the organization and roles and responsibilities of Board and Fiscal Council (FC). Provided model of Statutes. <i>Training on Associativismo and GLM.*</i>	Revised Statutes ready to be submitted to the General Assembly (GA) for approval. After approval, Kugarissica should send the revised Statutes for publication in the <i>Boletim da Republica</i> .
Organizational values	Organizational values not explained.	3	3	TA for explaining the meaning of each organizational value.	Meaning of all organizational values explained.
Vision	Vision statement neither clear nor focused.	2	4	TA on vision statement. Provided examples of clear, simple and concise vision statements. <i>*Training in Associations and GLM (Governance, Leadership and Management).*</i>	Vision statement was simplified to make it easier to understand and remember.
Mission	Mission neither clear nor focused.	2	4	Same as above.	Same as above.
Governance	Board consisted of even number of board members. Board and Fiscal Council (FC) don't understand their roles and responsibilities. No clear distinction between Executive and governing bodies.	2	3	TA on functioning of governing bodies. Mango Financial Management and FC training. TA to organize and carrying out GA. <i>Training in GLM (Governance, Leadership and Management).*</i> <i>Training on Associativismo.*</i>	Improved understanding of board members about their roles and responsibilities.

Transparency and accountability	No accountability to board and members. Reports only sent to donors.	3	4	TA on accountability to local government, donors and beneficiaries, including the importance of presenting evidences.	Reports sent regularly to local government institutions and donors. One accountability meeting carried out with beneficiaries. Kugarissica should consider archiving evidences of reports sent to government institutions.
Members	Members don't know their duties and don't contribute opinions that could benefit the association's functioning.	3	3	TA on members' duties and control of membership fees.	Collection of membership fees is systemized and recorded. Membership fees are kept in a separate bank account. Balance of membership bank account presented in GA.
Human resources	No Human Resources policies and procedures (PP). No job descriptions.	3	3	TA on hiring procedures and commenting on draft HR PP proposals. <i>Training on policies and procedures*</i>	HR PP approved. Staff Recruitment is based on HR PP. Personnel files include hiring dossiers.
Archives	Archives disorganized.	2	3	TA on archiving (classification of documents, archiving, storage and backing up).	Documents are classified, filed in folders and separated by project. Programmatic and financial archives are separated. The structure of hard and soft copy archives is identical.
Performance Evaluation	No staff performance evaluations conducted.	1	3	Training and TA on performance evaluation. Provided samples of performance review tools.	Performance evaluation included in the HR Policies and Procedures (PP). Performance of all staff evaluated. The board should consider evaluating the performance of the Coordinator (Executive Director).
Policies and Procedures	Used CNCS (Conselho Nacional de Combate ao Sida) Admin and Finance PP.	1	3	TA on policies and procedures. Provided samples and commenting on draft PP proposals. <i>Training in policies and procedures*</i>	HR and Admin and Finance Manuals of PP approved and being disseminated. PP are already being applied.
Assets	No assets inventory.	2	2	TA on assets inventory and assets disposal policy.	Assets management and disposal policy included in Admin and Finance PP. All assets inventoried, allocated unique codes and tagged.

* Training done in the first phase of partnership with FHI 360/PCC

NAFEZA Growth Analysis

Capacity Area	POAP V Score July 2014	POAP VI Score July 2015	TA Provided	Results of TA/Training
Legal Statutes	3	3	TA to revise Statutes. Provided comments on drafts of revised statutes.	Revised statutes approved by General Assembly in July 2015. Nafeza still has to publicize the revised statutes in the official gazette (<i>Boletim da República</i>) and disseminate among members.
Leadership	3	2	TA on roles and responsibilities of board and Fiscal Council (FC) members. TA for newly elected board members. TA on design of work plans and minute writing.	The score decreased due to poor communication between the board and Fiscal Council. The board and Fiscal Council should consider improving their activity plans and support to the Executive.
Governance	3	3	TA to the board and FC to negotiate with the Executive to ensure availability of resources to implement board work plans. Provided TA on how to prepare and conduct field visits to monitor and provide oversight to program implementation. Provided desktop computer for board and FC use to facilitate their involvement and oversight.	Board and FC have the means to write reports, minutes and emails since they have access to a computer. Board and FC have negotiated funds to implement work plans. NAFEZA should continue to work on improving communication among the Board, FC and Executive.
Archives	2	2	TA on archives (classification of documents, archiving, storage and backing up) of documents and HR files.	The HR files still need to be improved by completing personal documents and recruitment files.
Performance Evaluation	3	2	Training and TA on performance evaluation systems. Provided samples of performance evaluation tools.	NAFEZA defined the staff performance targets but neglected to conduct midterm performance evaluations. The CD is not yet evaluating the Executive Director's performance.
Audits	2	3	TA to Fiscal Council to conduct internal PP compliance review.	Fiscal Council conducted four compliance reviews, identified and addressed critical issues.

Assets	2	2	TA on asset management.	NAFEZA has an asset inventory clearly distinguishing ownership of properties (NAFEZA or donors). NAFEZA should consider updating the asset inventory at each new purchase. NAFEZA should consider improving management of assets by tagging all properties clearly, identifying the location of each asset, and posting lists of properties in each room.
Technical Competence	3	3	TA on GBV screening.	NAFEZA staff improved capacity to provide follow-up care the GBV victims identified via community-based GBV screening interventions.
Analysis	3	2	TA to analyse and explain project results against targets.	NAFEZA learned how to use tool developed by CAP but is not yet able to use the tool and monitor achievements against targets independently.
Project Planning & Design	3	3	Provided training on SBCC theory.	Following the SBBC training, NAFEZA developed various proposals applying the newly acquired knowledge and skills. At least one project was approved and has commenced.
Implementation	3	3	TA to design, monitor and monitor the implementation of a community-based GBV screening pilot.	With CAP support, NAFEZA analysed the first phase of the pilot and made programmatic adjustments to address various challenges.
Monitoring	2	3	TA to establish organizational M&E system.	NAFEZA is in the process of finalizing an organizational M&E system that will allow them to better monitor and report achievements across projects.
Partnership (Gov, CSO)	1	3	TA on the importance of formalizing partnerships by means of MoU. Provided Resource Mobilization training.	NAFEZA has signed MoU with DPS (Provincial Health Directorate), Provincial Hospital, Justice directorate and IPAJ (<i>Instituto de Patrocínio e Aconselhamento Jurídico</i>) and has mobilize resources from new partners, including OXFAM Novib, Ibis, Un Women, French Embassy, Concern universal, UNICEF and AGIR.
Public Relations	2	3	Provided Resource Mobilization training (e.g. elevator speech, how to promote organizational visibility).	NAFEZA has a Strategic Plan approved by its General Assembly.
Networking role	3	2	Facilitated reflection on role, structure and functioning of a Network.	NAFEZA is not seen by its members as a Network but rather a competitor for funds. NAFEZA should reflect on members' perceptions and decide how to address its members' concerns.

Rubatano Growth Analysis

Capacity Area	Status Pre-CAP intervention	POAP I Score May 2014	POAP II Score May 2015	TA Provided	Results of TA/Training
Vision	Vision outdated.	2	3	TA to revise vision statement.	The vision statement is updated, simpler, clearly formulated, and printed for display in all offices.
Mission	Mission outdated.	3	2	Same as above.	Same as above.
Governance	No organogram. Board not complete. Board members don't know their roles and responsibilities.	3	3	<p>Provided TA and samples of documents to be used for General Assemblies.</p> <p>TA on roles and responsibilities of Board and Fiscal Council (FC). TA on planning annual Board and FC activities.</p> <p>MANGO Financial Management and Fiscal Council training.</p> <p><i>Training on Governance, Leadership and Management. (GLM). * Training on Associativismo. *</i></p>	<p>Rubatano overestimated the score for this area in the first POAP. An extraordinary General Assembly (GA) held to elect missing board members. Minutes of GA were prepared and shared with members.</p> <p>Board members understand their roles and responsibilities. Board and Fiscal Council implement annual activity plans. Board meetings and decisions are recorded.</p>
Transparency and accountability	No mechanisms of accountability.	3	4	<p>TA on accountability to stakeholders.</p> <p>MANGO Financial Management and Fiscal Council training.</p> <p><i>Training in Governance, Leadership and Management. (GLM). * Training in Associativismo. *</i></p>	<p>Quarterly reports submitted to donors and to the Gondola Municipal and district government. Rubatano maintains files with copies of reports by stakeholder. Rubatano holds regular meetings with beneficiary communities.</p>

Members	Few members pay membership fees.	2	3	TA to motivate regular involvement of members in Rubatano's activities.	Membership fee reduced from 50MT to 30MT, resulting in increase of members who regularly pay. 90% of the 55 members now pay every month. Collection of membership fees is systemized and recorded in a book and excel sheet. Fees are kept in a separate bank account.
Human Resources	No proper staff recruitment procedures. No job descriptions. No proper staff contracts.	1	3	TA to improve hiring procedures, job descriptions and staff contracts in order to comply with the labor law. TA on personnel files.	All staff has job descriptions and contracts. The draft Human Resources (HR) Policies and Procedures (PP) include hiring procedures and induction process.
Archives	Disorganized filing system.	3	3	TA on archiving (classification of documents, archiving, storage and backing up).	Documents are classified, filed in folders and separated by project. Programmatic and financial archives are separated. The structure of hard and soft copy archives is identical.
Performance Evaluation	Staff performance evaluations not conducted.	1	2	TA on performance evaluation systems. Provided samples of performance review tools.	Performance evaluation included in the draft HR PP. Rubatano should consider routinely evaluating staff following stipulated procedures.
Financial Planning	No capacity to prepare budgets. Budgets prepared with donor support.	2	3	MANGO Financial Management training.	Staff has increased ability to prepare project budgets.
Policies and Procedures	No written HR, Admin and Finance Policies and Procedures.	3	3	TA on HR and Admin and Finance Policies and Procedures (PP). Provided samples of PP and commented on drafts. <i>Training on Policies and Procedures.*</i>	Finalised drafts of HR, Admin and Finance Policies and Procedures. Rubatano should consider urgently approving and disseminating the PPs.
Auditing	No audits conducted. No capacity for Policies and Procedures compliance check.	1	2	MANGO Financial Management and Fiscal Council training. TA to Fiscal Council on PP compliance check.	FC performed one PP compliance check and issued a report.

				TA on Internal Control Systems. <i>Training in Internal Control Systems.*</i>	FC should consider improving the quality and increasing frequency of PP compliance checks (after PP approval).
Assets	No inventory of assets.	3	3	TA on assets inventory.	All assets registered in the assets inventory, allocated unique identification codes and tagged. Admin and Finance PP include the use and disposal of assets policy. Rubatano should consider urgently approving and disseminating the PP.
Information and Communication Technologies	No ITC policy.	1	2	TA on ITC policy.	Rubatano has four computers and internet modems. Some staff and some board members use computers. ITC policy is included in Admin and Finance PP. Rubatano should consider increasing the capacity of governing bodies to use computers, including emails.

* Training activities done in the first phase of cooperation with FHI 360/PCC

Shingirirai Growth Analysis

Capacity Area	Status Pre-CAP intervention	POAP I Score March 2014	POAP II Score February 2015	TA Provided	Results of TA/Training
Vision	Vision statement not clear.	2	4	TA on vision statement. Provided examples of clear, simple and concise vision statements. <i>*Training in Associations and GLM (Governance, Leadership and Management).*</i>	Vision statement was simplified to make it easier to understand and remember. Vision statement is clearly displayed in the office.
Values	Meaning of Organizational values not explained.	2	3	TA on dissemination of values. <i>*Training in Associations and GLM</i>	Members master the values as a result of four dissemination meetings. Should consider explaining the meaning of all the Shingirirai values.
Leadership	No clear distinction of Roles and responsibilities of Board and Executive.	4	3	TA on distinction of roles and responsibilities between governing bodies and executive. <i>Training in GLM</i>	Shingirirai overestimated the score for this area in the first POAP. There is a clear separation between the executive and governing bodies. The Board is active and fulfills its duties. The Fiscal Council should be more proactive, starting with sharing its activity plan with the Board and executive and carrying out compliance checks.
Governance	No plans of board activities, no evidences of governing activities (minutes, instructions).	2	3	TA on planning annual activities and documenting meetings. MANGO Financial Management and Fiscal Council training. <i>Training in GLM (Governance, Leadership and Management).*</i>	The Board shared its plan with the FC and Executive. The Board meets regularly, documents decisions and shares the minutes with FC and Executive. Shingirirai should have the General Assembly that has been delayed for two years.
Members	Members don't know the Statutes, the Vision and Mission of the organization; most members	1	2	TA on member's duties and control of membership fees.	Collection of membership fees is systemized and recorded. Membership fees are kept in a separate bank account. Shingirirai should consider identifying non-monetary means of paying membership fees for poor members, and exempt very poor and weakened members from paying membership fees.

	don't pay membership fees.				
Human Resources	No proper staff hiring procedures; no job descriptions; no proper staff contracts.	1	3	TA for staff recruitment and compliance with the labour law in staff management	All staff has contracts and job descriptions. Recruitment of new staff followed the process stipulated in the HR policies and procedures manual. All staff should have one contract only instead of separate contracts per project which may cause errors in tax and social security deductions.
Archives	No filing system.	2	3	TA on archiving (classification of documents, archiving, storage and back-up).	Documents are classified, filed in folders and separated by project. Programmatic archives are separated from financial. Back-ups of vital documents is made on flash drives.
Performance Evaluation	Staff performance evaluation not conducted.	1	2	TA on performance evaluation systems. Provided samples of performance review tools.	All staff has performance objectives. The Board should consider evaluating the performance of the Coordinator (i.e. Executive Director).
Policies and Procedures	No written Policies and Procedures.	2	2	TA on HR and Admin and Finance Policies and Procedures (PP). Provided samples of PP and commented on drafts. <i>Training on Policies and Procedures.*</i>	Finalised the drafts of HR, Admin and Finance policies and procedures.
Assets	No assets inventory.	2	3	TA on inventory, private use and disposal of assets.	Policies of private use and disposal of assets are incorporated in the Admin and Finance PP.
Information Technology	No ITC policy.	1	3	TA on ITC policy.	Seven of the nine staff have good command on use of computers. ITC policy is included in Admin and Finance PP. Should consider increasing the capacity of governing bodies to use computers including emails and open a blog.

* Training/TA in italics was provided to the partner prior to the facilitation of the first POAP with the organization.

Annex 5a: ICBPs (Partners)

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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 asst Prev: July 12 Jun 13 Tech Asst 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
					TA to development of Internal Regulations for OS e members of Association (ROSME CAP model)	OD	FY14/15	Completed
	2	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14 FY16 (Feb 2016)	Completed
	3	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14 FY16 (Jan 2016)	Completed – low risk

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	4	Specialized Financial Management (Graduation prep)	Ensure compliance with USAID requirements		Conduct USAID compliance assessment and provide TA	DCOP	FY14	Completed Anda Graduated and presented in the public ceremony in Feb 2015)
	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	Completed	
Improve capacity of leaders to read/analyze financial reports and take informed decisions			Mango		OD	FY13	Completed	
Improve control of internal funds				Proper Control and reporting of membership funds, own	OD	FY 15	completed	

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					income generated funds, etc			
			Elaborate a reserve budget		Provide a format and TA to complete	OD	FY14/ 15	TA on-going CAP commented twice the reserve policy draft
	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	CF participates actively in the meetings	
			Improve capacity to conduct internal audits	Spot check training	TA: <ul style="list-style-type: none"> • Provide tools • TA implementation 	OD	FY14/ 15	completed

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	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	TA done, but PER not yet fully applied	
10	Information	Apply information technology,	IT service		OD	FY15	TA	

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		technology (POAP)	including to back up archives and creating a website	provider CAP TA to monitor progress				completed
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		• 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		TA to train VSL group facilitators	Tech	FY15	Completed	
				Ongoing TA	Tech	FY15/16		
13	OVC beneficiary	Improve capacity to apply CSI, develop care plans, provide and	CSI	• TA during	Tech	FY13/14	Completed	

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		needs assessments (CAP)	refer to services	Re-a-plication	training and re-application • On-going TA	Tech	May 14	Completed
			Pilot CSI analysis software		TA	Tech	FY15	Completed
	14	Psycho-social support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI			Nov 13	
				DSF	Ongoing TA (DSF and CAP)	Tech	FY14/15	Completed
	15	Collect, use and communicate results (Tech assessment – 3, (CAP)	Improve capacity to: • use data for decision making • verify quality of data collected by providers	QPM	• TA to adaptation of supervision tools	Tech	Nov 13	Completed
					• TA during quarterly visits	TA	FY13/14/15	Ongoing
					• TA during data verification exercise	M&E	FY13/14/15	
	16	Vocational training center	Re-initiate vocational training for OVC beneficiaries		TA to: • market study • staff recruitment • budget developmen	Tech	FY14	Completed

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					<ul style="list-style-type: none"> Admin system development 			
					<ul style="list-style-type: none"> TA to implementation and evaluation 		FY15	Completed
17	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	<ul style="list-style-type: none"> Training TA TA implementation and evaluation 	Tech	FY15	Completed	
						Tech	FY15/16	On going
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/FHI 360 (1)	TA to development and implementation	OD	TBD	Completed	

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					of RM strategy			
				Alliance/FHI 360 (2)	Develop 2 days follow-up training	OD	FY15	Completed
					TA to RM staff JD development	OD	FY15	Completed

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

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 Assessm: 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 statues 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	TA completed; partner to approve the Statutes
	2	PAOP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14	Completed

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

	3	Financial Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY14	Completed – low risk
	4	Growth management (CAP AWP)	Improve performance of ED and oversight by CD		Mentoring program (LMI)	COP	FY14	Completed
	5	Fiscal Council (POAP)	Improve understanding and execution of CF roles and responsibility	FC		OD	FY13	Completed
					<ul style="list-style-type: none"> Conduct thrice yearly TA with CF and Executive; Support one internal CF auditing activity 	OD	Dec, April, August	TA done. Partner will still be invited for next meetings
			Improve composition of CF and initiate new CF members	FC	Upon request	OD	FY15	Not requested
					TA - depends on approval by Sede of statutes	OD	FY15	Statutes not approved yet
	6	Internal Control Systems (POAP, Health check, USAID)	Improve ICS systems by: <ul style="list-style-type: none"> adequate use of timesheets track expenditures 	ICS; Cost allocation	TA	OD/Fin	July 14	Completed

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

		compliance, OCIA)	res by donor						
			<ul style="list-style-type: none"> • purchase order system • solid procurement processes • segregation of duties for cash deposits • assets management • Code of Conduct • improve personal filling system 						
			<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	Not requested
		Improve capacity of leaders to	MANGO			FY13	Completed		
				Conduct thrice yearly TA following CF		OD	Dec, April, August	TA done. Partner will still be invited	

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

			read/analyze financial reports and take informed decisions		follow-up schedule			for next meetings
			Improve the control of internal funds					TA Completed, partner to apply
			Develop institutional budget		TA	OD	FY15	Partner did not show interest
	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	TA completed, partner to approve
			Final review PP			Fin RH		TA completed, partner to finalize

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

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 prevention 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 	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Tech	FY14	Completed

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

			<p>of target group</p> <ul style="list-style-type: none"> • improve capacity to select appropriate methodology to address SBC 					
	12	Strength advocacy capacity (CAP)	<p>Improve capacity to:</p> <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	<p>Improve staff capacity to coach facilitators and improve</p>	Facilitation	<ul style="list-style-type: none"> • TA to review and analyze supervisory forms 	Tech	FY13/14	Completed

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

		assessment – 2.2)	quality of sessions		<ul style="list-style-type: none"> Field observations 			
	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	Completed
	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 		TA during quarterly visits	Tech	FY13/14	Completed	

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

			<ul style="list-style-type: none"> Strengthen capacity of partners to collect and report data on referrals 					
			<ul style="list-style-type: none"> Pilot with CHASS-SMT to remove barriers to access treatment and care 		TA	Tech	FY14	Not provided
	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	Completed
					TA during quarterly visits	Tech		
RELATE								

CCM - INTEGRATED CAPACITY BUILDING PLAN - September 2014

	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	Completed

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

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 Techn Assessm: 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	Post poned for FY 16
			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	Completed
	4	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14	Completed
	5	Internal control systems (POAP, health check, OCIA, USAID compliance visit, graduation)	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 	ICS				Completed
					TA	OD	FY14	TA completed, partner to finalize

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			<ul style="list-style-type: none"> asset management 					
			<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 CF members with good level of understanding.
			Improve capacity of senior staff to :	MANGO		OD	FY13	Completed
			<ul style="list-style-type: none"> develop reserve budget read/analyze financial reports and take informed decisions improve sharing of reports with CF 		<ul style="list-style-type: none"> Conduct thrice yearly TA following CF follow-up schedule TA for reserve budget on request 	OD	Nov, March July	No interest shown in the reserve budget
			Improve management of internal funds					Completed
			<ul style="list-style-type: none"> develop institutional budget 		TA, including provision and explaining of tools	OD	FY15	No interest shown in the institutional budget

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	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	TA 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	Completed
			Improve ability to manage grants:	BFM			Grant	FY14	Completed
								FY16	Ongoing
							FY13/14	Completed	

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			<ul style="list-style-type: none"> improve fin management of sub-partners 					
			<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 to develop grants manual Done, but not approved yet.
					Ta to develop tracking systems	Grant	FY14/15	Completed
			<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
			<p>Improve capacity to manage and improve performance of sub-partners:</p> <ul style="list-style-type: none"> improve allocation of human resources and delegation improve frequency and content of TA visits to subs 		TA	Tech	FY14/15	TA on-going
10	Target groups identification	Improve ability to assist sub-partners to identify target group	Comm. Consult	TA during monitoring visits	Tech	FY 13	Completed	

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	(Tech Assessm '12)							
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	Tech	FY15/16	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	Completed	
		<ul style="list-style-type: none"> guide subs to create and utilize 		TA to HACI on use of MISAU referral format	Tech	FY13/14/15	Completed	

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			referral networks for OVC support					
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	Completed	
14	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	Completed	
				TA	Tech	FY15/16	TA ongoing	
15	Service delivery capacity of sub-partners (Tech Assesmm '13)	<p>Improve HACI's capacity to:</p> <ul style="list-style-type: none"> conduct technical assessment with sub-partners and develop ICBPs re-apply technical assessment and revise ICBPs 		TA to develop and apply OVC technical assessment tool	Tech	FY13/14	Completed	
					Tech	FY15		
	Is the same with # 12	<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	

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	16	Demand Creation and referrals (CAP)	Improve capacity to assist select sub-partners to create demand for and refer to HIV care and treatment, SRH and GBV service		TA to train facilitators	Tech	FY15/16	Completed
			Improve capacity to assist select sub-partners to conduct BA		TA to monitor implementation	Tech	FY15/16	TA on-going
			Improve capacity to assist select sub-partners to conduct BA		TA on BA approach and M&E tools	Tech	FY14/15	Completed
	17	Data management and reporting (Tech Assessm '12; Tech Assessm '13)	Improve HACI's capacity to assist partners: <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 FY14/15	TA on-going
	18	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	TA	Tech	FY15	TA on-Going
	RELATE							
17	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

HACI - INTEGRATED CAPACITY BUILDING PLAN – September 2014

				Alliance + going the distance (Part I)	TA to develop and implement RM strategy	OD	FY 15	Part I RM Training done.
				Alliance + going the distance (Part I)		OD	FY 16	
	18	Lobby and advocacy (POAP)	Define advocacy strategy to improve HACI's capacity to influence gov policies				TBD	

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

Partner		Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
KUKUMBI POAP: June12 July 13 July 14 Set 15 Health check: June 12 July 13 July 14 June 15 Tech assessm: May 12 July 13 Jun 14 Graduation assessm: Aug 13 Feb 14 Aug 14 USAID Compliance: Nov 13	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	Completed
			Improve skills of newly elected members of governing body	GLM		OD	FY15	Completed
	2	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14	Completed
							FY15	Completed
	3	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14	Completed
							FY15	Completed
	4	Internal control systems (ICS) (POAP) (health check)	Improve understanding and execution of CF roles and responsibility	CF		OD		Completed
				CF II	Conduct thrice yearly TA with CF and Executive.	OD	Dec, April, Aug	Completed

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

			Spot check		Fin	FY 15	Completed . Partner to apply
		<p>Strengthening internal control systems, in particular:</p> <ul style="list-style-type: none"> • improve assets management • develop chart of accounts for effective use of software • Improve archives <p>• improve procurement processes</p> <ul style="list-style-type: none"> • adequate use of timesheets • purchase order system <p>Improve capacity of leaders to analyse financial reports and take informed decisions</p> <p>Improve control of internal funds</p> <p>Migrate to accruals accounting system</p>	ICS		OD	FY14	Completed
				TA	OD	FY14	Completed
				TA	Fin	FY14	Completed
				MANGO	OD	FY14	Completed
					TA		Completed
					Fin	FY14	Migration no longer required

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

	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	Completed
			Develop individual capacity plan for staff and board members based on PA		TA to develop tools	OD	FY 15	TA completed. Partner to apply.
			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	

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

		Consistent application of policy		TA	OD	FY15	Completed
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 FY15	Completed
8	Technical Assessment(CAP)	Measure change and identify capacity needs			Prev	Jul 14 FY16	Completed
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
11	Strength advocacy capacity (CAP)	<ul style="list-style-type: none"> Identify advocacy issues Create partnerships for advocacy 	TBD	TA	Tech	FY15	On-going

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

			<ul style="list-style-type: none"> Present evidence based issues and dialogue with relevant authorities 					
	12	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
	13	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 	Tech	Feb 14	Completed
				<ul style="list-style-type: none"> Ta to ensure quality of training 	Mar 14			
			<ul style="list-style-type: none"> Conduct GBV screening in communities 		TA	Tech	Jun 14	Not pursued
	14	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 		TA during quarterly visits	Tech	FY13/14	Completed

Kukumbi - INTEGRATED CAPACITY BUILDING PLAN –September 2014

			report data on referrals					
15	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	
16	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								
17	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 did not express interest	

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	#	Capacity building Priority (Source)	Detailed description	Follow-up		Team	Time	Results
				Training	TA			
NAFEZA	BE							
POAP: Jul 12 Jul 13 Jul 14 Julho 15 Health check: June 12 July 13 Jun 14 Jun 15 Tech assesm: May 12 June 13 Jun 14 USAID Compliance: Jun 13 Graduation assesm: Feb 14 Aug 14	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
			Improve capacity of newly elected board members		TA	OD	FY14/15	Completed
			Revise, approve, disseminate and publicize statutes		TA to revision of statutes		FY15	Completed
			Revision of internal regulation, including penalties		TA depending on approval of statutes		FY15	Postponed for FY16
	2	Internal control	Improve understanding	CF (1)		OD	FY13/14	Completed

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	systems (POAP) (health check, field observations)	and execution of CF roles and responsibility: <ul style="list-style-type: none"> • complete basic duties: field visit, internal audit, issue opinions • Conduct spot check 	CF (2)	CF training for new members	OD	FY15	Completed	
			Spot check	TA	Fin	FY15	Training done. Partner to apply.	
				Conduct thrice yearly TA with CF and executive, apply check list	OD	Dec, April, Aug	Completed	
			Improve control of internal funds		Control and reporting of membership fees and others	OD	FY 15	Completed
			Strengthening internal control systems, in particular: <ul style="list-style-type: none"> • asset management • develop chart of accounts 	ICS	Quarterly TA visits	OD	FY 14	Completed
			<ul style="list-style-type: none"> • improve archiving 			OD	FY14/15	Completed
			<ul style="list-style-type: none"> • Solid procurement processes • adequate use of timesheets • purchase order system 			Fin	FY14/15	Completed

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			(OCIA requirement)						
			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	PER	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	TA complete. Partner to apply.	
	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	Completed	
	6	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY14	Completed – low risk	
						OD	FY16	Completed –low risk	
DO									
7	Work plan Development	Develop and approve work		<ul style="list-style-type: none"> TA to finalize draft 	Tech	FY13/14	Completed		

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	(CAP)	plan, budgets and targets		<ul style="list-style-type: none"> TA to respond to comments 			
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
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 		<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 		Mar 14	Completed

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			and treatment, SRH, VMMC, GBV		training on new topics			
			Conduct GBV screening in communities		<ul style="list-style-type: none"> • TA to define new role • Define response protocol • TA to training of activists 	Tech	FY14	Completed
					TA to monitor progress		FY15	Completed
	12	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			Completed
	13	Facilitation techniques	Improve staff capacity to	Facilitation	<ul style="list-style-type: none"> • TA during quarterly visits 	Tech	FY13/14	Completed

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	(POAP and Tech assessment – 2.2)	coach facilitators and improve quality of sessions		to review and analyze supervisory forms				
14	Monitoring and evaluation (POAP)	<p>Improve capacity to develop:</p> <ul style="list-style-type: none"> • develop targets and indicators • data collection tools • Improve documentation of lessons learned 	QPM	<p>TA during data verification exercise</p> <hr/> <p>TA during quarterly visits</p>	M&E	FY13/14	Completed	
RELATE								
15	Role of a network (POAP)	Clarify mandate of NAFEZA (network, umbrella or direct implementer) and educate members	Networks	<p>Training on structure and role of network boards, executive, members</p> <ul style="list-style-type: none"> • TA while piloting framework <i>discontinued</i> • Facilitate reflection with members on future direction 	OD	FY 14	Completed	
		Improve capacity to conduct technical		TA to develop and pilot tool, and	OD/Tech	FY15	Not done due to lack of qualified	

NAFEZA - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			assessments of network members		implementation strategy			staff at Nafeza.
	16	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	FY13/14	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	Completed

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

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 Sept 15 Tech assessm: 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>associativism</i> o (delivered at time of GA)	OD	FY13	Completed
					TA to GA – 2 nd time	OD	FY14	Completed
				Improve effective functioning of governing bodies: • 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 Complete Partner to apply
				Retreat for internal reflection on focus of Niwanane		OD	FY15	Completed in the process of strategic planning
	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

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

	3	Legal registration (GLM Action plan)	Finalize legal registration process		TA to complete process	OD	FY14/15	TA Completed
	4	POAP (CAP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	OD	FY14	Completed
							FY15	October 2015
	5	Health Check (CAP)	Assess financial management capacity and identify TA needs		Training and TA based on findings	OD	FY14	Completed
							FY15	Completed
	6	Revise statutes (PAOP)	Revise statutes		TA	OD	FY13	Completed
	7	Policy and Procedures (POAP)	Finalize HR policy:		TA	Fin	FY14	Completed
			• develop performance assessment tool and review HR policy		TA to HR PP revision	HR	FY14	
			Get the labors office clearance					
		Formulate Admin and Fin policies		TA to drafting of policies – share samples, provide comments	OD	FY14	Completed	

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			Review final draft of Admin and Fin PP			Fin	FY14	Completed
	8	Strategic planning (PAOP)	Develop strategic plan	Solidaridade Zambezia				dropped
						OD	FY15	Completed
	9	Internal control systems (PAOP, field visits, CAP)	Improve internal control systems (ICS), including:			OD	FY14/15	Completed
			<ul style="list-style-type: none"> asset management Identification of folders 					
			<ul style="list-style-type: none"> Archives HR files Chart of accounts 		TA TA on HR files	OD	FY13/14/15	TA on-going Financial files are Ok but programmatic need to be improved.
			<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 one internal CF auditing activity 	OD	Dec, April, August	TA on-going		

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

				Spot check		Fin	FY 15	completed
			Improve control of internal funds			OD	FY 15	TA done. Partner to apply
			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)	<p>Improve capacity to create demand for and refer to HIV, SRH and GBV services:</p> <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	
				TA to determine contents and develop manuals for debate sessions	Tech	Feb 14	Completed	
				expand referral networks and		TA to apply FHI	Tech	FY13/14

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			respond to demand, by referral		360 referral form			
					<ul style="list-style-type: none"> On-going TA 			
	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 prepare and implement refresher training for <i>activistas</i> on 3rd application of CSI improve CSI application and care plans 	Training of Supervisors	<ul style="list-style-type: none"> TA to materials for reapplication on training TA for one <i>activistas</i> reapplication on training 	Tech	June 14	Completed
					Ongoing TA		Tech M&E	FY14/FY15
				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	Completed
	13	HES (CAP, needs assessment)	Improve capacity to implement HES activities:	Training <i>activistas</i>		Tech	FY14	Completed
					TA to develop JD and support	Tech	Sept 13	Completed

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

			<ul style="list-style-type: none"> establish, train and support ASCAS in beneficiary communities ensure participation of OVC project target groups 		selection process			
					TA	Tech	FY14/15	Completed
			Strengthen capacity to manage larger number of VSL groups		TA	Tech	FY15	TA on going
	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	Completed
							FY15	TA on going
	18	M&E – collection and	Improve capacity to: <ul style="list-style-type: none"> apply existing M&E tools 	QPM	<ul style="list-style-type: none"> TA to create and 	M&E	FY13/14	TA on-going

Niiwanane - INTEGRATED CAPACITY BUILDING PLAN – September 2014

		use of data (PAOP)	<ul style="list-style-type: none"> analyze and use data Report data 		use date base			
	19	Early Child development	Improve capacity to conduct ECD activities with OVC beneficiaries	ECD	<ul style="list-style-type: none"> TA 	Tech	FY15	TA on going
RELATE								
	20	Resource Mobilization strategy (PAOP)	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 +Going the Distance (part I)	TA to develop and implement RM strategy	OD	FY 15	Completed
				Alliance +Going the Distance (part II)	Ta to engage with Resource Providers	OD	FY 16	
	21	Advocacy (PAOP)	Develop advocacy strategy			OVC	TBD	

Annex 5b: ICBPs (OD Clients)

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
Acideco POAP Feb 14 March 15 Health check Dec 13 April 15	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	Completed
	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	Completed , medium risk
	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	Dropped due to ineligibility
	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	Partner did no carry out staff performance review

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

	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 Statutes among members – governance structures 		TA for the dissemination of Statues	CAP	FY 14/15	Client doesn't show interest
			<ul style="list-style-type: none"> Improve understanding of the roles and responsibilities of new elected members 	GLM		CAP	FY 14	Completed
					TA for planning and conduction of Board of Director (BoD) activities	CAP	FY 15	Completed
			<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	Client does not show interest
			<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	Client does not show interest
	7	Fiscal Council (FC) (Health check, POAP)	<ul style="list-style-type: none"> Improve understanding of 	CF	TA based on action plan produced during training	CAP	FY 14	Completed

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

			operating mechanisms as well as roles and responsibilities of the FC		<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	Client doesn't show interest
	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	TA Completed , but client does not show much interest in applying
Acideco POAP Feb 14 Health Check Dec 13								

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

			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	On-going client does not show interest	
			Improve and finalize Manual on HR Policies and Procedures, including performance appraisal system		Production of HR Manual	CAP	FY 14/15	On-going client does not show interest	
					TA on Compensation and Travel Policies	CAP	TBD		
				Performance appraisal		Provide tools		FY 14/15	Completed
						Pilot process and implement pilot experience		FY 15	Client does not show interest
	DO								
	9	Planning and Project design	Improve team capacity for conception and project design		TA	PCC	Dez 14	On-going	

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

	10	Project Implementation	Improve technical capacity for project implementation		<p>TA for:</p> <ul style="list-style-type: none"> Improving relationship with public services Maximizing the use of “guia de referência” Liaising with TARV committee and clinic partners Strengthening of community committees, support groups, CCPC, juvenile groups Mobilize for intra-family testing, particularly children and women at fertile age. 	PCC	Permanent	On-going
	11	M&E (POAP)	Improve the team capacity in M&E, including the design of tools (templates) and analysis of data for decision making.		<ul style="list-style-type: none"> TA visits and in-service training for supervisors and M&E staff. Data cleaning by the CBO every quarter. Improve the filing of active search forms. 	PCC	Permanente	completed
	12	Staff competencies for program implementation	Develop a mechanism for permanent strengthening of staff technical capacities		Staff technical refreshment			Completed
RELATE								
	13	Communication Strategy (POAP)	Develop Public Relations Strategy			CAP	TBD	
	14	Resource Mobilization (POAP)	Develop Resource mobilization strategy			CAP	TBD	
	15	External Relations	Improve image and coordination with Government		<ul style="list-style-type: none"> TA visits, Regular sending reports to Local government institutions 	PCC	Dez 14	Completed

Integrated Capacity Building Plan (ICBP) – Acideco March 2015

			institutions					
	16	Advocacy and negotiation			TA visits In-service training on advocacy and negotiation	PCC	Dez 14	On-going

Integrated Capacity Building Plan (ICBP) - AMOG April 2015

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow-up		Team	Time	Results
				Training	TA/Follow-up Actions			
AMOG PAOP: April 2014 Health Check: Feb 2014	BE							
	1	Governance, Leadership and Management (PAOP)	Improving governance by: <ul style="list-style-type: none"> Revising the Statutes; Making house rules, including mechanisms for recruiting new members Revising the organizational and functional structure Describing the duties of each sector and its posts 		<ul style="list-style-type: none"> Facilitating exercises Commenting on the drafts of proposals 	CAP	TBD	
	2	Role and Responsibilities of the Fiscal Council (POAP, Health check)	Strengthening the capacity of the FC for performing its basic duties, including: <ul style="list-style-type: none"> Visiting projects Conducting internal audits Issuing opinions 	FC		CAP	FY14	Complete
					<ul style="list-style-type: none"> TA through 3 provincial peer meetings lasting for 2-3 hours TA in using the performance matrix of the FC 	CAP	FY15	Partner did not show interest
					support to conduct internal PP compliance review	CAP	TBD	
	3	Archives (PAOP)	Improving the archive system <ul style="list-style-type: none"> Improving the alignment between physical and electronic archives Ensuring the backup system 		TA with general archive to the administration officer	CAP	FY15	Completed, partner to apply
				TA with backup options	IT provider	TBD		

Integrated Capacity Building Plan (ICBP) - AMOG April 2015

	4	Policies and Procedures (POAP, Health Check)	<ul style="list-style-type: none"> Updating the Admin/Fin policy and procedure (PP) manual and including USAID policies 		<ul style="list-style-type: none"> Sharing examples of policies Comments on the drafts of the Admin/Fin PP manual 	CAP	TBD	
			<p>Elaborating a HR PP manual, including:</p> <ul style="list-style-type: none"> Salary and travel policy Code of ethics Performance management tools 	Performance management	<ul style="list-style-type: none"> Sharing examples of HR PP Making comments on the drafts of the HR PP manual TA to develop and pilot performance evaluation tools 	CAP	TBD	
	5	Planning and Budgeting (PAOP, Health check)	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	
	6	Health Check (CAP Annual plan)	Assessing financial management growth and identifying TA needs.			CAP	FY14	Complete
		Health Check (CAP Annual plan)	Assessing financial management growth and identifying TA needs.		Evaluation result based training and TA	CAP	TBD	
	7	PAOP (CAP Annual plan)	Assessing organizational growth and identifying TA needs.		Prioritizing growth needs	CAP	FY14	Complete
		PAOP (CAP Annual plan)	Assessing organizational growth and identifying TA needs.		PAOP priority based training and TA	CAP	TBD	
	8	USAID Policy Compliance Assessment (CAP Annual plan)	Ensuring that the policies and procedures are aligned		TA according to evaluation results	CAP	TBD	

Integrated Capacity Building Plan (ICBP) - AMOG April 2015

			with the requirements of USAID					
	DO							
	RELATE							

Integrated Capacity Building Plan (ICBP) – ASF April 2015

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
ASF POAP 06.2013 (I) 09.2014 Health Check 09.2013 22.07.14	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
						CAP	FY 14	Completed
	2	Financial Health Check (CAP)	Assess financial management capacities and identify TA needs.		Training and TA based on results	CAP	FY 16	
	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 16	
	4	Strategic planning (POAP)	Review Vision, Mission and Values (VMV)		Comments to final draft	CAP	FY 14	Completed
	5	Governance, Leadership and Management - GLM (POAP I, CAP)	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 Statutes Laws	CAP	FY 14	Completed
					Provision of samples and comments on Regulation of OS and members (ROSME)	CAP	FY 15	Postponed for FY16
					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	CAP	FY 14/15	TA completed Partners to apply	

Integrated Capacity Building Plan (ICBP) – ASF April 2015

					through quarterly visits			
			Improve human resources management and delegation		LMI for Executive Director	CAP	FY15	On-going
	6	Roles and responsibilities of the Fiscal Council - FC (Follow up of Phase I, POAP)	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	completed
					Conduct thrice yearly TA with CF and Executive. Themes: <ul style="list-style-type: none"> • Role of CF in the General Assembly cycle • Fraud prevention and detection • Role of OS in case of crisis • Change management & succession plan • Support to conduct internal PP compliance review 	CAP	FY 14/15	On-going
	7	Internal Control System – ICS (Follow up of Phase I, Health check)	Improve ICS system for: <ul style="list-style-type: none"> • Adequate asset management • Disaggregate financial management and procurement functions • Improve filing system • Improve account management 		Conduct quarterly visits		FY14/15	TA completed. Partner to apply
			Improve the capacity of leadership to analyze reports and sound decision-making	MANGO		CAP	FY 14	Completed

Integrated Capacity Building Plan (ICBP) – ASF April 2015

	8	Policies and Procedures (Follow up Phase I, POAP priorities, FHC)	Improve and finalize the Manual on Administrative and Financial Policy		TA to review Manual for Finances and Administration	CAP	FY14	Completed
					<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 16	
			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								

Integrated Capacity Building Plan (ICBP) - Centro Aberto de Bárue April 2015

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
CA Bárue POAP March 2014 Feb 2015 Health Check Feb 2014 Jan 2015	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	completed
	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	Completed Medium Risk
	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	Dropped due to ineligibility
	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	Dropped due to unavailability of Africare
					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 		<ul style="list-style-type: none"> TA to design tools for data assessment, 	CAP	TBD	

Integrated Capacity Building Plan (ICBP) - Centro Aberto de Bárue April 2015

			<p>staff and members of governance structures</p> <ul style="list-style-type: none"> • Produce an institutional capacity building plan for the implementation of the new strategic plan 		<p>processing and analysis</p> <ul style="list-style-type: none"> • Comments to final draft of PCI 			
			<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	On-going
	6	Internal Control Systems - ICS (Follow up Phase I, Health check)	<p>Improve ICS system to improve:</p> <ul style="list-style-type: none"> • Stock management • Disaggregation of financial management and procurement functions • Improve filing system • Improve account management 		<p>Conduct quarterly visits (2-3 hour meetings) with FC and Executive Team</p>	CAP	FY 14/15	Completed. Client to apply
			<p>Improve the capacity leaders to analyze</p>	MANGO		CAP	FY 14	Completed

Integrated Capacity Building Plan (ICBP) - Centro Aberto de Bárue April 2015

			financial reports and sound decision-making					
			Develop chart of accounts		TA based on CAP tool	CAP	TBD	
				FC		CAP	FY 14	Completed
	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		<p>Conduct thrice yearly TA with CF and Executive. Themes:</p> <ul style="list-style-type: none"> • Role of CF in the General Assembly cycle • Fraud prevention and detection • Role of OS in case of crisis • Change management & succession plan • support to conduct internal PP compliance review 	CAP	FY 15/16	On-going
			Finalize Manual on HR Policies and Procedures, including:	Performance assessment	TA to develop and pilot performance assessment tools	CAP	FY 14	Completed
			<ul style="list-style-type: none"> • Compensation and travel policies • Code of ethics • Performance management tools 		Provide comments on the drafts of the RH PP Manual	CAP	FY 14/15	Completed
	8	Policies and procedures (POAP, Health check)			Provide comments on draft policies reviewed	CAP	FY 16	Completed

Integrated Capacity Building Plan (ICBP) - Centro Aberto de Bárue April 2015

			<ul style="list-style-type: none"> Improve and finalize the Manual on Administrative and Financial Policies 		Share templates for specific policies and provide TA to adopt USAID policies	CAP	FY 16	Dropped due to ineligibility
DO								
10	M&E (POAP)	<ul style="list-style-type: none"> Improve the M&E capacities of the team, including: <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"> Prepare TA plan Conduct training / refresher training Ongoing monitoring and TA 		PCC/ Africare	FY 15	
RELATE								
11	Mobilization of funds for sustainability	Strategy design for OS involvement in fundraising		TA for: <ul style="list-style-type: none"> Working committees for strategy designing Role of OS Follow-up 		CAP	FY 15	Depends on strategic planning
12	Relationship with partners and Government institutions	Motivate OS to improve coordination and collaboration with strategic partners and local government		Follow up TA on relationship with partners		CAP/Africare	AF 15	

INTEGRATED CAPACITY BUILDING PLAN – CONFHIC SAR #12 1.04.2015

	#	Prioridades de capacitação (Fonte)	Descrição detalhada	seguimento		Equipa	Tempo	Comentários
				Treinamento	AT			
CONFHIC	BE							
PAOP May 14 March 15 Health check Dez 13 March 15	1	POAP (CAP)	Assess organizational growth and identify TA needs.		Training and TA based on POAP priorities	CAP	FY14	Completed
					Training and TA based on POAP priorities	CAP	FY15	Completed
	2	Financial Health Check Assessment I (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	Completed, Medium risk
	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	TBD	Dropped due to ineligibility
	4	Strategic planning (POAP)	Review Vision, Mission and Values (VMV), approval and dissemination		Comments to final draft TA on approval and dissemination	CAP	FY 14	Completed
	5	Governance, Leadership and Management – GLM (Follow up Phase I)	Establish a system of accountability to members, partners and donors		TA	CAP	FY15	Completed
6	Roles and responsibilities of the Fiscal Council - FC (Follow up Phase I, POAP)	Improve understanding of operating mechanisms as well as roles and responsibilities of the FC, including the capacity of leaders to read / analyze financial reports and make sound decisions	FC	TA based on work plan developed after training	CAP	FY 14	Completed	
				<ul style="list-style-type: none"> Conduction of quarterly monitoring meetings (2-3 hour meetings) with FC, BoD and Executive Team; support to conduct internal PP compliance review 	CAP	FY15	Partner did not show interest	
7		Improve ICS to: <ul style="list-style-type: none"> Align compensation based on time allocated to different functions and actual 			PCC	FY14/15		

INTEGRATED CAPACITY BUILDING PLAN – CONFHIC SAR #12 1.04.2015

	Internal Control Systems - ICS (Follow up Phase I, Health check)	<ul style="list-style-type: none"> • Incorporate strong procurement management procedures • Produce timely and quality financial reports 					
		Improve ICS to strengthen: <ul style="list-style-type: none"> • Stock management • Disaggregation of financial management and procurement functions • Filing • Account management 		Conduction of quarterly meetings (2-3 hour meetings) with FC and Executive Team	CAP	FY15	TA Completed. Partner to apply
		Build the capacity of leaders to analyze financial reports and sound decision-making	MANGO		CAP	FY 15	Completed
		Improve and finalize the Manual on Administrative and Financial Policies		<ul style="list-style-type: none"> • Provide comments on draft policies reviewed (twice) 	CAP	FY15	Completed
				<ul style="list-style-type: none"> • Share templates for specific policies and provide TA to adopt USAID policies 	CAP	FY15	Dropped due to ineligibility
		Improve and finalize the Manual on HR Policies and Procedures		Document recruitment process	CAP	FY15	Completed
				TA on salary scale and travel policy	CAP	TBD	
Performance assessment	<ul style="list-style-type: none"> • Provide tools • TA to piloting of tool 			FY15	TA completed		
DO							

INTEGRATED CAPACITY BUILDING PLAN – CONFHIC SAR #12 1.04.2015

	9	Planning and Project design	Improve team capacity for conception and project design		TA	PCC	FY 15	On-going
	10	Project Implementation	Improve technical capacity for project implementation		<p>TA for:</p> <ul style="list-style-type: none"> Improving relationship with public services Maximizing the use of “guia de referência” Liaising with TARV committee and clinic partners Strengthening of community committees, support groups, CCPC, juvenile groups Mobilize for intra-family testing, particularly children and women at fertile age. 	PCC	Permanent	On-going
	11	M&E (POAP)	Improve the team capacity in M&E, including the design of tools (templates) and analysis of data for decision making.		<ul style="list-style-type: none"> TA visits and in-service training for supervisors and M&E staff. Data cleaning by the CBO every quarter. Improve the filing of active search forms. 	PCC	Permanente	completed
	12	Staff competencies for program implementation	Develop a mechanism for permanent strengthening of staff technical capacities		Staff technical refreshment			Completed
RELATE								
	13	Communication Strategy (POAP)	Develop Public Relations Strategy			CAP	TBD	
	14	Resource Mobilization (POAP)	Develop Resource mobilization strategy			CAP	TBD	
	15	External Relations	Improve image and coordination with		<ul style="list-style-type: none"> TA visits, 	PCC	FY15	Completed

INTEGRATED CAPACITY BUILDING PLAN – CONFHIC SAR #12 1.04.2015

			Government institutions		<ul style="list-style-type: none"> Regular sending reports to Local government institutions 			
	16	Advocacy and negotiation			<ul style="list-style-type: none"> TA visits In-service training on advocacy and negotiation 	PCC	FY15	On-going

INTEGRATED CAPACITY BUILDING PLAN - HOPEM April 2015

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 Sept 15	BE							
	1	Membership management (POAP)	Update knowledge on membership regularly and membership contributions		Update members data-bank	HOPEM	FY14/15	TA completed, client to apply
	2	POAP (CAP AWP)	Assess organizational growth and identify TA needs		Training and TA based on POAP priorities	CAP	FY14	Completed
							FY15	Postponed for October 15
	3	Health Check (CAP AWP)	Assess financial management Growth and identify TA needs		Training and TA based on findings	CAP	FY15	Completed
							FY15	Completed
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	Done by State Department	
5	Capacity building for staff (POAP)	Identify and respond to professional development needs of staff			HOPEM	TBD		

INTEGRATED CAPACITY BUILDING PLAN - HOPEM April 2015

	6	Internal control systems (Health check)	Improve internal control systems (CAP AWP):	ICS	TA	CAP	FY 14/15	TA completed. Partner to apply
			Improve capacity of leaders to read/analyze financial reports and take informed decisions (CAP AWP)	Mango		CAP	FY14	Completed
		Mango			CAP	FY15	Completed	
				Conduct thrice yearly TA and coordinated on the same schedule as CF follow-up	CAP	FY15	Client did not show interest	
	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	Client did not show interest
					TA to drafting of HR policies	CAP	FY14/15	TA completed
	8	Policies and Procedures (POAP, Health check)	Finalize HR policy:					
		<ul style="list-style-type: none"> include salaries and travel policies in HR policies 						

INTEGRATED CAPACITY BUILDING PLAN - HOPEM April 2015

			<ul style="list-style-type: none"> review HR PP include code of ethics 		Review HR PP	CAP	FY14/15	TA completed
			Develop and pilot performance assessment tool				FY14	TA 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 completed
				IT service provider			TBD	
	9	Archives (POAP)	Install an electronic archive and its back up system		TA on personnel files filling	CAP	FY 14/15	TA completed. Partner to apply
	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 Completed
			Improve human resources		LMI training for DE	OD	FY15	TA on-going

INTEGRATED CAPACITY BUILDING PLAN - HOPEM April 2015

			management and delegation					
	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	

Integrated Capacity Building Plan (ICBP) – Kugarissica April 15

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
Kugarissica POAP Feb 14 May 15 Health Check Feb 14 April 15	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	Completed
	2	Financial Health Check Assessment I (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	FY 15	Completed, Medium risk
	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	Dropped due to ineligibility
	4	Strategic planning (POAP)	Review Vision, Mission and Values (VMV)		Comments to final draft	CAP		Completed
	5	Governance, Leadership and Management – GLM (Follow up Phase I)	Review By Laws Produce regulations for OS and members (ROSME) Refresher trainings for members of the governance structures and senior staff on roles and responsibilities – supervision, meetings, minutes, mandate, issuing opinions, etc.		Comments to final draft	CAP	FY 14	Completed
					Share examples Comments to final draft	CAP	FY 15	Postponed for FY 16
					Provide TA and tools to Board of Directors (BoD) and FC for performance monitoring in the organization	CAP	FY 14	Completed
					TA in the production of annual work plan and its implementation		FY15	Completed
	6	Roles and responsibilities of the Fiscal Council - FC (Follow up Phase I, POAP)	Improve understanding of operating mechanisms as well as roles and responsibilities of the FC, including the capacity of leaders to read / analyze financial reports and make sound decisions	FC	TA based on work plan developed after training	CAP	FY 15	Completed
					Conduct thrice yearly TA with CF and Executive. Themes: <ul style="list-style-type: none"> • Role of CF in the General Assembly cycle • Fraud prevention and detection • Role of OS in case of crisis 	CAP	FY 15/16	On-going

Integrated Capacity Building Plan (ICBP) – Kugarissica April 15

					Change management & succession plan			
					<ul style="list-style-type: none"> support to conduct an internal policy compliance review 			
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 Incorporate strong procurement management procedures Produce timely and quality financial reports 				PCC	FY 14/15	On-going
		Improve ICS to strengthen: <ul style="list-style-type: none"> Stock management Disaggregation of financial management and procurement functions Filing Account management 						
		Build the capacity of leaders to analyze financial reports and sound decision-making	MANGO			CAP	FY 14	Completed
8	Policies and Procedures (Follow up Phase I, priorities POAP- I and II, FHC)	Improve and finalize the Manual on Administrative and Financial Policies			TA to review Admin and Finance Manual	CAP	FY 14	Completed
					<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies 	CAP	FY 16	Dropped due to ineligibility

Integrated Capacity Building Plan (ICBP) – Kugarissica April 15

					<ul style="list-style-type: none"> Provide comments on draft policies reviewed (twice) 			
			<p>Improve and finalize the Manual on HR Policies and Procedures, including:</p> <ul style="list-style-type: none"> Performance appraisals and job descriptions Compensation and travel policies 	Performance assessment	<ul style="list-style-type: none"> TA on performance appraisal Provide tools and conduct pilot experience 	CAP	Sept 14	Completed
					TA to review RH PP Manual		FY 14	Completed
DO								
	9	Project elaboration and management (POAP)	<p>Strengthen the capacity of additional members with the view of:</p> <ul style="list-style-type: none"> Conducting needs assessments at community level Elaborate concept notes for projects Develop M&E tools 	Project Cycle Management	TA for project development	TBD	TBD	
	10	Project Implementation	Improve technical capacity for project implementation		<p>TA for:</p> <ul style="list-style-type: none"> Improve relationship with public services Maximize the use of “guia de referência” Liaising with TARV committee and clinic partners Strengthening of community committees, support groups, CCPC, juvenile groups Mobilize for intra-family testing, 	PCC	Permanent	On-going

Integrated Capacity Building Plan (ICBP) – Kugarissica April 15

				particularly children and women at fertile age.			
11	M&E (POAP)	Improve the team capacity in M&E, including the design of tools (templates) and analysis of data for decision making.		<ul style="list-style-type: none"> TA visits and in-service training for supervisors and M&E staff. Data cleaning by the CBO every quarter. Improve the filing of active search forms. 	PCC	Permanente	completed
12	Staff competencies for program implementation	Develop a mechanism for permanent strengthening of staff technical capacities		Staff technical refreshment			Completed
RELATE							
13	Communication Strategy (POAP)	Develop Public Relations Strategy			CAP	TBD	
14	Resource Mobilization (POAP)	Develop Resource mobilization strategy			CAP	TBD	
15	External Relations	Improve image and coordination with Government institutions		<ul style="list-style-type: none"> TA visits, Regular sending reports to Local government institutions 	PCC	FY15	Completed
16	Advocacy and negotiation			<ul style="list-style-type: none"> TA visits In-service training on advocacy and negotiation 	PCC	FY15	On-going

Integrated Capacity Building Plan (ICBP) - Rubatano April 2015

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
Rubatano	BE							
POAP March 2014 May 15 Health Check Feb 2014 Jan 15	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	Completed
	2	Health Check Assessment I (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	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 <ul style="list-style-type: none"> • Include priorities set in ICBP 	CAP	FY 15	Dropped due to ineligibility
	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	Dropped due to unavailability of Africare
					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 - 		TA through three quarterly visits	CAP	FY 15	On-going	
				Provide BoD and FC performance analysis tools	CAP	FY 14	Completed	

Integrated Capacity Building Plan (ICBP) - Rubatano April 2015

			BoD), FC) in Rubatano's annual plans and budgets						
	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	On-going	
			<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	TA completed. Client to apply.	
			<p>Improve the capacity leaders to analyze financial reports and sound decision-making</p>	MANG O		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
					<p>Conduct thrice yearly TA with CF and Executive. Themes:</p> <ul style="list-style-type: none"> Role of CF in the General Assembly cycle 	CAP	FY 15/16	On-going	

Integrated Capacity Building Plan (ICBP) - Rubatano April 2015

					<ul style="list-style-type: none"> • Fraud prevention and detection • Role of OS in case of crisis • Change management & succession plan • support to conduct internal PP compliance review 			
	8	Policies and procedures (Follow up Phase I, CAP Annual Plan)	Improve and finalize the Manual on Administrative and Financial Policies		<ul style="list-style-type: none"> • Provide comments on draft policies reviewed 	CAP	FY 15	Completed
					<ul style="list-style-type: none"> • Share templates for specific policies and provide TA to adopt USAID policies 	CAP	FY 15	Dropped due to ineligibility
			Finalize Manual HR Policies, 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	TA Completed
					TA to review RH PP Manual	CAP	FY 14	Completed
					TA on compensation and travel policy	CAP	FY 15	
DO								

Integrated Capacity Building Plan (ICBP) - Rubatano April 2015

	9	Technical staff competencies (POAP)	<p>Provide refresher training to community activists to effectively meet the needs of their target groups in the following areas:</p> <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								
	10	Mobilization of funds for sustainability	Strategy design for OS involvement in fundraising		<p>TA for:</p> <ul style="list-style-type: none"> • Working committees for strategy design • Role of OS • Follow-up 	CAP	FY 15	Depends on strategic planning	
11	Relationship with partners and Government institutions	Motivate OS to improve coordination and collaboration with strategic partners and local government		Follow up TA on relationship with partners	CAP/Africare	AF 15			

Integrated Capacity Building Plan (ICBP) - Shingirirai March 2015

Partner	#	Capacity Building Priorities (Source)	Detailed Description	Follow up		Team	Time	Results
				Training	TA			
Shingirirai POAP March 2014 Feb 2015 Health Check Feb 2014 Jan 2015	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	Completed
	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	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	Dropped due to ineligibility
	4	Strategic Planning (POAP)	Production of Strategic Plan 2015-2019: • 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	Dropped due to unavailability of Africare
					TA to facilitate strategic plan production process	Africare		
	5	Governance and Leadership (POAP)	• 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	On-going
				Computer use	TA to create email accounts / addresses	Shinguirirai		

Integrated Capacity Building Plan (ICBP) - Shingirirai March 2015

				FC		CAP	FY 14	Completed
	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		<p>Conduct thrice yearly TA with CF and Executive. Themes:</p> <ul style="list-style-type: none"> • Role of CF in the General Assembly cycle • Fraud prevention and detection • Role of OS in case of crisis Change management & succession plan • support to conduct an internal policy compliance review 	CAP	FY 15/16	On-going
	7	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	FY 14/15	On-going
<p>Improve ICS to improve:</p> <ul style="list-style-type: none"> • Asset management • Disaggregation of financial management and procurement functions • Improve filing system • Improve account management 				<p>Conduct quarterly monitoring visits (2-3 hour meetings) with FC and Executive Team</p>	CAP	FY 14/15	TA Completed. Client to apply.	

Integrated Capacity Building Plan (ICBP) - Shingirirai March 2015

			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"> Provide comments on draft policies reviewed 	CAP	FY 15	Completed	
					<ul style="list-style-type: none"> Share templates for specific policies and provide TA to adopt USAID policies 	CAP	FY16	Dropped due to ineligibility	
			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	Completed	
					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		

Integrated Capacity Building Plan (ICBP) - Shingirirai March 2015

RELATE								
	11	Mobilization of funds for sustainability	Strategy design for OS involvement in fundraising	RM training (I)	TA thru: <ul style="list-style-type: none"> Working committees for strategy design Role of OS Follow-up 	CAP	FY 15	completed
				RM training II	TA for engagement with Resource Provider	CAP	FY 16	
	12	Relationship with partners and Government institutions	Motivate OS to improve coordination and collaboration with strategic partners and local government		Follow up TA on relationship with partners	CAP/Africare	FY 15	On-going

Annex 6: ROSME Model

Regulamento
dos
Órgãos Sociais e Membros
(ROSME)
FHI360 CAP

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REGULAMENTO DOS ÓRGÃOS SOCIAIS E MEMBROS - ROSME

Prefácio

O Projecto de Parceiros Competentes (CAP) da FHI360, ao longo da sua acção, constatou que uma das dificuldades que as Organizações da Sociedade Civil (OSC) em Moçambique enfrentam é a falta de procedimentos que regulamentam os processos ligados ao exercício da sua governação interna.

Tal facto dificulta a participação dos membros, no exercício individual ou colectivo, do seu papel de supervisão e fiscalização aos Órgãos Sociais, no funcionamento da organização e levando a práticas inconsistentes, muitas vezes não-alinhadas não só com os seus próprios Estatutos, mas com a legislação em vigor no país sobre a matéria.

Com o intuito de contribuir para suprir esta lacuna o CAP propõe o presente modelo de Regulamento que detalha os procedimentos de adesão às OSC pelos cidadãos, de participação de seus membros, do papel, das responsabilidades e do funcionamento dos Órgãos Sociais, dentre os quais a Assembleia Geral, o Conselho de Direcção, o Conselho Fiscal, para além do relacionamento institucional entre si e entre estes e o Executivo.

O ROSME resulta de uma combinação de experiências acumuladas em dez anos de actividade de assistência às associações moçambicanas pelo CAP, instituição dotada de conhecimento profundo da legislação moçambicana, das melhores práticas de governação e democracia interna de OSC, identificadas pelo mundo.

O presente documento está dividido em quatro partes, a primeira das quais, contemplando as disposições Gerais; a segunda, os Membros, e de forma indicativa, os Órgãos Sociais, a terceira parte do documento debruça-se sobre os Órgãos Sociais em Geral e sobre cada um deles, minuciosamente; a última parte contém as disposições finais.

O modelo de ROSME e o modelo dos Estatutos propostos pelo CAP estão em conformidade com o quadro legal em vigor na República de Moçambique e pretende inspirar as OSC a produzirem o seu próprio regulamento, adaptando-o aos seus Estatutos e suas práticas correctas consolidadas na associação.

infocapmoz@fhi360.org.

Deliberação

A Assembleia Geral da associação, reunida na sua ... sessão, ao abrigo das competências que lhe são conferidas pela alínea xx), n.ºxx do artigo xx dos Estatutos vigentes da associação determina:

1. É aprovado o Regulamento do Órgãos Sociais e Membros (ROSME), que é parte integrante (em anexo) desta deliberação.
2. A presente deliberação entra em vigor trinta dias após a sua aprovação.

local; data, ano

O Presidente da Mesa da Assembleia Geral

CAPÍTULO I

DISPOSIÇÕES GERAIS

Artigo 1º

Âmbito de Aplicação

1. O presente ROSME detalha os procedimentos de operacionalização dos Estatutos da associação (nome da associação) de modo a facilitar o relacionamento entre os membros e a associação, para além do funcionamento dos Órgãos Sociais;
2. Os casos não cobertos pelo ROSME e pelos Estatutos serão tratados com base na legislação moçambicana em vigor;

Artigo 2º

Âmbito de acção e fins da Associação

- a) A Associação (nome da associação) XX, persegue o(s) seguinte(s) objectivo(s) principal(is).....(colocar os objectivos/Objecto constantes dos Estatutos)
- b) A associação visa promover...(detalhes da missão ou objectivos específicos constantes dos Estatutos)

Artigo 3º

Áreas de intervenção

Se o Artigo 2 for bem desenvolvido, não é necessário desenvolver este artigo, passe para o artigo seguinte.

Artigo 4º

Logótipo e Bandeira

Facultativo: caso tenha o logotipo e bandeira, explicará o que simboliza. Ex: O logótipo caracteriza a aldeia e a associação, o canto superior esquerdo, simboliza a "Fé", canto inferior direito " a juventude".

Artigo 5º

Princípios Fundamentais

O mesmo que valores da organização

1. A organização adopta para o seu funcionamento os seguintes princípios:
 - a) Democracia: igualdade de direitos e deveres dos seus membros (artigo 35 da CRM), segundo o que, todas as PESSOAS têm o direito de participar na vida associativa e são iguais perante a Lei, artigo 35 da Constituição da República de Moçambique (CRM);
 - b) Independência: princípio segundo o qual, a associação rege-se pela independência dos seus actos, o que significa que todos os seus membros singulares ou colectivos, de toda índole, legalmente constituídos, deverão agir livre e espontaneamente;
 - c) Autonomia: define que uma associação rege-se e goza de autonomia na prática das suas actividades, desde que estes estejam em consonância com os seus instrumentos internos e da legislação nacional aplicável;

- d) Voluntarismo: centra-se na gratuidade dos actos em relação aos seus constituintes, parceiros, conforme orientação dos mecanismos e instrumentos legais tanto internos quanto os em vigor no país;
- e) Capacidade Jurídica: a Associação, uma vez legalizada, está dotada de capacidade jurídica para praticar todos actos que julgar necessários para a prossecução dos seus objectivos, missão, visão, gerir o seu património, nos termos da Lei vigente no país sobre a matéria e da deliberação dos órgãos competentes na Associação, em concordância com os seus Estatutos;
- f) Transparência: princípio pelo qual a associação garante sanidade legal, financeira e de procedimentos, no seu relacionamento intra e externo;
- g) Prestação de contas: a associação deve prestar regularmente contas aos seus constituintes, em fóruns indicados pela legislação e mecanismos por si adoptados para o efeito;
- h) Protecção do meio Ambiente: em defesa do meio ambiente (artigo 90 da CR).

Artigo 6º

Fontes de recursos da associação

- 1. Constituem fontes de recursos para o funcionamento da associação, entre outras:
 - a) O produto da jóia, quotas e outras contribuições dos membros;
 - b) As heranças, legados, doações que lhe sejam atribuídos a qualquer título;
 - c) A cobrança de bens e serviços prestados no âmbito da actividade da associação;
 - d) As quantias decorrentes da remuneração dos bens e serviços prestados, e fornecidos a terceiros;
 - e) Outras fontes de rendimento, previstas neste regulamento e noutros instrumentos legais internos, aprovados para o efeito.

Artigo 7º

Protocolos de Cooperação

- a) A Associação pode celebrar protocolos de cooperação (acordos de parceria, memorandos de entendimentos e outros tipos de acordos), com instituições governamentais e não governamentais nacionais ou estrangeiras, fundações, sector privado, entre outras;
- b) Os acordos, referidos na alínea anterior, vinculam as partes, na base de deveres, obrigações, estabelecem formas de gestão, competências, apoio técnico e financeiro, atribuições, responsabilidades, objectivos, critérios, vigência, ou outras a considerar pelas partes;
- c) O Conselho de Direcção (CD), na sua qualidade de administrador dos assuntos da associação é o responsável pela assinatura de acordos, tendo para o efeito, de coordenar com o Chefe Executivo da Associação (Director ou coordenador), ouvido o parecer do Conselho Fiscal (CF).

CAPÍTULO II
DOS MEMBROS
SECÇÃO I
ADMISSÃO, CLASSIFICAÇÃO, DIREITOS E DEVERES

Artigo 8º

Admissão de Membros

- a) São admitidos a membros da associação, pessoas singulares ou colectivas, que voluntariamente o solicitem;
- b) A solicitação da condição de membro é feita através do preenchimento de uma ficha preparada para o efeito (anexo ___);
- c) Seguidamente a ficha é apresentada ao CD da Associação;
- d) O CD por sua vez analisa as candidaturas e admite provisoriamente aquelas que reúnem os critérios exigidos para o efeito;
- e) As candidaturas seleccionadas são submetidas à aprovação da Assembleia Geral (AG);
- f) Após a aprovação, uma cópia da ficha com as devidas deliberações é entregue ao membro.

Artigo 9º

Categorias de Membros

A associação adopta quatro categorias de membros designadamente:

1. Membros Fundadores, singulares ou colectivos: os que tenham subscrito a escritura pública ou tenham participado na AG constituinte.
2. Membros Efectivos, singulares ou colectivos: são os que se propõem a colaborar na realização dos fins da associação, obrigando-se ao cumprimento dos Estatutos, e ROSME.
3. Membros Honorários, singulares ou colectivos: os que através de seus serviços, tenham dado contribuições especialmente relevantes para a realização dos fins da associação.
4. Membros Beneméritos singulares ou colectivos: os que contribuíram para a associação, sob qualquer forma pecuniária ou equiparada;
5. A categoria de membro benemérito e honorário é atribuída por deliberação da AG, sob proposta do CD e aprovação por pelo menos 2/3 dos membros com direito a voto;
6. Os Membros Honorários e Beneméritos recebem um diploma confirmativo do título atribuído.

Artigo 10º

Cartão de Membro

- a) A associação usa o cartão de membro, como um documento de identificação, cuja apresentação é obrigatória sempre que o for exigido,
- b) No cartão de membro consta o logótipo da associação, a categoria, o nome, o número, a fotografia de membro e validade do cartão;
- c) O cartão de membro supra referido é emitido a todos os membros da associação
- d) O período de validade do cartão é de (indicar o tempo de validade caso a caso) anos a contar da data da sua emissão.
- e) Em caso de perda ou extravio o membro deve solicitar a segunda via do cartão, mediante o pagamento de.....MT e uma fotografia tipo passe.

Artigo 11º

Direitos do membro

1. Os membros fundadores e efectivos da Associação gozam dos seguintes direitos:
 - a) Participar nas discussões e deliberações sobre os assuntos da ordem do dia, de todas as sessões de trabalho da Assembleia Geral da Associação;
 - b) Eleger e ser eleito para os Órgãos Sociais da (nome da associação) e outros cargos da Associação;

- c) Fazer-se representar, com direito a voto, nas reuniões da AG, por outro membro em pleno gozo dos seus direitos, mediante uma procuração (anexo XX) dirigida ao Presidente da Mesa da Assembleia Geral (PMAG);
 - d) Requerer com outros membros, e nos termos previstos nos Estatutos (mencionar o artigo dos Estatutos), a convocação de AG Extraordinária;
 - e) Participar em todas as iniciativas da Associação;
 - f) Apresentar aos órgãos competentes da Associação as propostas e sugestões que considere úteis para o alcance da missão;
 - g) Utilizar, nos termos regulamentares, os serviços da Associação;
 - h) Examinar a escrituração e as contas da Associação nas épocas e nas condições legalmente estabelecidas;
 - i) Desempenhar os cargos para que for eleito;
 - j) Propor, testemunhar a admissão de novos membros, salvo nos casos dos Membros Honorários e Beneméritos;
 - k) Solicitar a suspensão do pagamento de quotas, invocando os respectivos motivos;
 - l) Beneficiar-se das oportunidades de formação que possam ser criadas pela Associação;
 - m) Participar em todas as reuniões, conferências, seminários e noutras acções ou eventos da associação ou em representação, sempre que for solicitado
 - n) Beneficiar-se das oportunidades de emprego na associação, desde que reúna os requisitos técnico-profissionais exigidos para o efeito e não seja ao mesmo tempo titular dos Órgãos Sociais;
 - o) Gozar de todos os demais direitos que resultem dos Estatutos, do regulamento e das deliberações internas da associação para o efeito.
2. Os Membros Honorários e Beneméritos gozam dos mesmo direitos, com a excepção dos direitos previstos nas alíneas b), c), d), i) do presente artigo;
 3. Os Membros Honorários e Beneméritos ficam isentos da obrigatoriedade de pagamento de quotas e jóia.

Artigo 12º

Distinções de membros

1. Aos membros, pessoas singulares ou colectivas que prestarem serviços relevantes à associação, merecedores de especial reconhecimento, poderão ser atribuídas as seguintes distinções:
 - a) Menção de louvor concedida pelo CD;
 - b) Menção de louvor concedida pela AG, sob proposta do CD;
 - c) Nomeação ou indicação a Membro Honorário pela AG, sob proposta do CD,
2. Os membros distinguidos receberão um diploma de honra e outros possíveis;
3. Estas distinções serão apresentadas em cerimónia solene com a presença dos membros da associação.

Artigo 13º

Deveres do Membro

1. São deveres dos membros da Associação:
 - a) Conhecer os Estatutos, o respectivo regulamento, o Código de Conduta Ética da associação e demais instrumentos legais sobre a matéria;
 - b) Assinar a declaração de conhecimento e aceitação do código de conduta Ética da associação;
 - c) Assinar o termo de compromisso sobre o respeito e cumprimento dos Estatutos e regulamentos da associação.
 - d) Cumprir com as disposições legais, estatutárias, e regulamentares, bem como quaisquer deliberações legítimas da AG;
 - e) Participar nos encontros e noutras actividades a convite dos Órgãos Sociais;

- f) Colaborar e participar dando o máximo da sua experiência profissional nas actividades e iniciativas da Associação;
- g) Comunicar, por escrito, sugestões de interesse colectivo para uma melhor realização dos objectivos estatutários;
- h) Realizar com dedicação os trabalhos que lhe forem confiados
- i) Adotar um comportamento que pautado pela urbanidade, civismo no relacionamento com os demais membros, parceiros e beneficiários;
- m) Fornecer dados para o processo individual do membro;
- n) Cumprir todas as demais obrigações que resultem da legislação e dos Estatutos.
- o) Pagar pontualmente a jóia e as quotas mensais.

Artigo 14.º

Jóia e Quotas

- a) Cada membro admitido na associação obriga-se a pagar a jóia e a primeira prestação da quota mensal num prazo de **XX** dias;
- b) O membro fundador e o efectivo devem pagar quotas mensais;
Os valores das quotas mensais variam por tipo de membro e também variam para membros singulares e colectivos;
- c) O membro singular paga de jóia (XX) e (YY) de quota mensal e por sua vez o membro colectivo pagará a jóia de (xx) e (xxx) de quota mensal;
- d) As quotas mensais podem ser pagas adiantadamente;
- e) O valor das quotas não é devolvível ao membro, por razões da sua saída da associação;
- f) Para casos excepcionais, a AG poderá autorizar a conversão do valor monetário das quotas em espécie;
- g) A jóia e as quotas mensais são cobradas por um tesoureiro, entre os membros do CD;
- h) O Tesoureiro do CD manterá um livro de registo de membros, do seu pagamento da jóia e das quotas mensais;
- i) Contra qualquer pagamento de jóia ou quotas deve ser emitido um recibo devidamente numerado a favor do membro;
- j) O recibo indica o nome do membro, o valor, os meses a que se refere, assinatura do cobrador e carimbo da associação;
- k) O valor recebido da jóia e quotas é depositado numa conta separada, apenas para este propósito;
- l) A conta bancária de jóia e quotas dos membros é de total e restrita responsabilidade do Conselho de Direcção;
- m) O fundo resultante de cobranças de quotas deve ser usado exclusivamente para as despesas da AG, encontros de membros, reprodução, disseminação de Estatutos e do presente ROSME, estando vedado o seu uso para pagamento de outro tipo de despesas;
- n) Em cada AG ordinária, o CD apresentará um informe sobre o número total de membros, a situação da quotização (total dos que pagaram e a lista dos que não pagaram), a situação da conta bancária dos membros em termos de saldos bancários, assim como o destino dado aos valores das contribuições;

Artigo 15º

Perda da qualidade de membro

1. Perde a qualidade de membro:
 - a) Aquele que expresse, voluntariamente e por escrito, a vontade de anular a sua filiação, através de carta dirigida ao CD, com antecedência mínima de trinta dias sobre a data em que a mesma deverá produzir efeitos;
 - b) Aquele que não pagar as quotas por um período de XX meses consecutivos;
 - c) Aquele que cometer uma infração grave em desrespeito aos Estatutos e ao presente ROSME;

2. Compete à AG declarar a perda da qualidade de membro, sob proposta do CD, que fundamentará os motivos que concorrem para tal proposta;
3. Deliberada a perda de qualidade de membro pela AG, o CD enviará uma carta notificando o visado, no prazo de 15 dias após a deliberação.

Artigo 16º

Desvinculação Voluntária

1. O membro poderá requerer, por escrito e dirigido ao CD, a sua desvinculação voluntária da Associação, por um determinado período que julgar necessário ou definitivamente, explicando os motivos;
2. Durante o período de desvinculação voluntária, o membro ficará isento de seus deveres e bloqueado o acesso aos seus direitos;
3. O membro desvinculado da Associação a seu pedido poderá a qualquer momento, solicitar o seu retorno à Associação, através de uma carta dirigida ao CD, sendo posteriormente homologado pela AG mais próxima;
4. O membro que se desvincular da associação não terá direito à devolução das suas contribuições materiais ou financeiras à associação.

Artigo 17º

Readmissão de membros

1. Podem ser readmitidos, os membros que tiverem sido:
 - a) Desvinculados a seu pedido;
 - b) Excluídos por falta de pagamento de quotas;
2. Podem ainda ser readmitidos os membros reabilitados em revisão de processo de expulsão;
3. A readmissão só se efectuará a pedido do interessado;
4. Quando o motivo de desvinculação tenha sido a falta de pagamento de quotas é condição para a readmissão o pagamento das quotizações em dívida até á data da expulsão, podendo o CD permitir que, neste caso, os encargos sejam satisfeitos, a requerimento do interessado, em prestações, até ao máximo de **XX** prestações.

SECÇÃO II

PROCEDIMENTO SANCIONATÓRIO

Artigo 18º

Infracção Disciplinar

1. Constitui infracção disciplinar, designadamente:
 - a) Qualquer violação dos Estatutos e do presente ROSME e
 - b) o não cumprimento dos deveres que os mesmos impõem;
 - c) A prática de actos em detrimento do desenvolvimento da associação, que lhe causem prejuízos ou prejudiquem o seu bom nome e reputação;
2. Compete ao CD instaurar, conduzir os processos disciplinares e propor à AG a aplicação de uma das sanções previstas nas alíneas c) e d) do nº 1, artigo 19º do presente ROSME;
3. Às sanções previstas nas alíneas a) e b) do artigo 19 cabe o direito ao membro acusado, de interpor recurso escrito à AG, no prazo de 30 dias.
4. Paras as sanções previstas nas alíneas c) e d) do artigo, caberá à AG ouvir o membro acusado e tomar a deliberação final.

Antes de submeter à AG a proposta de sanção c) ou d) o CD deverá solicitar o parecer escrito do CF.

Artigo 19º

Tipos de Sanções

1. Aos membros que transgredirem as disposições estatutárias e do presente ROSME, sofrerão as seguintes sanções:
 - a) Admoestação oral
 - b) Repreensão registada
 - c) Suspensão
 - d) Expulsão
2. Não serão aplicadas quaisquer outras sanções disciplinares, nem agravar as previstas no número anterior;
3. A repreensão registada consiste em comunicado por escrito pelo CD dirigido ao membro infractor;
4. A pena de suspensão consiste na desvinculação do membro da associação até doze meses e perda dos seus direitos estatutários, devendo sempre ser precedida de instauração de processo disciplinar, com audiência obrigatória do membro visado;
5. A expulsão é a perda irreversível de qualidade de membro, que implica a perda dos direitos associativos, sendo aplicável no caso de reincidência no cometimento de infracções que tenham conduzido à suspensão;
5. A expulsão de membro referida no nº 5, do presente artigo, é da competência da AG, sob a proposta fundamentada do CD ouvido o CF e mediante um processo disciplinar;
6. O membro expulso da associação não terá direito à devolução das suas contribuições materiais ou financeiras à associação.

Para além da finalidade da repreensão da conduta do membro, a aplicação das sanções disciplinares visa dissuadir o cometimento de mais infracções no seio da associação, a educação do visado e a dos demais membros para o cumprimento voluntário dos seus deveres

Artigo 20º

Graduação das Sanções

1. As sanções aplicadas observam a seguinte graduação:
 - a) A medida disciplinar deve ser proporcional à gravidade da infracção cometida, atender ao grau de culpabilidade do infractor, à sua conduta e, em especial, às circunstâncias em que se produziram os factos;
 - b) Pela mesma infracção não pode ser aplicada mais do que uma sanção disciplinar;
 - c) A infracção disciplinar considera-se particularmente grave sempre que a sua prática seja repetida, intencional, comprometa o cumprimento da missão adstrita ao membro, provoque prejuízo à organização e aos seus parceiros estratégicos ou por qualquer forma, ponha em causa a subsistência do vínculo como membro da associação.

A sanção disciplinar não pode ser aplicada sem a audição prévia do membro visado.

Artigo 21.º

Sanções pelo não pagamento de quotas

- a) O membro que não pagar as quotas mensais por um período de XX meses passa a situação de inactivo pelo que deixará de ser convocado aos encontros, de receber correspondência e não terá direito de participar na AG;
- b) O tesoureiro emitirá uma nota de cobrança dando o prazo de um mês para o membro liquidar a sua dívida, indicando as possíveis sanções resultantes do não pagamento.

- c) Passado este período o tesoureiro informará por escrito ao CD para declarar o membro de inactivo;
- d) Após XX meses sem pagamento das quotas, o CD irá submeter à AG a proposta da perda de qualidade de membro.
- e) Para o membro voltar a efectividade, devera manifestar o seu interesse por escrito em carta dirigida ao CD, após pagamento das quotas em divida;

Artigo 22º

Processo disciplinar

- a) A aplicação de qualquer sanção disciplinar, salvo as previstas nas alíneas a) e b) do n.º1 do artigo 19.º, deve ser precedida de prévia instauração do processo disciplinar, que contenha a notificação ao membro acusado e, a sua eventual resposta.
- b) O membro alvo de processo disciplinar, em qualquer fase do processo, tem o dever de comparecer perante o CD sempre que for convocado.

Artigo 23º

Fases do processo disciplinar

1. O CD procede à abertura de um processo disciplinar mediante apresentação de queixa por um membro, ou oficiosamente através do seu trabalho de verificação de conformidade/regularidade e cumprimento estatutário, devendo neste caso indicar a matéria, do processo disciplinar aquando da sua abertura;
 - a) O direito de apresentação de queixa, ou de início oficioso de um processo, extinguem-se no prazo de 90 dias a contar da data a que reportam o conhecimento dos factos e seus resultados;
 - b) A desistência de queixa apresentada carece da concordância do membro queixoso, e do CD;
2. A abertura de processo disciplinar obriga à realização de inquérito para apuramento e verificação dos factos que o sustentam, mediante recolha de elementos de prova e audição dos intervenientes;
 - a) O processo de inquérito é efectuado por um Instrutor designado pelo CD. Este pode, caso se revele necessário, requerer auxílio a outro membro ou cidadão independente;
 - b) Na eleição do Instrutor e seu auxiliar devem ser declaradas e resolvidas situações de conflitos de interesse caso se verifique necessário (vide o código de ética e os Estatutos sobre esta matéria);
 - c) O membro visado pelo processo disciplinar tem o direito de ser ouvido durante o inquérito.
 - d) O inquérito deverá ser concluído no prazo máximo de 30 dias a contar da data de abertura do processo;
 - e) No prazo de 15 dias deverá ser apresentada a nota de culpa relativa aos factos e resultados por estes produzidos, apurados durante o inquérito;
 - f) O membro visado pelo processo disciplinar dispõe, a partir da data de apresentação da nota de culpa, um máximo de 30 dias úteis para apresentação de defesa;
 - g) A contar da data de apresentação da defesa, o Instrutor do processo deve apresentar ao CD uma proposta de decisão no prazo de 30 dias;
3. Mediante os elementos fornecidos e a análise da defesa apresentada, bem como da proposta de decisão do Instrutor do processo, cabe ao CD proferir uma decisão quanto à aplicação ou não de sanção;
 - a) A decisão sobre o processo disciplinar é tomada pelo CD em sessão a ter lugar no prazo máximo de 15 dias, propositadamente convocada para o efeito ou coincidentemente aproveitada, caso haja sido calendarizada uma no período em referência. O Instrutor do processo, bem como o seu auxiliar, caso exista, não pode estar presente nesta reunião do CD que deverá ser marcada especialmente para o efeito;
 - b) A redacção da decisão final que deve ser fundamentada no seu sentido é efectuada por um titular do CD, a ser designado no início da reunião;
4. O membro, ou membros- alvo de sanções previstas no ROSME tem o direito de apresentar recurso hierárquico à AG, no prazo máximo de 30 dias, nos termos dos Estatutos da associação.

CAPÍTULO II
ÓRGÃOS SOCIAIS
SECÇÃO I- NATUREZA, COMPOSIÇÃO E MANDATO

Artigo 24º

Natureza e composição

1. São Órgãos Sociais duma associação, os seguintes:
 - a) Assembleia Geral;
 - b) Conselho de Direcção;
 - c) Conselho Fiscal;
2. Por deliberação da AG e conforme as necessidades crescentes da Associação, sob proposta fundamentada do CD poderão ser constituídas Comissões Especializadas de Trabalho (CET) *ad-hoc* com uma finalidade especificamente definida e um período de mandato determinado, após o qual a comissão é extinta nos termos da mesma deliberação;
3. As comissões Ad-hoc são dirigidas por membros não só de elevada e reconhecida competência, mas também experiência na matéria em causa, incluindo conhecimentos profundos sobre as dinâmicas do associativismo e do funcionamento das OSC;
4. A Mesa da AG, o CD e o CF, são órgãos eminentemente colegiais, constituídos respectivamente por um número ímpar de titulares, de entre os quais um é Presidente;
5. O exercício simultâneo de cargos de titular de Mesa de AG, CF, CD e de qualquer outro cargo no executivo, nomeadamente Direcção Executiva, oficial de programas, gestor administrativo e financeiro, são incompatíveis entre si;

Artigo 25º

Responsabilidades dos titulares dos Órgãos Sociais

- 1- Os Órgãos Sociais são grupos colegiais, por isso, as suas deliberações são em consenso ou por votação.
- 2- Cada OS deve elaborar e harmonizar o seu plano anual de actividades com os outros OS e a Direcção Executiva.
 - a. Os titulares dos Órgãos Sociais não podem abster-se de votar nas reuniões a que estiverem presentes e são responsáveis, civil e criminalmente, pelas faltas ou irregularidades cometidas no exercício do mandato.
 - b. Em cada encontro dos OS deve-se produzir uma lista de controlo de presenças.
 - c. Caso um titular esteja nas condições da alínea c) do N.º1 do artigo 26, cabe aos restantes membros do colégio do órgão comunicar à MAG sobre o assunto.
- 3- Os titulares dos Órgãos Sociais ficam isentos de responsabilidade quando:
 - a) Não tiverem tomado parte na respectiva deliberação por ausência justificada nos termos do ROSME;
 - b) Tiverem votado contra essa deliberação e consignada na acta respectiva, a razão do seu voto contra;
6. A aprovação dada pela AG ao relatório e contas submetido pelo CD e mediante o parecer do CF iliba os titulares destes Órgãos Sociais da responsabilidade para com a associação, salvo provando-se omissões por má-fé ou falsas indicações.

Artigo 26º

Perda de Mandato e substituição de titulares dos Órgãos Sociais

1. O titular dos Órgãos Sociais perde o mandato nos seguintes casos:
 - a) Se tiver praticado uma acção ou omitido algo, de forma dolosa, prejudicando à Associação;
 - b) Se lhe for aplicada uma sanção disciplinar nos termos do presente ROSME;
 - c) Se abandonar o cargo, isto é faltar a três reuniões consecutivas ou alternadas num período de um ano, sem motivos justificados;
2. Também perde o mandato o titular que renunciar voluntariamente por indisponibilidade ou outra razão devidamente fundamentada;
3. O Presidente de cada órgão social deve sempre que possível dialogar com o titular faltoso sobre as razões da sua indisponibilidade de participar nas actividades do órgão e solicita-lo a colocar o seu cargo a disposição antes da AG;
4. Quando o faltoso é o próprio Presidente do órgão, caberá aos restantes titulares dialogar com ele e aconselhá-lo a colocar o cargo à disposição.
5. O titular que se julgar indisponível para o exercício do cargo do órgão social deverá apresentar um pedido de demissão por escrito ao Órgão, na pessoa de Presidente indicando os respectivos motivos que lhe levam a tomar tal decisão;
6. Caso seja o Presidente a colocar o seu cargo à disposição, o colégio do órgão informará a MAG por escrito.
7. Caso não exista nenhum suplente para a vaga em referência, o novo titular deverá ser eleito na AG seguinte;
8. A proposta para a perda de mandato nos termos do n.º 1 só poderá ser apresentada, discutida e votada em reunião da AG;
9. A eleição do novo titular deverá decorrer na mesma AG em que for deliberada a perda de mandato.

SECÇÃO II - ASSEMBLEIA GERAL

Artigo 27º

Natureza e composição

1. A AG é o órgão máximo deliberativo da Associação e é constituída por todos os membros efectivos e fundadores;
2. As deliberações da AG quando tomadas nos termos legais e estatutários são de cumprimento obrigatório para os restantes Órgãos Sociais, incluindo os membros;
3. Só os membros fundadores e efectivos em pleno gozo dos seus direitos possuem a capacidade para elegerem e serem eleitos para os cargos dos Órgãos Sociais da Associação.
4. A situação de pleno gozo de direitos, mencionada no número anterior, refere-se aos membros que tenham até a data a sua situação de quotas regularizada, mentalmente são e que participam nos eventos chave da vida da organização.

Artigo 28º

Competências

1. Compete à AG:
 - a) Aprovar os Estatutos da associação e suas modificações, sob a proposta do CD;
 - b) Aprovar o seu respectivo regulamento;
 - c) Fixar e rever os montantes de joia e quotas;
 - d) Aprovar a admissão de membros;
 - e) Deliberar sobre a perda de qualidade de membros;
 - f) Atribuir os títulos de Membros Honorários e Beneméritos sob a proposta do CD;

- g) Eleger os titulares dos Órgãos Sociais;
- h) Apreciar e decidir sobre os pedidos de demissão dos titulares dos Órgãos Sociais da Associação;
- i) Exonerar a totalidade ou parte dos titulares dos Órgãos Sociais em caso de grave violação dos Estatutos ou práticas que lesem os interesses da Associação;
- j) Autorizar a alienação dos bens imóveis da Associação;
- k) Deliberar sobre a filiação, fusão, cisão e dissolução da Associação;
- l) Deliberar sobre o destino a dar ao seu património e sobre o processo de liquidação total da associação;
- m) Para a deliberação sobre os assuntos das alíneas a), c), f), j), k) e l) do presente artigo do ROSME, deverá ser convocada uma sessão especial e garantida a presença de pelo menos $\frac{3}{4}$ dos membros com direito a voto (fundadores e efectivos);
- n) Aprovar o relatório de actividades e contas anuais do CD, mediante o parecer do CF;
- o) Aprovar o relatório de actividades do CF;
- p) Apreciar e aprovar a proposta do plano anual de actividades e o respectivo orçamento para o ano seguinte;
- q) Apreciar recursos contra decisões do CD;
- r) Aprovar o plano estratégico ou as suas linhas gerais do mesmo;
- s) Exercer quaisquer outras competências não executivas que não sejam competências específicas de outros Órgãos Sociais;

Artigo 29º

Mesa da Assembleia Geral (MAG)

1. Para dirigir o funcionamento da AG deverá ser eleita uma MAG composta por um Presidente, Um Vice-presidente e um Relator.

As denominações dos titulares dos OS dependem dos Estatutos podendo haver Presidente, 1º vogal e 2º vogal ou Presidente, Vice-presidente e Secretário

2. O período de mandato da MAG é de **XX** anos. Conforme estipulado nos Estatutos da associação (nome da Associação).
- Nas Assembleia Gerais eleitorais poderão ser eleitos ad-hoc, três escrutinadores independentes.

Artigo 30º

Competências da MAG

1. Compete à MAG:
 - a) Convocar a AG e divulgar a respectiva Ordem de Trabalhos (Agenda);
 - b) Presidir a sessão da AG;
 - c) Verificar a existência de quórum no início dos trabalhos;
 - d) Receber todas as propostas, requerimentos, moções colocá-los à discussão e votação;
 - e) Assegurar o bom andamento dos trabalhos, garantindo que não haja entradas e saídas no decurso das votações;
 - f) Organizar, fiscalizar os actos eleitorais; Verificar a conformidade dos candidatos com os Estatutos, a transparência do processo e a liberdade de participação dos membros;
 - g) Decidir sobre recursos apresentados em relação às decisões do PMAG durante as sessões de AG;
 - h) Redigir a síntese da AG (resumo da AG, que indica a agenda, a data, o local da realização da AG, e as principais deliberações tomadas), que será lida, votada no final da mesma AG, assinada pelo PMAG e secretário e entregue ao CD;
 - i) Redigir a acta da AG, mandar assinar pelo PMAG a ser submetida à discussão e aprovação na sessão seguinte da AG;

2. À Deliberação da Mesa cabe sempre reclamação e recurso à AG.

Artigo 31º

Competências do Presidente da MAG

1. Compete ao Presidente:

- a) Presidir as sessões da AG, declarar a sua abertura, suspensão, encerramento, respeitando a ordem do dia e disposições do presente Regulamento;
- b) Verificar a regularidade das candidaturas aos Órgãos Sociais;
- c) Conferir posse aos titulares do CD e CF;
- d) Convocar as Assembleias Gerais ordinárias, extraordinárias e estabelecer a agenda das mesmas;
- e) Verificar a existência de quórum no início dos trabalhos com base no previsto nos Estatutos, Capítulo XX (indicar o capítulo) Artigo (indicar o artigo);
- f) Manter a ordem e a disciplina nas sessões da AG, adoptando as medidas convenientes;
- g) Determinar o tempo de cada um dos oradores da AG;
- h) Propor à discussão e votação propostas, moções, recomendações e requerimentos submetidos;
- i) Apresentar à Assembleia Geral todas as comunicações, nomeadamente mensagens, informações, documentos e expedientes recebidos, prestando os esclarecimentos solicitados;
- j) Dar seguimento a todas as iniciativas da AG e assinar os documentos que lhe compete, antes de os expedir;
- k) Assinar as sínteses, as actas das sessões de trabalho da AG e o expediente da Mesa;
- l) Promover a divulgação das deliberações da Assembleia Geral;
- m) Exercer as demais competências que lhe sejam atribuídas pelos Estatutos, pela Lei e pela AG.

2. Das decisões tomadas pelo Presidente, cabe sempre reclamação e recurso à AG.

A proposta de revisão do ROSME é da competência da Mesa da AG da associação.

Artigo 32º

Competências do Vice-presidente da MAG (1º Vogal)

1. Compete ao Vice-Presidente:

- a) Coadjuvar o Presidente na realização dos trabalhos da AG;
- b) Proceder à conferência das credenciais que lhe competem;
- c) Substituir o Presidente da Mesa da AG nas suas ausências e impedimentos.

Artigo 33º

Competências do Relator (2º Vogal, Secretário)

1. Compete ao Relator:

- a) Preparar, expedir e distribuir as convocatórias da AG;
- b) Assinar, datar e classificar todos os documentos entregues à Mesa da AG;
- c) Elaborar e assinar as actas das reuniões da AG com os restantes titulares da Mesa da AG;
- d) Coadjuvar o PMAG na condução dos trabalhos da AG;
- e) Proceder à conferência das presenças nas sessões da AG e registar as votações;
- f) Organizar as inscrições de membros que pretendam usar da palavra, durante as sessões da Assembleia Geral,
- g) Fazer as leituras indispensáveis durante as sessões da AG;
- h) Servir de escrutinador nas votações a efectuar ou assistir os escrutinadores independentes;
- i) Assinar, por delegação do Presidente, a correspondência a expedir em nome da AG.

Artigo 34º

Convocação da AG

1. A convocação da AG ordinária é da competência do PMAG
2. A AG extraordinária pode ser convocada:
 - a) Por iniciativa fundamentada do PMAG ou de quem o substitua;
 - b) Por requerimento fundamentado do CD ou do CF;
 - c) Quando requerida por ___xx% do total dos membros com quotas regularizadas; (CC)
3. A convocatória deve ser expedida XX dias antes da AG pela MAG ou pelo Executivo por delegação da MAG através de carta, telefax, correio eletrónico, anúncio no jornal, anúncio na sede da associação, celular (*formas previstas nos Estatutos*), para cada um dos membros da Associação;
4. Na convocatória indicar-se-á o dia, hora, local da reunião e respectiva ordem de trabalhos;
5. Cada membro deve confirmar a sua presença ou informar a sua indisponibilidade de participar na AG ao Relator/Secretário/2º vogal no prazo de XX dias;
6. Sempre que possível o Relator/Secretário/2º vogal registará as evidências de envio das convocatórias e das confirmações recebidas.
7. Os documentos a serem submetidos à AG para apreciação e deliberação devem ser postos à disposição dos membros com uma antecedência não inferior a XX dias da data de início da AG.
8. A responsabilidade do pagamento das despesas da AG, como alojamento, transporte, per diems, alimentação, aluguer de sala deve ser determinado com 45 dias de antecedência segundo a disponibilidade de fundos.

Artigo 35º

Quórum

1. A AG considera-se constituída em primeira convocação quando estiverem presentes cinquenta por cento mais um do total dos membros efectivos e fundadores;
2. Caso o quórum não esteja completo passados 30 minutos da hora marcada, o PMAG declarará a impossibilidade de realização da sessão em causa, logo de seguida, convocará oralmente em voz alta para uma data não longe de 15 dias e solicita-se que contactem os membros ausentes para efeitos de informação.
3. Nesse dia, passados XX minutos, a AG poderá ter lugar caso se reúnam as condições estejam presentes pelo menos XX % dos membros. Caso não, marca-se para 7 dias depois;
4. Na terceira convocatória a AG terá lugar com a presença de qualquer número de membros.

Nota: O Estatuto de cada associação indicará como proceder nestes casos de falta de quórum, considerando também aspectos logísticos – viagens, aluguer de sala, reserva de refeições, etc.

5. Para os casos dos números 2 e 3 a Mesa da AG deverá ter evidências de que todos os membros foram convocados;
6. Na AG só os membros que tenham as quotas pagas é que podem participar nas discussões e votar para as deliberações;
7. A deliberação da AG é válida se votada favoravelmente por 50% mais um membro dos presentes com direito a voto nos termos do número anterior;
8. São anuláveis as deliberações tomadas sobre matéria estranha à ordem do dia, salvo se todos os membros comparecerem à sessão da AG e todos concordarem com o aditamento.
9. A comparência de todos os membros sanciona quaisquer irregularidades de convocação, desde que nenhum deles se oponha à realização da AG;
10. Nas Assembleias Gerais é admissível o voto por procuração, desde que a pessoa a quem é passada a procuração (outorgado) e o titular que passa a procuração (outorgante) estejam no pleno gozo dos seus direitos estatutários. Para o efeito, cada outorgado deve representar apenas um outorgante;

11. A procuração (anexo XX) deve ter a assinatura de outorgante e outorgado e este deve apresentar a cópia do cartão de membro outorgante.

Artigo 36º

Deveres dos participantes

1. São deveres dos participantes da AG:
 - a) Respeitar a ordem do dia e a disciplina fixadas no presente Regulamento, bem como acatar a autoridade da Mesa da AG;
 - b) Comparecer às reuniões da AG;
 - c) Participar nas discussões e votações;
 - d) Respeitar a dignidade dos titulares dos Órgãos Sociais e dos membros;
 - e) Colaborar com a Mesa durante as sessões da AG;
 - f) Contribuir para a eficácia e o prestígio dos trabalhos da AG;
2. Nenhum membro pode votar nas matérias em que haja conflito de interesses entre a Associação e a sua pessoa ou seus parentes. (normalmente, convida-se a pessoa ou pessoas nessa situação a abandonar a sala de sessões quando chega o momento de discussão e votação).

Artigo 37º

Início dos trabalhos

1. À hora estabelecida pela convocação, o Presidente da AG constituirá a Mesa com o Vice-Presidente e com o Secretário;
2. A sessão da AG inicia com a verificação do quórum pelo secretário que anunciará o total dos membros presentes, composição por categoria e a situação dos devedores de quotas entre os presentes;
3. Caso o quórum não exista o PMAG anunciará a impossibilidade de realização da AG e indicará a próxima data nos termos dos Estatutos.
4. Satisfeito o quórum, a sessão será aberta pelo PMAG, que dará o início aos trabalhos e apresentará a ordem do dia;
5. A MAG indicará, sempre que for necessário um porta voz da AG para lidar com o público.

Artigo 38º

Leitura da acta

1. Após a abertura da sessão pelo PMAG, será lida a Acta da sessão da AG anterior, dando lugar a contribuições e questionamentos. Não havendo reclamação contra a sua redacção, considerar-se-á aprovada;
2. A leitura da acta poderá ser dispensada, se na sessão anterior da AG tiver sido lida e aprovada a sua síntese ou se todos os membros tiverem lido a acta antes da AG;
3. As contribuições, questionamentos e reclamações acerca da acta serão postas à AG e resolvidas imediatamente depois da sua leitura;
4. Após a leitura da Acta, resolução de possíveis incidentes que lhe disserem respeito, os trabalhos prosseguirão respeitando a seguinte ordem:
 - a) Quaisquer comunicações ou saudações que o PMAG entenda fazer à Assembleia;
 - b) Leitura ou menção de correspondência relativa aos actos a apreciar pela Assembleia, incluindo o aviso convocatório e a ordem do dia;
 - c) Leitura de propostas e requerimentos que dependem de resolução imediata da Assembleia;
 - d) Concessão da palavra aos membros inscritos para antes da ordem do dia, para o que o PMAG estabelecerá um período conveniente e nunca superior a trinta minutos;
5. O PMAG poderá, em função do número de inscrições para intervenções no período antes da ordem do dia, determinar que estas intervenções sejam realizadas após a discussão dos assuntos constantes da ordem do dia.

Artigo 39º

Assuntos fora do ordem de dia

Não serão admitidas propostas de deliberação de assuntos não incluídos na Ordem do dia, excepto para aprovação de louvores ou pesares ou se a totalidade dos membros estiver presente e todos concordarem com a inclusão deste novo assunto na ordem do dia.

Artigo 40º

Requerimentos específicos

1. São considerados requerimentos apenas os pedidos dirigidos à Mesa, respeitantes ao processo de apresentação, discussão e votação de qualquer assunto ou ao funcionamento dos trabalhos da Assembleia;
2. Os requerimentos são formulados por escrito e lidos imediatamente pela Mesa;
3. Admitido qualquer requerimento é imediatamente colocado à votação sem discussão;
4. A votação dos requerimentos é feita pela ordem da sua apresentação;
5. Os requerimentos são votados a favor ou contra pelos membros presentes.
6. Deverá existir um formulário de requerimento para que não haja disparidades na elaboração dos requerimentos acima referidos (anexo XX)

Artigo 41º

Protestos

1. Podem os membros da Assembleia fazer protestos em relação a qualquer intervenção, em defesa da sua honra, seu bom nome;
2. Sobre a mesma intervenção apenas é permitido um protesto por pessoa;

Nota: A associação pode regulamentar que, por exemplo em casos de defesa da honra e bom nome ou noutros casos sejam permitidas mais intervenções.

3. O tempo para o protesto é de (5)XX minutos (ou PMAG estipula);
4. Não são admitidos protestos a pedidos de esclarecimento e às respectivas respostas.

Artigo 42º

(Pedidos de esclarecimento)

1. O pedido de esclarecimento deve ser limitado à formulação sintética da pergunta sobre a matéria em dúvida enunciada pelo orador que tiver acabado de intervir.
2. Os membros que queiram formular pedidos de esclarecimento devem inscrever-se no termo da intervenção que os suscitou, sendo formulados e respondidos pela ordem de inscrição.
3. O orador interrogante e o orador respondente dispõem de XX minutos por cada intervenção, não podendo, porém, as respostas exceder o tempo global de XX minutos. Artigo 43º

(Interpelação à Mesa)

1. Os membros em sessão da Assembleia Geral, podem interpelar a Mesa, levantando a mão, para pedir esclarecimentos, quando tenham dúvidas sobre a forma como a mesa estiver a moderar os trabalhos
2. O participante da sessão da Assembleia que pedir a palavra para anunciar uma infracção do presente ROSME deve indicar a norma infringida, com as considerações estritamente indispensáveis para o efeito.
3. Não há lugar para justificação ou discussão das perguntas dirigidas à Mesa;
4. O uso da palavra para interpelar a Mesa, não pode exceder XX minutos.

Artigo 44º

Recursos

1. Qualquer membro pode recorrer à Assembleia sobre a forma de moderação do PMAG;

2. Para efeitos de recurso à AG, o membro deve apresentar o motivo que o leva a tal protexto, o fundamento deve ser feito por escrito e entregue à mesa da AG;
3. Cada um dos recorrentes pode usar da palavra para fundamentar o recurso por tempo não superior a **XX** minutos.

Artigo 45º

Participação

1. A participação plena na sessão da Assembleia é reservada aos membros com quotas pagas até o mês anterior ao que decorre a AG;
2. Para efeitos do nr anterior, os membros deverão apresentar-se munidos de cartão de membro
3. Em caso de extravio do cartão de membro, o secretariado da AG irá emitir um cartão provisório;
4. O pedido de palavra é feito mediante o levantamento da mão.
5. Os membros colectivos fazem-se representar em AG por 2 pessoas, das quais uma que tem acompanhado a vida da associação;
 - a) Para efeitos do nr anterior, as organizações membros emitirão uma credencial a indicar os dois representantes e qual deles irá votar.
6. Cada membro colectivo tem direito a um único voto nas AG
7. O PMAG pode admitir a participação dos membros honorários e beneméritos nas discussões da AG, sem direito a voto.

Artigo 46º

Limites do uso da palavra

1. Na discussão de cada assunto, nenhum orador poderá usar da palavra mais do que uma vez, excepto se se tratar do próprio autor da proposta ou requerimento em discussão, que poderá usar da palavra por duas vezes;

Nota: A associação pode decidir dar mais tempo para que a discussão dos assuntos se esgote na Assembleia Geral.

2. Em todos os casos, o PMAG pode restringir o uso da palavra, fixando o tempo concedido para cada orador.

Artigo 47º

Uso da palavra pelos Órgãos Sociais

1. Os titulares do CD, do CF e da Mesa da AG, poderão usar da palavra, sempre que necessário, para dar qualquer explicação ou responder a quaisquer questões colocadas pelos membros;
2. No uso da sua palavra os titulares dos Órgãos Sociais devem ser objectivos (directos ao assunto, sem rodeios, ser breve, claro e específico) de modo a dar oportunidade aos restantes membros de darem a sua opinião sobre os assuntos em debate.

Artigo 48º

Liberdade de expressão e limites

1. Os oradores emitem livremente as suas opiniões sobre os temas em debate e não podem ser interrompidos senão nos termos do presente ROSME;
2. É proibido usar palavras que importem injúria individual ou colectiva ou fazer apreciações de natureza discriminatória, racial, política ou religiosa; sexual, social, económica, ou qualquer outra discriminação negativa e destrutiva;
3. Os que infringirem as disposições do número anterior, serão avisados pelo PMAG para não prosseguirem e para rectificarem as palavras que possam ser consideradas injuriosas e no caso de insistência, ser-lhes-á imediatamente retirada a palavra, sem prejuízo da aplicação, ao caso, das sanções disciplinares previstas nos Estatutos e reiterado pelo presente ROSME.

Artigo 49º

Interrupção da sessão da Assembleia Geral

A Sessão de AG pode ser interrompida nos seguintes casos:

1. Para intervalos planificados,
2. Situações que põem em risco o normal funcionamento da sessão.
3. As sessões da AG terão intervalos planificados para as refeições, concertações, compasso de espera para redacção das deliberações, etc.
4. Fora destes casos as sessões da AG não podem ser interrompidas ou suspensas, a não ser para manter a ordem ou segurança de pessoas e bens;
5. A decisão de interromper ou suspender a reunião para o caso do nº2 compete ao PMAG, por sua iniciativa ou por proposta dos membros presentes na sessão da AG;
6. A interrupção por iniciativa dos membros não pode exceder XX e não pode ser exercida mais do que uma vez em relação a cada ponto da ordem de trabalhos;
7. No caso de suspensão da reunião, será marcada pelo PMAG assim que possível, uma nova reunião que retomará a Ordem de Trabalhos na situação em que foi suspensa.

Artigo 50º

Discussão e deliberação

1. Cada membro, efectivo ou fundador tem direito a um voto apenas;
2. As deliberações são tomadas por maioria dos votos dos membros presentes durante a sessão da Assembleia, no pleno gozo dos seus direitos estatutários;
3. O processo de votação é aberto, isto é com o braço levantado, excepto no caso descrito no nº4.
4. As deliberações da Assembleia Geral só serão tomadas por escrutínio secreto quando respeitem à eleição ou destituição dos Órgãos Sociais ou quando tal for deliberado por maioria na sequência de pedido de alguns membros presentes na reunião da Assembleia;
5. As deliberações da Assembleia só podem ser alteradas, substituídas e revogadas por uma nova deliberação da AG;
6. No final da sessão da AG a Mesa deverá apresentar e submeter à votação dos presentes a síntese de todas as deliberações;
7. A Mesa AG circulará a síntese (anexo XX) aprovada aos Órgãos Sociais e todas as partes interessadas para produzir efeitos imediatos.

Artigo 51º

Actas

1. Na acta da sessão da AG far-se-á menção:

Do dia, da hora em que se declarou a abertura da sessão, do nome do Presidente, Vice-Presidente e Secretário da Mesa (Vide Anexo XX); Da leitura da acta da sessão antecedente ou dispensa da mesma, reclamação ou incidente sobre ela suscitado e da respectiva Assembleia e das declarações de voto, quando haja; Do expediente apresentado à AG e do destino que teve;

- a) Do teor, ainda que abreviado, dos requerimentos apresentados e das questões colocadas, por escrito ou verbalmente, ao CD, ao CF e à Mesa da AG e das respostas dadas pelos titulares dos Órgãos Sociais;
- b) Do teor das propostas apresentadas, que poderão ser apresentadas como anexos, e das deliberações da AG acerca delas;
Dos nomes de membros presentes que usaram da palavra, designando-se os assuntos por eles versados e resumindo-se as suas afirmações;
- c) Do resultado de todas as votações, indicando-se o número de votos a favor ou contra, quando tenha havido contagem;
- d) Da hora de encerramento da sessão da AG;

- 2.A acta será elaborada sob a responsabilidade do Secretário da Mesa ou de quem o substituir, que a assinará juntamente com o PMAG e deverá submetê-la à aprovação na reunião da AG seguinte;
- 3.Entre a leitura e a aprovação poderão ser apresentadas propostas de alteração à proposta de acta;
- 4.As actas deverão ser conservadas em arquivo próprio, designadas “Actas da AG”, cuja consulta será livre para todos, sendo expressamente proibida a sua reprodução, sem autorização documentada da Mesa da AG;
- 5.As actas aprovadas serão reconhecidas no notário e devidamente arquivadas com os pareceres do CF em anexo.

Para maior segurança e facilidade do uso as actas autenticadas são scanadas e arquivadas, podendo circular entre as partes interessadas.

SUBSECÇÃO I
ELEIÇÃO E INVESTIDURA DOS ÓRGÃOS SOCIAIS

Artigo 52º
Convocação

As eleições são convocadas através da sua inclusão na ordem dos trabalhos da AG, que é enviada em anexo à convocatória. (Vide os Estatutos).

Artigo 53º
Cessação de mandato dos titulares dos OS

1. O processo eleitoral é precedido pela cessação de mandato dos actuais titulares dos OS, através da assinatura do termo de funções (anexo XX).
2. A ordem do dia da AG indicará o momento do acto de cessação de funções.
3. O Presidente da comissão eleitoral independente irá chamar os titulares que cessam nesta AG.
4. Os termos de cessação de funções devidamente assinados pelos respectivos titulares serão lidos em voz alta e entregues à comissão eleitoral independente.

A leitura do termo de cessação de mandato dos titulares dos OS é feita em coro.

Artigo 53º
Capacidade eleitoral

1. Todos os membros fundadores e efectivos em pleno gozo dos seus direitos podem eleger (votar) e ser eleitos a titulares dos Órgãos Sociais ou outra função na associação;
2. O gozo de direitos a que se refere o número anterior, abrange os membros que:
 - a) Não tenham quotas e jóia em dívida;
 - b) Não tenham distúrbios mentais temporários ou permanentes;
 - c) Não estejam a cumprir penas por prática de crimes graves;
 - d) Que cumpram os perfis acordados para cada posto;
 - e) Não tenham excedido o número de mandatos nos termos dos Estatutos e do presente Regulamento;
 - f) Não estejam em conflito de interesses em relação ao candidato.
3. Todos os membros com capacidade eleitoral presentes na AG devem votar.

Para facilitar a logística e flexibilidade das actividades do CD e dos actos de fiscalização do CF será dada prioridade aos candidatos residentes nas proximidades da sede da organização.

Artigo 54º
Listas actualizadas dos membros

1. Para determinar o direito eleitoral será usado o informe da situação de membros apresentada nessa AG, nos termos do artigo XX, complementada com os detalhes do livro de registo da situação de membros;
2. A situação da capacidade eleitoral pode ser consultada antecipadamente pelos interessados contactando o tesoureiro do CD;
3. Em caso de anomalia o interessado deve sanar a deficiência ou erro com o tesoureiro e em caso de dificuldade deve dirigir a sua reclamação ao PMAG.

Artigo 55º
Candidaturas

1. O processo de candidatura aos Órgãos Sociais será por listas ou individual
2. Para a candidatura individual:

- a) Qualquer membro no pleno gozo dos seus direitos estatutários pode candidatar-se ou submeter proposta de candidatura de outra pessoa para qualquer um dos cargos dos Órgãos Sociais, desde que a pessoa reúna o perfil desejado para o efeito;
- b) Cada candidato submeterá uma carta de candidatura (**anexo XX**) indicando o órgão para o qual quer concorrer à Mesa da Assembleia Geral.
- c) A Mesa da Assembleia Geral verificará o cartão de membro, se o candidato tem as quotas regularizadas e se não excedeu o número de mandatos;
- d) Os nomes dos candidatos qualificados são afixados num local bem visível na sala onde decorre a sessão da Assembleia Geral, agrupados por cada órgão ao qual concorrem.

3. Para a candidatura por listas:

- a) Cada lista deve conter o número completo de candidatos e indicar os nomes dos candidatos para cada cargo e respectivo órgão social, nomeadamente Mesa da AG, CD e CF;
- b) O candidato a Presidente do CD será considerado cabeça de lista;
- c) Cada candidato deverá preencher, assinar uma declaração de interesse em candidatar-se.
- d) As listas ou os nomes de candidatos acompanhados de declaração de interesse de candidatura serão entregues ao PMAG, no início da AG;
- e) Nenhum membro poderá candidatar-se ou ser candidatado para mais do que uma lista e para mais do que um cargo nos Órgãos Sociais;
- f) A Mesa da AG verificará as listas devendo primeiro conferi-las com os cartões de membros e depois conferir se cada candidato tem as quotas regularizadas e se não excedeu o número de mandatos;
- g) A lista verificada e considerada conforme recebe uma sigla A, B, C conforme a ordem de chegada é rubricada pelo PMAG e afixada em local bem visível na sala onde decorre a AG;
- h) Cada cabeça de lista pode indicar um mandatário para acompanhar o processo de verificação das listas e fiscalizar o processo de contagem dos votos.

Para permitir melhor escolha por parte dos membros, seria indispensável divulgar os nomes ou as listas dos candidatos à eleição a titulares dos OS antes da AG.

Encoraja-se a eleição de suplentes dos OS ou numero igual ou superior a cinco titulares em cada órgãos, para facilitar o quórum para reunião e tomada de decisão.

Artigo 56º

Manifesto eleitoral

1. Antes da votação o cabeça de lista terá direito a **20** minutos para apresentar o seu manifesto eleitoral, aos membros presentes na AG;
2. Em caso de candidatura individual cada candidato a titular de um órgão terá **5** minutos para apresentar o seu manifesto. Neste caso primeiro serão os candidatos a Presidente do CD, depois a Presidente do Conselho Fiscal e depois a PMAG.

Embora o manifesto eleitoral nas associações seja normalmente oral, encoraja-se a sua apresentação em forma escrita aos eleitores antes da AG.

Artigo 57º

Modo de votação

1. A votação dos candidatos a titulares dos Órgãos Sociais é sempre directa e secreta.
2. A Mesa da AG distribuirá a cada um dos presentes um boletim, que é um papel em branco, do mesmo tamanho e cor para todos, onde cada votante escreverá a lista da sua preferência ou o nome do candidato individual e o respectivo posto a que se candidata.

3. A votação será feita colocando o boletim numa urna colocada num local visível na sala onde decorre a sessão da AG.

Artigo 58º

Abertura e encerramento da votação

1. Só poderão votar os eleitores em pleno gozo dos seus direitos e que estejam presentes na ocasião da abertura da votação ou devidamente representados nos termos da alínea c) do N.º1 do artigo 11.º do ROSME;
2. O PMAG declarará encerrada a votação logo que tenham votado todos os eleitores qualificados presentes na sala.

Artigo 59º

Apuramento dos resultados

1. O apuramento dos resultados eleitorais consiste na realização das seguintes operações em relação a cada um dos Órgãos Sociais em causa;
2. À frente de todos os eleitores, retirada dos votos da urna um a um e leitura do candidato ou lista votada e exibição a todos os presentes;
 - a) Registo dos votos em frente ao nome de cada lista ou candidato individual;
 - b) Verificação do número total de eleitores inscritos nas listas eleitorais e do número total de votos;
 - c) Verificação do número total de votos em branco e nulos;
 - d) Podem ser votos nulos os que indicarem nomes que não constem nas listas ou não correspondam aos nomes dos candidatos individuais;
 - e) No caso de candidaturas individuais os candidatos no quadro ou papel gigante serão agrupados pelo posto ao qual se candidatam, nomeadamente Presidente do CD, Presidente do CF e PMAG;
 - f) Nas candidaturas individuais o candidato mais votado ao Órgão vai ser o Presidente; o segundo mais votado vai ser o vice-presidente e assim por diante.
 - g) Em caso de empate entre listas repete-se a eleição.
 - h) Em caso de empate entre candidatos individuais repete-se a eleição para o respectivo órgão.
 - i) Em caso de aparecimento de votos a mais repete-se a eleição.

Artigo 60º

Recontagem de votos

1. Os mandatários de cada uma das listas de candidaturas concorrentes podem exigir a recontagem de votos sempre que entendam que o apuramento de resultados do acto eleitoral possa ser considerado comprometido ou falseado;
2. Todos os pedidos de recontagem serão registados na Acta Eleitoral, bem como o respectivo fundamento;
3. A Mesa da AG ficará encarregue da recontagem de votos no mesmo local e na presença de todos, sendo o apuramento assim obtido considerado definitivo;

Artigo 61º

Comissão Eleitoral Independente

1. Para assegurar a transparência do processo eleitoral, a mesa poderá delegar as suas responsabilidades eleitorais a uma Comissão Independente, composta por três pessoas, e destas sairá um Presidente, um Vice-Presidente e um Secretário.
2. A Comissão Eleitoral será constituída no local da AG, através de um simples pedido de voluntários entre os convidados à AG e que não fazem parte da associação, nomeadamente representantes de doadores, organizações da sociedade civil, beneficiários ou parceiros do governo, que estejam familiarizados com processos similares.
3. O PMAG ou seu delegado farão uma breve indução à Comissão Eleitoral Independente sobre os procedimentos previstos neste ROSME.

4.O recurso à comissão independente é feito sempre que for julgado necessário pela MAG ouvido o CF.

Artigo 62º

Investidura

1. Não havendo reclamação e/ou sanadas todas as dúvidas, a comissão eleitoral independente investirá o MAG e o PMAG recém empossado irá investir os titulares do CD e CF.
- 2.A tomada de posse consistirá numa declaração de termo de compromisso para cada novo titular (anexo XX), seguido de discursos dos presidentes de cada órgão.
- 3.Os titulares dos Órgãos Sociais cessantes obrigam-se a proceder a entrega formal des pastas aos órgãos eleitos. Para o efeito, o processo de transição deve decorrer num prazo máximo de xx dias...

SECÇÃO III CONSELHO DE DIRECÇÃO

Artigo 63º

Natureza e composição

1. CD é o órgão de governação da Associação no intervalo entre as sessões da AG, é responsável pelo cumprimento pleno das deliberações da AG e demais legislação aplicável;
2. O CD é um órgão colegial, constituído por três/cinco (vide Estatutos) titulares efectivos, sendo um Presidente, um Vice-presidente, um Secretário, um Tesoureiro e um 1º Vogal;
3. Os titulares do CD são eleitos pela AG e são investidos aos respectivos cargos pelo PMAG, mediante a assinatura do termo de tomada de posse;
4. Só a AG é que pode deliberar sobre a retirada do titular do CD do seu cargo;
5. O exercício das funções dos titulares do CD é de carácter voluntário, portanto não dá lugar a salário ou outra compensação pelo trabalho feito, embora as despesas decorrentes das deslocações em missão de serviço e comunicação possam ser suportadas pela Associação;
6. Os titulares do CD, não são permitidos a desempenhar em simultâneo, funções de governação e de gestão;
7. Os titulares do CD são responsáveis civil e criminalmente pelas faltas ou irregularidades cometidas durante o exercício das suas funções.

Artigo 64º

Perfil do titular do CD

1. O titular do CD deve reunir os seguintes requisitos:
 - a) Ter disponibilidade de tempo para o exercício da função;
 - b) Ter vontade de trabalhar para a organização a título voluntário.
 - c) Saber ler, escrever bem e fazer contas correctamente;
 - d) Ser exemplar no pagamento de quotas e participação nas actividades da organização;
 - e) Ter bom relacionamento interpessoal;
 - f) Experiência de trabalho com equipas multidisciplinares;
 - g) Experiência sobre a gestão de crises e/ou conflito de interesse;
 - h) Conhecer bem os Estatutos da organização;
 - i) Não fazer parte de outro órgão social ou ser trabalhador;
 - j) Ter Visão estratégica da organização;
 - k) Conhecer e praticar os valores da organização;
 - l) Conhecer bem e identificar-se com a missão da organização e as áreas de trabalho;
 - m) Conhecimento das melhores práticas de governação e de gestão das organizações da Sociedade Civil;
 - n) Conhecimento da legislação aplicável às Organizações da Sociedade Civil;
 - o) Ter experiência em análise de relatórios programáticos e financeiros;
 - p) Aptidão para aprender novas habilidades técnicas atinentes à função;
 - q) Conhecimento e experiência em mecanismos de mobilização de recursos;
 - r) Ter Habilidades como comunicador e negociador com diferentes públicos.

Artigo 64º

Competências do CD

Compete ao CD superintender a organização, assumindo os seguintes papéis e responsabilidades:

1. Assegurar que a organização cumpra a legislação em vigor, os seus Estatutos e demais regulamentação interna, devendo:
 - a) Assegurar o cumprimento da declaração da visão, da missão e dos valores da organização;
 - b) Assegurar a elaboração e cumprimento do Plano Estratégica da organização;
 - c) Assegurar a elaboração, aprovar as políticas, os procedimentos administrativos, financeiros e dos recursos humanos;

- d) Garantir a existência e cumprimento da política de fundo de reserva, a qual deverá especificar as fontes e percentagens de contribuição;
 - e) Assegurar a elaboração, apreciação do CF e apresentação à AG dos relatórios de actividades e de contas anuais, bem como o plano de actividades e respectivo orçamento para o ano seguinte;
 - f) Assegurar a actualização deste regulamento;
 - g) Assegurar o cumprimento da legislação em vigor no país.
2. Supervisionar o funcionamento do Executivo, especialmente:
- a) Admitir, integrar, avaliar e demitir o Director Executivo ou Coordenador da organização;
 - b) Apoiar o Director Executivo/Coordenador no exercício das suas funções;
 - c) Assegurar que os projectos, os programas estão alinhados com a missão e visão da organização;
 - d) Apreciar regularmente os relatórios financeiros e de progresso submetidos pelo Executivo e dar as devidas orientações para o bom desempenho da organização;
 - e) Reunir regularmente com o Director Executivo sobre assuntos correntes que mereçam o parecer do CD.
3. Assegurar que a organização tem fundos suficientes para o seu funcionamento:
- a) Assegurar a elaboração e actualização de orçamentos anuais;
 - b) Garantir a implementação da política de fundo de reserva;
 - c) Produzir uma estratégia, plano e fazer mobilização de recursos;
 - d) Cumprir o seu papel de protector e guardião da imagem e bom nome da organização.
4. Assegurar que os fundos são usados eficazmente:
- a) Definir os limites de autoridade
 - b) Assegurar a supervisão financeira e o processo de prestação de contas aos Órgãos Sociais doadores, governo local e aos beneficiários;
 - c) Assegurar a existência e operacionalidade de sistema de controlo interno;
5. Garantir cada vez maior eficiência do seu funcionamento:
- a) Reunir **XX** vezes por ano, nos termos dos Estatutos da organização;
 - b) Produzir um plano anual de actividades, dar a conhecer ao Executivo e CF;
 - c) Elaborar uma estratégia de mobilização de novos membros;
 - d) Recrutar e orientar novos titulares do CD;
 - e) Superintender da gestão de Desempenho da organização
 - f) Avaliar o desempenho do Director Executivo/Coordenador
 - g) O CD decidirá quem dos seus titulares irá avaliar o desempenho do director executivo previsto na alinea anterior.

Artigo 65º

Competências do Presidente do CD

1. Compete ao Presidente do CD:
- a) Convocar e presidir as reuniões do CD;
 - b) Superintender o processo de recrutamento e avaliação de desempenho do Director Executivo/Coordenador;
 - c) Liderar o processo de elaboração do plano de actividades do CD;
 - d) Reunir-se mensalmente com o Director Executivo/Coordenador, para acompanhar as realizações da organização;
 - e) Trabalhar com Director Executivo/Coordenador para garantir que as decisões do CD sejam cumpridas;
 - f) Oferecer orientação aos novos titulares do CD, em coordenação com o Director Executivo/Coordenador;
 - g) Planificar as reuniões do CD, incluindo preparar a agenda em coordenação com o Secretário do CD e Director Executivo;
 - h) Assinar as actas das reuniões do CD;
 - i) Representar a organização em juízo e fora dela;
 - j) Estabelecer as metas dos titulares do CD e assegurar a avaliação do seu desempenho individual;

- k) Gerir o conflito dos titulares do CD;
 - l) Supervisionar o cumprimento do plano de actividades aprovadas pela AG;
 - m) Supervisionar o cumprimento dos acordos estabelecidos com os doadores, governo, etc.;
 - n) Assegurar que a gestão financeira seja eficaz e eficiente;
 - o) Assegurar a elaboração de relatórios de actividades e contas do exercício findo;
 - p) Respeitar e fazer respeitar os Estatutos e as deliberações da AG;
 - q) Assegurar a disponibilidade de recursos financeiros para a materialização da missão da organização;
 - r) Prestar contas aos membros nas sessões da AG, às instituições do governo que tutelam a área de actuação da Associação e aos doadores;
 - s) Lidar com instituições públicas e privadas para mútua colaboração em actividades de interesse comum.
2. O PCD pode delegar, por escrito parte das suas responsabilidades aos outros titulares do CD.
 3. O PCD dará a conhecer o teor da delegação aos restantes OS e ao Executivo e outras partes interessadas.

O termo de delegação deverá indicar as razões, o período da delegação, os limites de autoridade e o modo de prestação de contas.
A delegação não exonera o PCD das suas responsabilidades.

Artigo 66º

Competências do Vice-presidente do CD

1. Compete ao Vice-presidente do CD:
 - a) Participar nas discussões e deliberações das reuniões do CD;
 - b) Votar nas propostas submetidas à deliberação do CD;
 - c) Participar nas reuniões do CD, na data e hora pré-fixadas;
 - d) Desempenhar com zelo as funções que lhe forem atribuídas;
 - e) Assinar as actas das sessões do CD;
 - f) Submeter à apreciação do CD, quaisquer propostas relativas às suas atribuições;
 - g) Trabalhar em conjunto com o Presidente e restantes titulares do CD;
 - h) Substituir o Presidente do CD nas suas ausências e incapacidades;
 - i) Cumprir as responsabilidades delegadas pelo PCD.

Artigo 67º

Competências do Secretário do CD

1. Compete ao Secretário:
 - a) Lavrar actas dos encontros do CD;
 - b) Anotar os resultados das votações e propostas apresentadas;
 - c) Receber, preparar, expedir, controlar e arquivar a correspondência;
 - d) Registar a frequência dos titulares do CD às reuniões;
 - e) Distribuir aos titulares do CD as agendas das reuniões e as comunicações;
 - f) Recolher as propostas.

Artigo 68º

Vogais

1. Compete aos Vogais:
 - a) Coadjuvar os restantes titulares do CD;
 - b) Cumprir outras funções que lhes sejam atribuídas no âmbito da governação participativa da organização.

Artigo 69º

Direitos dos titulares do CD

Estes são direitos standards. Em função da capacidade e interesse da organização tantos outros direitos (subsídios, senhas,) podem ser acrescentados.

1. São direitos dos titulares do CD:

- a) Intervir, apresentar propostas e participar nas deliberações das reuniões ordinárias e extraordinárias do CD;
- b) Participar nas reuniões do CD e examinar os documentos referentes aos assuntos constantes da ordem do dia;
- d) Divulgar o perfil das vacaturas existentes no CD;
- e) Requerer com outros titulares do CD a convocação da Assembleia Geral Extraordinária;
- c) Renunciar o cargo do titular do CD, fundamentando as razões que o levam a tomar a tal decisão;
- d) Concorrer aos cargos de gestão da organização, depois de renunciar por escrito, o cargo de titular do CD, através de pedido dirigido ao Presidente do mesmo órgão social, sendo homologado pela AG;
- e) Usufruir de ajuda de custo nas deslocações em missão de serviço da organização, nos termos da política de deslocações da associação;

Artigo 70º

Deveres dos titulares do CD

1. São deveres dos titulares do CD:

- a) Comparecer e participar activamente nas reuniões do CD previamente preparado, devendo examinar antecipadamente os documentos postos à disposição;
- b) Manter sigilo sobre qualquer informação da organização a que tiver acesso em razão do exercício do cargo, bem como exigir o mesmo tratamento sigiloso dos profissionais que lhe prestem assessoria, sob pena de responder pelo acto que contribui para sua indevida divulgação;
- c) Declarar previamente aos restantes titulares do CD, um possível conflito de interesses;
- d) Pautar-se pelas boas práticas de governação participativa da organização.

Artigo 71º

Vacância nos cargos do CD

1. A vacância definitiva nos cargos dos titulares do CD pode se dar por destituição, renúncia, morte, impedimento comprovado, invalidez, perda do mandato ou outras hipóteses previstas nos Estatutos e definidas por lei;
2. Ocorrendo a vacância definitiva de qualquer cargo do titular do CD, esta será preenchida nos termos do nº9 do artigo 26 deste Regulamento.

Artigo 72º

Inelegibilidade e impedimentos

1. Não podem ser eleitos ou reeleitos novamente como titulares do CD, aqueles que, mediante processo disciplinar ou judiciário, tenham sido declarados responsáveis por irregularidades cometidas no exercício das suas funções ou removidos dos cargos que desempenhavam;
2. Os titulares do CD não podem votar em assuntos que directamente lhes dizem respeito, ou nos quais estejam interessados os respectivos cônjuges, ascendentes, descendentes e afins;
3. É vedada à Associação, a contratação de indivíduos que sejam cônjuges, ascendentes, descendentes e afins, com os titulares do CD;

São expressamente proibidos nas instalações da Associação, quaisquer jogos de azar ou actividades que contribuem para alienação da consciência social ou a deformação moral dos titulares do CD.

SUBSECÇÃO I REUNIÕES DO CD

Artigo 73º

Local, convocação e periodicidade

- 1.O CD reúne-se ordinariamente, uma vez por trimestre, em dia e hora previamente marcados e extraordinariamente, sempre que necessário, por convocação do seu presidente ou por maioria absoluta dos seus titulares; As reuniões do CD sejam ordinárias ou extraordinárias, serão preferencialmente, realizadas na sede da Associação;
- 2.As convocações das reuniões do CD deverão, sempre que possível, ser feitas com antecedência mínima de XX dias, acompanhadas da respectiva ordem do dia.
- 3.Para ser considerado legalmente reunido, o CD deverá contar com a presença mínima de XX titulares;
- 4.Em caso de necessidade, o CD poderá convidar o Director Executivo e outros técnicos da organização para prestar informações relevantes para os assuntos em debate, ou titulares dos Órgãos Sociais.
5. Neste caso os convidados não têm direito a voto.

Artigo 74º

Votação

- 1.Encerrada a análise e discussão, em caso de não haver consenso, a matéria será submetida à votação nominal;
- 2.Ao anunciar o resultado das votações o Presidente do CD declarará quantos votaram favorável ou contrário relativo à matéria discutida;
- 3.O titular que, estiver em conflito de interesse deverá abster-se de participar nas discussões e votação;
- 4.A deliberação do CD é tomada por maioria de votos;
- 5.O presidente do CD só poderá usar o seu voto de qualidade em caso de empate, após a declaração de votos dos restantes titulares do mesmo órgão social.

Artigo 75º

Actas

- 1.As sessões do CD são registadas em actas;
- 2.A acta contemplará o detalhe das ocorrências verificadas e manifestações sobre os assuntos analisados nas reuniões do CD;
- 3.As actas devem ser redigidas de forma legível, sem rasuras ou emendas;
- 4.As actas devem ter suas páginas numeradas e rubricadas pelo Presidente do CD.
- 5.As actas serão assinadas pelo Presidente do CD e pelos titulares do mesmo órgão social presentes na reunião;
- 6.As actas das reuniões do CD serão arquivadas na sede da Associação, na forma física e electrónica.

SECÇÃO IV CONSELHO FISCAL

Artigo 76º

Natureza e composição

- 1.O CF é o órgão que fiscaliza a legalidade dos actos administrativos e de gestão da Associação, responsável pela verificação sistemática do grau do cumprimento dos dispositivos estatutários, legais e deliberações da AG;

- 2.O CF é um órgão independente de restantes Órgãos Sociais e presta contas à AG;
- 2.O CF é composto por um Presidente, um Vice-presidente, um Secretário, um 1º Vogal e um 2º Vogal;
- 3.Os titulares do CF são eleitos pela AG e investidos nos seus cargos pelo PMAG, mediante a assinatura do termo de tomada de posse.
- 4.Não poderá ser titular do CF o membro que seja ascendente, descendente, cônjuge, irmão, padrasto ou enteado do Presidente do CD;
- 5.O exercício das funções dos titulares do CF é de carácter voluntário, mas as despesas decorrentes de deslocações em missão de serviço, são suportadas pela Associação;
6. Os titulares do CF são responsáveis civil e criminalmente pelas faltas ou irregularidades cometidas durante o exercício das suas funções.

Artigo 77º

Perfil dos titulares do CF

1. O titular do CF deve reunir os seguintes requisitos:
 - a) Disponibilidade de tempo para o exercício da função;
 - b) Vontade de ajudar a organização sem ser remunerado;
 - c) Saber ler, escrever e fazer contas correctamente;
 - d) Gozar dos seus direitos estatutários;
 - e) Não ser integrante do CD, nem da equipa de gestão;
 - f) Não ser cônjuge ou parente até 2º grau de um dos titulares do CD, CF e da equipa de gestão;
 - g) Conhecimento da legislação aplicável às Organizações da Sociedade Civil;
 - h) Bom relacionamento interpessoal;
 - i) Conhecimento de finanças e contabilidade;
 - j) Capacidade de entender e interpretar os relatórios financeiros e programáticos;
 - k) Experiência sobre a gestão de crises e/ou conflito de interesses;
 - l) Conhecimento sobre as áreas temáticas de intervenção da organização;
 - m) Conhecimento das melhores práticas de governação e gestão das organizações da Sociedade Civil em Moçambique;
 - n) Experiência de trabalho com equipas multidisciplinares;
 - o) Aptidão para aprender novas habilidades técnicas atinentes à função.

Artigo 78º

Competências

1. Compete ao CF:
 - a) Fiscalizar os actos administrativos, financeiros e programáticos da organização;
 - b) Acompanhar a execução orçamental, podendo examinar livros, solicitar informações e quaisquer outros documentos que achar necessários;
 - c) Analisar regularmente os balancetes e demais informações financeiras elaboradas pelo executivo;
 - d) Realizar inquéritos disciplinares deliberados pela AG ou requeridos pelo CD;
 - e) Fiscalizar o cumprimento dos deveres legais e estatutários;
 - f) Verificar o cumprimento deste regulamento e das deliberações da AG;
 - g) Verificar o cumprimento das políticas, procedimentos e a eficácia do sistema de controlo interno;
 - h) Visitar as actividades de campo na área geográfica de actuação da organização;
 - i) Denunciar ao CD os erros, fraudes que descobrir, sugerir providências, medidas de correcção, e caso estes não tomem as medidas necessárias para a protecção dos interesses da organização, reportar à AG;
 - j) Examinar e emitir parecer sobre alienação ou oneração dos bens imóveis da organização;

- k) Examinar e dar parecer prévio nos contratos e acordos de parcerias a serem celebrados pela Associação, por solicitação do CD;
- l) Articular com os auditores externos, para entender os seus pareceres;
- m) Examinar, emitir parecer sobre os relatórios de actividades e de contas do exercício findo, apresentados pelo CD à AG;
- n) Examinar, emitir parecer sobre a proposta do plano de actividades e o respectivo orçamento para o ano seguinte;
- o) Opinar sobre as propostas do CD, a serem submetidas à AG, relativas a modificação dos Estatutos, quotas e extinção da organização;
- p) Exercer as demais atribuições atinentes à sua função fiscalizadora.

Artigo 79º

Competências do Presidente do CF

- 1. Compete ao Presidente:
 - a) Convocar, presidir as reuniões ordinárias e extraordinárias do CF;
 - b) Colocar em discussão e deliberação assuntos relativos à sua função fiscalizadora;
 - c) Assinar as actas de reuniões, expedientes e pareceres do CF;
 - d) Decidir sobre as questões da ordem do dia, relativas às reuniões do CF;
 - e) Verificar o cumprimento das decisões tomadas nas reuniões do CD e deliberações da AG;
 - f) Participar nas reuniões do CD, quando convidado, sem direito a voto;
 - g) Solicitar a convocação da AG extraordinária, quando o julgar conveniente;
 - h) Elaborar e apresentar à AG, o relatório de actividades desenvolvidas pelo seu órgão social;
 - i) Agir em nome do seu órgão social, mantendo todos os contactos com as autoridades com as quais se relaciona no exercício das suas funções;
 - j) Exercer outras funções atinentes à fiscalização dos actos administrativos da Associação;
 - k) Apresentar os pareceres do CF sobre os relatórios e contas apresentadas pelo CD.

Artigo 80º

Competências do Vice-Presidente do CF

- 1. Compete ao Vice-presidente:
 - a) Planificar acções de fiscalização junto com os restantes titulares do CF;
 - b) Participar activamente nas fiscalizações, discussões e deliberações do CF;
 - c) Trabalhar em coordenação com o Presidente do CF;
 - d) Representar ou substituir o Presidente do CF nas suas ausências ou impedimentos;
 - e) Assinar as actas das reuniões do CF;
 - f) Desempenhar com zelo as funções que lhe forem atribuídas;
 - g) Votar as propostas submetidas à deliberação do CF.

Artigo 81º

Competências do Secretário do CF

- 1. Compete ao Secretário do CF:
 - a) Participar activamente nas fiscalizações, discussões e deliberações do órgão;
 - b) Lavrar as actas do órgão;
 - c) Registar a frequência dos titulares do CF às reuniões;
 - d) Distribuir aos titulares do CF, os convites e as comunicações;
 - e) Anotar os resultados das votações e propostas apresentadas;
 - f) Receber, preparar, expedir e controlar correspondência;
 - g) Providenciar os serviços de arquivo e documentação, entre outras.

Artigo 82º

Direitos dos titulares do CF

Estes são direitos standards. Em função da capacidade e interesse da organização tantos outros direitos (subsídios, senhas,) podem ser acrescentados.

1. São direitos dos titulares do CF:

- a) Receber atempadamente e examinar os documentos referentes aos assuntos constantes da ordem de trabalhos da reunião do CF;
- b) Intervir, apresentar propostas e participar nas deliberações das reuniões ordinárias e extraordinárias do CF;
- c) Propor novos membros para os cargos do CF;
- d) Requerer com outros titulares do CF e nos termos previstos para o efeito, a convocação de AG extraordinária;
- e) Renunciar o cargo do titular do CF, fundamentando as razões que o leva a tomar a tal decisão;
- f) Usufruir de ajudas de custo nas deslocações em missão de serviço da organização, nos termos das políticas e procedimentos internos.

Artigo 83º

Deveres dos titulares do CF

1. São deveres dos titulares do CF:

- a) Colocar o interesse da organização sempre acima de qualquer interesse
- b) Ser justo nas suas análises e intervenções;
- c) Comparecer às reuniões do CF devidamente preparado, devendo examinar previamente os documentos postos à disposição e delas participar activamente;
- d) Manter sigilo sobre qualquer informação da organização a que tiver acesso em razão do exercício do cargo, bem como exigir o mesmo tratamento sigiloso dos profissionais que lhe prestem assessoria, sob pena de responder pelo acto que contribui para sua indevida divulgação;
- e) Declarar previamente aos restantes titulares do seu órgão social casos de conflito de interesse
- f) Abster-se de participar nas discussões e votação de assuntos em que esteja em conflito de interesse;
- g) Pautar-se pelas boas práticas de governação participativa da organização.

SUBSECÇÃO I

REUNIÕES DO CF

Artigo 84º

Local, convocação e periodicidade

1. O CF reúne-se ordinariamente, **XX** vezes por ano, em dia e hora previamente marcados e extraordinariamente, sempre que necessário, por convocação do seu Presidente;
2. As reuniões do CF sejam ordinárias ou extraordinárias, serão preferencialmente, realizadas na sede da Associação;
3. O quórum mínimo para a realização da reunião do CF é de **XX** titulares;
4. Se, no início da reunião não houver quórum suficiente, será aguardado, o prazo de trinta minutos, para completar o quórum;
5. Esgotado o prazo previsto no parágrafo anterior, sem que haja quórum suficiente, o Presidente do CF convocará nova reunião para outra data e hora.

Artigo 85º

Declaração de conflito de interesses

1. Em caso de conflito de interesses, real ou aparente o titular do CF deve declará-lo logo quando receber a ordem do dia, antes da discussão da respectiva matéria iniciar.

2. O Presidente do CF, decidirá se o titular declarante participa ou não nas discussões e em que capacidade;
3. A situação de conflito de interesse deve ser reportada na acta, assim como o seu tratamento pelo CF.

Artigo 86º

Actas

1. As decisões tomadas nas sessões do CF são registadas em actas.
2. A acta contemplará o resumo das ocorrências verificadas e manifestações sobre os assuntos analisados nas reuniões do CF;
3. As actas devem ser redigidas de forma legível, sem rasuras ou emendas.
4. As actas devem ter páginas numeradas e rubricadas pelos titulares do CF presentes na reunião;
5. As actas das sessões do CF serão arquivadas na sede da Associação, na forma física e electrónica;
6. Em caso de as deliberações do CF são anunciadas aos titulares de outros Órgãos Sociais, particularmente ao CD.

Artigo 87º

Interacção com outros órgãos e Executivo

1. Pela sua natureza de trabalho o CF terá sempre que interagir com outros órgãos me executivo;
2. O CD e a Mesa da AG podem solicitar o CF a analisar, investigar e/ou dar parecer sobre casos de denúncias, propostas ou outros de interesse da organização;
3. O CF pode convidar o CD ou o Director Executivo a participar num encontro de trabalho do CF para dar informação sobre um assunto em análise.
4. Em caso de votação os convidados ao encontro do CF não têm direito a voto.

SUBSECÇÃO II ÁREAS DE FISCALIZAÇÃO

Artigo 88º

Fiscalização da área Administrativa

1. Os actos do CF na área administrativa podem ser os seguintes:
 - a) Avaliar o cumprimento da legislação laboral e de Segurança Social vigente, nomeadamente: indemnizações, despedimentos, aposentação, licenças e recrutamento do pessoal;
 - b) Verificar a conformidade dos instrumentos de regulação interna com as leis e boas práticas aplicáveis as organizações da sociedade civil e não só;
 - c) Verificar os processos das contratações para se indagar quanto ao cumprimento dos procedimentos estabelecidos para o efeito;
 - d) Verificar se é feita a gestão do desempenho regularmente e conforme o estabelecido no Manual de Políticas e Procedimentos de Recursos Humanos;
 - e) Confrontar as folhas de salários e os comprovativos dos pagamentos das retenções dos funcionários para apurar a regularidade. Verificar se os salários são pagos em conformidade com a tabela pré-estabelecida e caso não apurar as razões de não observância;
 - f) Verificar as folhas de efectividade (*timesheets*) e confrontá-las com as respectivas folhas de salários para verificar a coerência nos processamentos das remunerações;
 - g) 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 orçamento;
 - h) Verificar se os bens estão devidamente registados na respectiva lista de inventário actualizada;
 - i) Verificar o grau de observância dos limites de autoridades, nomeadamente nas autorizações do uso de meios e bens da organização.

- j) Verificar os processos de aquisições de bens e serviços de modo a certificar-se do cumprimento das normas estabelecidas nas Políticas e procedimentos internos e/ou contratos em prol da transparência no processo das aquisições;
- k) Examinar o montante de ajuda de custo pago aos dirigentes no exercício das suas funções, se estes estão contemplados no orçamento e se estão no limite fixado pela Assembleia-geral;
- l) Verificar o cumprimento de normas de Higiene, Segurança no trabalho (HST) através de visitas aos locais de implementação de projectos da organização;
- m) Ler os acordos de parceria com os provedores de recursos, para familiarizar-se com as normas e regulamentos dos mesmos, por exemplo as da USAID e outros que têm suas próprias normas;
- n) Verificar o sistema de arquivo, especialmente os processos individuais do pessoal e a correspondência com o exterior, incluindo as pastas do arquivo.

Artigo 89º

Fiscalização da área Financeira

1. Os actos do CF na área Financeira podem ser os seguintes:
 - a) Verificar o nível de realização das despesas comparando com o orçamentado;
 - b) Verificar os pedidos de compras (requisições) para se aferir a sua legalidade;
 - c) Examinar os relatórios financeiros e a validade dos documentos de suporte comparando-os com as actividades para se inteirar da sua conformidade;
 - d) Analisar os livros de banco, extractos e as reconciliações para assegurar-se da saúde financeira, organização e aperceber-se dos eventuais descaminhos dos recursos ou desvios de aplicação;
 - e) Verificar o cumprimento do estabelecido no Manual de Políticas, Procedimentos Administrativos e Financeiros, na actuação do pessoal financeiro, através da apreciação do processo de execução das actividades; (por exemplo verificar os processos, e as devidas assinaturas e a separação de responsabilidades);
 - f) Examinar os livros, documentos e registos contabilísticos e a correspondência a eles atinente;
 - g) Apreciar os balancetes mensais e verificar a exactidão das contas;
 - h) Verificar as actas, relatórios e outros documentos para avaliar o grau de cumprimento das recomendações contidas nestes documentos;
 - i) Verificar a natureza das despesas e compará-las com as previstas no orçamento. Olhar a sequência ou cadeia das actividades (acções), bem como os seus intervenientes de modo a assegurar-se da separação de responsabilidades;
 - j) Verificar 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;
 - k) Verificar a validade das apólices de seguro (gestão de risco e segurança do património).
 - l) Verificar outros aspectos que julgar relevantes e pertinentes.

Artigo 90º

Fiscalização da área Programática

2. 1. Os actos do CF na área Programática podem ser os seguintes:
 - a) Verificar se o projecto está de acordo com o plano estratégico (missão, visão e valores da associação);
 - b) Ver os planos das actividades e confrontá-los com as constatações no terreno para verificar o cumprimento e nível de execução;
 - c) Auscultar os beneficiários dos serviços e outros envolvidos para obter informação de comparabilidade com os dados constantes nos documentos de monitoria e avaliação;
 - d) Verificar se as actividades estão sendo executadas respeitando os padrões de qualidade, tomando como referência o estabelecido nos documentos da sua concepção;
 - e) Verificar se as orientações têm sido devidamente dadas;
 - f) Verificar outros aspectos que julgar relevantes e pertinentes.

Artigo 91º

Instrumentos Normativos

1. No exercício das funções do CF, recorre-se aos seguintes instrumentos normativos internos:
 - a) Estatutos da organização;
 - b) ROSME;
 - c) Manual de Políticas, Procedimentos Administrativos e, Financeiros e de
 - d) Recursos Humanos incluindo:
 - i. Política de viagens em missão de serviço;
 - ii. Instrumentos usados para a gestão e avaliação do desempenho;
 - iii. Política salarial e de viagem;
 - iv. Livro de inventário actualizado;
 - v. Políticas de abate e uso particular dos bens patrimoniais da organização;
 - vi. Plano e orçamento.
 - e) Listas de presenças;
 - f) Acordos e contratos com doadores.

Artigo 92º

Como e quando fiscalizar

- 1.O CF deverá ter um plano de actividades partilhado com CD e com Executivo;
- 2.O CF deve proceder á fiscalização em cada uma das três áreas supracitadas (Administrativa, Programática e Financeira) pelo menos uma vez por ano, e sempre que se julgar necessário;
- 3.Antes da data planificada o CF envia uma carta ao CD com cópia ao Executivo, com os Termos de Referência o trabalho que vai fazer, nomeadamente objectivos, plano de trabalho, o que vai fazer, onde, quando e com quem, documentos necessários para consulta;
- 4.O CD e o Executivo avaliam as possibilidades logísticas e informam os detalhes práticos ao CF para a realização da fiscalização;
- 5.O CF pode fazer, sem aviso prévio, visitas aos fornecedores para confirmar a veracidade de alguns documentos de suporte (spot check);
- 6.Sempre que possível os fiscalizadores terão um encontro com o sector fiscalizado para apresentar as constatações preliminares e obter possíveis clarificações;
- 7.Depois de cada acção fiscalizadora, o CF deverá elaborar um relatório contendo as constatações e recomendações, assinado pelos participantes e entregue ao CD.
- 8.O CD pode solicitar informações adicionais ou pedir esclarecimentos sobre as constatações e recomendações do CF;
- 9.O CD com o operacionalizam as recomendações do CF.

Artigo 93º

Parecer do CF

- 1.Todos os relatórios e propostas submetidas à AG carecem de parecer do CF;
- 2.Para a emissão de parecer o CD deve enviar os documentos (Relatório de actividades, Relatório financeiro, Relatório de auditoria, Plano de actividades, Orçamento e outros) com antecedência mínima de 15 dias;
- 3.O CF analisa os documentos e em caso de necessidade solicita esclarecimentos ou informação adicional do CD e emite o seu parecer a ser apresentado à AG.
- 4.O parecer do CF deve ser detalhado e apresentado numa linguagem simples, clara para permitir que à AG delibere com facilidade;
- 5.Os pareceres do CF são guardados num local seguro na sede da organização.

Titulo III

Disposições Finais

Artigo 94º

Fusão, Cisão e Dissolução

- 1.A decisão sobre a fusão, cisão e dissolução da associação **XX** é de exclusiva competência da Assembleia Geral, expressamente convocada para o efeito, com uma maioria de **3/4** dos membros da organização de pleno direito.
- 2.O destino a dar aos bens da associação **XX** respeita os Estatutos e demais legislação vigente.
- 3.Pelas dívidas da associação **XX** só responde o seu património social.

Artigo 95

Casos omissos

- 1.Os casos omissos e dúvidas no presente regulamento serão resolvidos pelo Conselho de Direcção.
- 2.Aos casos omissos aplicar-se-á subsidiariamente a Legislação relevante e vigente na República de Moçambique

Artigo 96

Publicação do regulamento e outros actos normativos

- 1.O ROSME e outros actos normativos, deverão ser tornados públicos de forma que todos os membros, colaboradores e demais interessados possam ter conhecimento completo do seu conteúdo.
- 2.A disseminação do presente regulamento poderá ser feita nos encontros do pessoal chave, no processo de orientação de novos membros e titulares dos Órgãos Sociais.

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@Mango, Manual do curso de Gestão Financeira Prática financeira para ONGs, UK, 2009

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Anexo
FICHA DE INSCRIÇÃO DE MEMBRO

Foto

Nome: _____

Data de nascimento: ___/___/___ Sexo: _____

Naturalidade: _____ Nacionalidade: _____

Filiação: _____ e: _____

Estado Civil: _____

Morada: Av./ Rua _____

Localidade: _____ Província: _____

Telefone: _____ Celular: _____ Correio electrónico: _____

Tipo de Documento: B.I./Cédula/Passaporte Nº _____

Entidade Emissora: _____ Validade: ___/___/_____

Título Académico: _____

Profissão/ Ocupação: _____

Entidade Patronal: _____

Endereço: _____

Outras informações relevantes: _____

Declaração de interesse:

Declaro por minha honra que tomei conhecimento dos objectivos e áreas de intervenção, bem como dos princípios da associação com os quais concordo, pelo que

Solicito ao Exmo Sr Presidente do Conselho de Direcção a minha admissão como membro da associação e aguardo aceitação

Assinatura

Data e local

Deliberação do CD

Na sessão do dia ____, ____, ____ o CD apreciou positivamente a candidatura de _____ e decidiu submetê-la à próxima sessão da Assembleia Geral, para aprovação.

Outras informações abonatórias:

Assinatura dos membros do CD:

Deliberação da Assembleia Geral

Na sessão do dia ____, ____, ____ a AG apreciou positivamente a candidatura de _____ que o admitiu como membro efectivo de pleno direito nos termos dos Estatutos em vigor na associação.

Outras informações abonatórias:

O Presidente da Mesa da Assembleia Geral

Anexo

MODELO DE CONVOTÓRIA DA ASSEMBLEIA

Em conformidade com as disposições legais aplicáveis e os estatutos da associação, nos termos do artigo ____, convoco a todos os membros da _____ para a reunião da Assembleia-geral Ordinária (indicar se é extraordinária) a ter lugar no dia _____ de _____ de 20 ____, em sua sede, às ---- horas, de acordo com a seguinte ordem do dia:

- (i) Deliberação sobre o relatório de actividades e contas do exercício fiscal ao ano findo, mediante o parecer do Conselho Fiscal;
- (ii) Apreciação e aprovação do plano de actividades e orçamento para o ano seguinte;
- (iii) Diversos.

Se à hora marcada não esteja presente o quorum necessário, a Assembleia-geral funcionará em segunda convocatória, de acordo com o previsto no artigo _____ dos estatutos.

Local, _____ de 20 _____

O Presidente da Mesa Assembleia-geral

Nota:

Outros assuntos de interesse podem constar da ordem do dia, por exemplo: Eleição de titulares dos Órgãos sociais; Aprovação do Plano Estratégicos, Aprovação da revisão dos Estatutos, Aprovação do ROSME etc.

Anexo

ROTEIRO DA ASSEMBLEIA-GERAL

1. Chegada e registo de participantes (membros e convidados).
 2. Entrada dos membros e convidados à sala da reunião geral.
 3. Verificação do quórum
 4. Discurso de abertura – do Presidente da Mesa da Assembleia Geral ou seu substituto- explicar o objectivo do evento, apresentar a agenda
 5. Questões prévias
 6. Leitura da Acta da última sessão da Assembleia Geral.
 - Apreciação, discussão e aprovação da Acta da última Assembleia Geral;
 7. Apresentação e aprovação/ratificação de novos membros pela Assembleia Geral.
 8. Leitura de Relatório de actividades e Contas do exercício findo, apresentado pelo Conselho de Direcção.
 - Apresentação do parecer escrito do Conselho Fiscal sobre o Relatório de actividades e Contas do exercício findo;
 - Apreciação e discussão dos relatórios pelos membros;
 - Aprovação (ou reprovação), através de votação dos membros.
 9. Leitura do Relatório de actividades desenvolvidas pelos Órgãos Sociais e acções para o ano seguinte
 - Perguntas e respostas de clarificação
 10. Apresentação do Plano de Actividades e respectivo Orçamento para o ano seguinte
 - Apresentação do parecer escrito do Conselho Fiscal sobre a proposta do plano e orçamento.
 - Apreciação e discussão pelos membros.
 - Aprovação (ou reprovação) através de votação dos membros.
 11. Apreciação, discussão e aprovação das alterações de instrumentos de regulação interna (se for o caso):
 - Estatutos;
 - Plano Estratégico
 - ROSME
 - Outros instrumentos de regulamentação interna da organização.
 12. Eleição dos titulares dos Órgãos Sociais
 13. Tomada de posse dos titulares eleitos
 - Intervenção dos Presidentes eleitos.
 14. Leitura e aprovação da síntese da Assembleia Geral
 15. Discurso de encerramento da sessão da Assembleia Geral pelo Presidente da Mesa.
 16. Fim da sessão.
-

Anexo

PROCURAÇÃO

Ao Sr. Presidente da Mesa

Eu, _____, Estado civil _____;

Membro nr _____, residente em _____, nomeio e constituo meu bastante procurador, o Senhor. _____, membro nr _____, residente em...., membro da associação (indicar o cargo se for aplicável), para o fim de representar-me na sessão da Assembleia-Geral da _____, a ter lugar no dia _____/_____/_____, podendo opinar, discutir, votar e aprovar em meu nome.

Para maior clareza e fins de direito, firmo a presente procuração.

Assinatura _____

Local, aos ____/____/_____

[anexar a cópia de Cartão de Membro ou do B.I do outorgante)

Anexo

REQUERIMENTO

EXCELENTÍSSIMO (A) SENHOR(A) PRESIDENTE DA MESA DA ASSEMBLEIA GERAL DA....

_____ (Local)

(espaço reservado para o despacho – sete espaços duplos)

_____¹, Membro Efectivo²_____, portador/a do Cartão de membro n.º____, vem mui respeitosamente requerer à V. Exa. a permissão para expressar a sua Indignação/Inquietação/Discordância³ sobre a apresentação feita nesta magna AG, pelo membro⁴ _____ concretamente no que concerne ao ponto⁵ n.º _____, _____⁶ _____

Pelo que,

Pede deferimento.

_____, aos _____ de _____ de 20____

(assinatura do requerente)

¹ Nome do requerente

² Indicar o cargo se for titular dos Órgãos Sociais

³ Riscar o que não se aplicar

⁴ Nome do apresentador ou da situação em concreto (ou ponto de agenda)

⁵ Indicar o n.º de ordem

⁶ Indicar o assunto ou documento em causa

Anexo

Declaração de Candidatura a titular dos órgãos Sociais

Nome _____,
membro da associação nr _____, declaro por minha honra, ser da minha livre e espontânea vontade, candidatar-me a titular de órgão social (se houver lista mencionar a respectiva lista/cabeça de lista), para o que espero dedicar todas das as minhas energias e conhecimentos para contribuir na transparência, boa governação e bom nome da associação_____.

Assinatura do membro candidato

Local, aos _____/_____/20____

Anexo

CANDIDATURA POR LISTA AOS CARGOS DOS ÓRGÃOS SOCIAIS

Exmo. Sr. Presidente da Mesa
da Assembleia-geral da Associação

Lista A/B/C

Os membros abaixo indicados da Associação _____,

No pleno gozo dos seus direitos estatutários e em harmonia com o Regulamento Eleitoral, vêm por este meio apresentar a sua candidatura a eleições para os cargos dos órgãos sociais, no âmbito da Assembleia Geral a realizar-se no dia _____ de _____ de _____, para a eleição dos órgãos sociais.

A lista terá a seguinte composição:

a) Mesa da Assembleia-geral:

- Nome de Candidato – cargo: Presidente
- Nome de candidato – cargo: Vice-Presidente
- Nome de candidato – cargo: Secretário

b) Conselho de Direcção:

- Nome de candidato – cargo: Presidente
- Nome de candidato – cargo: Vice-Presidente
- Nome de candidato – cargo: Secretário
- Nome de candidato – cargo: Tesoureiro
- Nome de candidato – cargo: Vogal

c) Conselho Fiscal:

- Nome de candidato – cargo: Presidente
- Nome de candidato – cargo: Vice-Presidente
- Nome de candidato – cargo: Secretário
- Suplente 1
- Suplente 2

Nota: A composição dos Órgãos Sociais depende do previsto nos Estatutos

Anexo

TERMO DE POSSE DOS TITULARES DOS ÓRGÃOS SOCIAIS

Nome _____

Declaro por minha honra, dedicar todas as minhas energias e conhecimentos e cumprir fiel e rigorosamente com as minhas funções e responsabilidades definidas nos estatutos da Associação para o cargo de _____, para o qual me candidatei e fui eleito(a).

Assinatura do membro eleito

Assinatura do Presidente da Mesa

Local, aos _____/_____/20____

Anexo

Síntese da Assembleia Geral

Aos _____(por extenso) dias do mês de _____, do ano de _____(por extenso), pelas ____ (por extenso) horas, na sede da Associação _____, sita no bairro do _____ Rua _____nº ____, distrito de _____, ao abrigo do artigo _____º dos Estatutos da Associação_____, os seus membros reuniram-se em sessão da Assembleia Geral, tendo obedecido à seguinte ordem do dia:

(Mencionar a ordem do dia)

A Assembleia Geral tomou as seguintes deliberações:

1ª Deliberação

Aprovada a proposta dos seguintes novos membros:(indicar os nomes e também categorias se for aplicável; em caso de reprovação de algum deles indicar os fundamentos).

2ª Deliberação

Aprovada a acta da Assembleia geral de _____(indicar se foi por unanimidades ou os votos a favor, contra e abstenções).

3ª Deliberação

Aprovado/reprovado o relatório anual de actividades e contas do ano fiscal de _____(indicar se foi por unanimidades ou os votos a favor, contra e abstenções).

_____(indicar se foi por unanimidades ou indicar os votos a favor, contra e abstenções).

4ª Deliberação:

Aprovado o Plano de actividades e respectivo orçamento para o ano fiscal de _____.

Após o processo eleitoral foram emanadas as seguintes deliberações:

(caso as eleições tenham sido com base em listas produz-se uma deliberação apenas, indicando a lista vencedora e o respectivo nr votos, assim como a ordem das restantes listas).

5ª Deliberação:

Durante o processo eleitoral, regido pelos estatutos da associação _____ pelo seu ROSME, o qual contou com a participação de **(número de membros)** _____ membros com direito a voto, foi eleito/a como Presidente da Mesa da Assembleia-Geral o/a Sr./a _____ de _____ anos de idade, residente no em _____ com _____ votos a favor dos _____ votos expressos nas urnas.

6ª Deliberação:

Com _____ votos a favor, dos _____ votos expressos nas urnas, foi eleito/a como vice-presidente da Mesa da Assembleia-geral o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

7ª Deliberação:

Com _____ votos a favor, dos _____ votos expressos nas urnas, foi eleito/a como Secretária da Mesa da Assembleia-geral o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____ quarteirão nº _____.

8ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Presidente do Conselho de Direcção o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

9ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Vice - Presidente do Conselho de Direcção o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

10ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Secretário/a do Conselho de Direcção o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

11ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Presidente do Conselho de Fiscal o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

12ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Vice-Presidente do Conselho Fiscal o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

13ª Deliberação:

Com _____ votos a favor dos _____ votos expressos nas urnas, foi eleito/a como Secretário/a do Conselho Fiscal o/a Senhor/a _____, de _____ anos de idade e residente no bairro _____, quarteirão nº _____.

Anexo

EXEMPLO DE UMA ACTA DA ASSEMBLEIA-GERAL

ACTA N° _____

Aos _____ (por extenso) dias do mês de _____, do ano de _____ (por extenso), pelas _____ (por extenso) horas, na sede da Associação _____, sita no bairro do _____ Rua _____ n° _____, distrito de _____, ao abrigo do artigo _____° dos Estatutos da Associação _____, os seus membros reuniram-se em sessão da Assembleia Geral, tendo obedecido à seguinte ordem do dia.

1. Depois do registo dos participantes e da saudação aos participantes, o Presidente da Mesa da Assembleia Geral, usou de palavra para verificar o quórum (indicar que existe o quorum nos termos dos artigos xx dos estatutos) necessário para o arranque das sessões, anunciar os objectivos da AG e a agenda . Antes de entrar para a ordem do dia solicitou aos participantes questões prévias, ao que (indicar o que foi dito como questão prévia). Seguiu-se a leitura e aprovação da acta da AG anterior (realizada a data).
2. Apresentação e ractificação/aprovação de novos membros (comentários sobre o processo e os nomes dos membros aprovados).
3. PMAG convidou o Presidente do Conselho de Direcção a usar de palavra, para apresentar o relatório de exercício e contas.
4. Em seguida o Conselho Fiscal apresentou o seu parecer sobre o relatório de actividades e contas apresentado pelo CD, (realçar os pontos fortes e fracos).
5. Após o parecer do CF foi aberta a discussão à volta do relatório seguida de votação (indicar o número de votos e se foi aprovado por unanimidade ou com reservas indicar os pontos que constituem a respectiva reserva. Em caso de reprovação mencionar os fundamentos).
6. Seguiu-se a leitura dos Relatório de actividades desenvolvidas pelos Órgãos Sociais e acções para o ano seguinte (o CD deve apresentar também os instrumentos normativos que aprovou durante o período que antecede a AG (ex. Políticas e Procedimentos, ordens de serviço).

Perguntas e respostas de clarificação (Resumir os aspectos mais importantes).

7. O PMAG convidou o PCD a apresentar o Plano de Actividades e respectivo Orçamento para o ano seguinte.
Por sua vez o PCF apresentação o parecer escrito do Conselho Fiscal sobre a proposta do plano e orçamento Fiscal (resumir os pontos-chave).
Em seguida foi aberta a discussão em plenário à volta do Plano de Actividades e respectivo Orçamento, ao que foram levantados os seguintes aspectos: (resumir os principais pontos apresentados pelos participantes, sejam a favor, sejam inquietações e sugestões para melhoria).

- O Plano de Actividades e respectivo Orçamento para o ano de ____ foi aprovado/reprovado com x votos a favor, y contra e z abstenções.

8. O PMAG convidou o PCD a apresentar e submeter à discussão e aprovação os seguintes instrumentos de regulação interna:

- Estatutos;
- Plano Estratégico
- ROSME
- Outros instrumentos de regulamentação interna da organização.

(resumir os principais pontos apresentados pelos participantes, sejam a favor, sejam inquietações e sugestões para melhoria).

Após a respectiva discussão o instrumento X foi aprovado/reprovado com x votos a favor, y contra e z abstenções. (o mesmo para os restantes documentos apresentados para aprovação)

9. Eleição dos titulares dos Órgãos Sociais (explicar o processo, detalhando a criação, composição e funcionamento da Comissão eleitoral, caso for aplicável; indicar o nr de votos por titular ou lista e preencher as resoluções abaixo indicadas)

10. O PMAG cessante (se aplicável) dirigiu a tomada de posse dos titulares eleitos recém eleitos e a lerem a assinarem o termo de posse e a usarem da palavra.

11. Após a leitura, a síntese (em anexo) foi aprovada com x votos a favor, y contra e z abstenções.

Não havendo nada mais a tratar, o Presidente da Mesa deu por encerrados os trabalhos da Assembleia Geral, quando eram _____ horas, da qual foi lavrada a presente acta, depois de lida foi aprovada e assinada pelos membros da Mesa da Assembleia Geral.

Local, aos ____/____/____ (por extenso)

Annex 7: Case Study on Risks of Using Separate Contracts and Paystubs

O caso do Director Zuze Sou Eu Próprio

Zuze Sou Eu Próprio, solteiro e sem dependentes é Director Executivo da Associação “Nós de Cá” há 4 anos e desde lá tem um salário bruto mensal de 65.000Mt coberto por três projectos (CAP/FHI360, CCC e DDD).

Como os três projectos iniciaram e vão terminar em momentos diferentes o Conselho de Direcção da “Nós de Cá” decidiu que Zuze Sou Eu Próprio tenha três contratos com a associação, de acordo com os financiamentos dos doadores. Do projecto CAP recebe 40%, o que corresponde a 26.000Mt e de cada um dos outros 30%, portanto 19.500Mt de cada.

O DE decidiu que para não confundir os processos devia ter três folhas de salário separadas. Como resultado dos cálculos e alegadamente com base no Código do IRSPs ele só paga 725 Mt de IRPS calculado com base nos 26.000MT, já que os 19.500Mt não são tributáveis.

Perguntas de reflexão

- 1- O procedimento de pagamento de salários é correcto? Caso não, o que está errado?
- 2- Cálculo de IRPS é correcto? Se não, qual seria o valor certo a pagar de IRPS?
- 3- Quanto Zuze Sou Eu Próprio sonega por mês?
- 4- Qual o risco legal para Zuze e para a associação ou seja se hoje houvesse uma inspecção qual seria a medida mais provável que seria tomada contra a “Nós de Cá” e contra o Zuze?
- 5- É normal o colaborador ter vários contratos com o mesmo empregador?

Respostas:

- 6- O cálculo de imposto com base em parcelas origina erros por defeito, por causa das percentagens que variam com os montantes da base de cálculo, por isso cada trabalhador deve ter apenas uma folha de salário.
- 7- $65.000\text{Mt} - 60.750 = 4250\text{Mt} \times 0,25\% = 1062,5 + 7375 = 8437,5\text{Mt}$
- 8- $8437,5 - 725 = 7.712,5\text{MT}$
- 9- Pagamento de toda a diferença no valor de 370.200MT ($7.712,5\text{Mt} \times 48$ meses) e uma multa nos termos da legislação aplicável.
- 10- Não é normal. Cada trabalhador deve ter apenas um contrato de trabalho com a instituição.

Annex 8: Results of Resource Mobilization Efforts

Contacted	Approximate date of initial contact	Documentation prepared/submitted/approved	Details	Status of solicitation
NAFEZA				
EU	Nov 2014	Concept note approved Proposal (1) submitted	Governance monitoring	Approval Awaiting response
	Marc 2015	Proposal (2) submitted	Governance monitoring	Proposal not approved
UN Women	Sept 2014	Proposal submitted and approved	Women participation in elections	Agreement signed; Implementing
UNICEF - new	Feb 2015	Proposal submitted and approved	GBV in humanitarian environment	Agreement signed; Implementing
French Embassy	Nov 2014	Proposal submitted and approved	GBV and Women's rights	Agreement signed; Implementing
AGIR	May 2015	Proposal submitted and approved	GBV, SRH, Women's rights and Organizational Strengthening	Agreement signed; waiting disbursement
IBIS	June 2015	Proposal submitted	Continuation of earlier relationship	Awaiting response
ANDA				
DFID	Dec 2013	Proposal submitted with Magariro	Girls education	Agreement signed; implementing (Set 2014)
CEP	Out 2012	Proposal	Score card	Agreement signed; implementing (Fev 2015)

PMA	May 2015	Proposal	Nutrition	Approval Awaiting response
PAANE/EU	April 2015	Concept note approved	Cidadania e Participação	Approval Awaiting response
CCM				
MCC	Nov 2014	Proposal	Cost-Extension	Agreement signed; implementing (April 2015)
	Oct 2014	Proposal Fase II	Peace consolidation and reconciliation	Agreement signed; Implementing (April 2015)
OXFAM	Nov 2014	Proposal Fase I	Cost-Extension	Agreement signed; Implementing (Feb 2015)
ESSOR	Nov 2014	Proposal	OD	Agreement signed; Implementing (June 2015)
CCM central	Feb 2015	Presentation	Human rights and GBV	Agreement signed; Implementing (June 2015)

Annex 9: CSO Sustainability Study Executive Summary-English

DIAKONIA, FHI360, HELVETAS, KEPA e OXFAM NOVIB

Relatório do Estudo sobre a Sustentabilidade das Organizações da Sociedade Civil

VERSÃO FINAL

ELABORADO POR:



MAIO DE 2015

1 EXECUTIVE SUMMARY

This document constitutes the Report on the Civil Society Organization Sustainability Study requested by 5 Non-Governmental Organizations (DIAKONIA, FHI360, HELVETAS, KEPA and OXFAM NOVIB) and conducted by *EUROSIS Consultoria e Formação em Gestão*.

In a synthesized manner, the key objectives of this study were to: a) map the understanding of sustainability and its challenges that the governance and management of CSOs have; b) help deconstruct the perception limiting the sustainability to the economic and financial viability of CSOs, bringing to light also other relevant dimensions for this purpose; c) recommend actions for decision-making by the various actors working in the strengthening of CSOs.

Taking into consideration its objectives, this study is structured around four key components:

- **international literature review** to identify factors that, according to international research, influence the sustainability of CSOs.
- **data collection** (through self-administered questionnaires, face-to-face interviews and workshops) to survey perceptions and opinions of CSOs regarding the concept of sustainability, limitations placed by the Mozambican context on the sustainability of CSOs, weaknesses of CSOs themselves that do not help sustainability). Reference should be made to the fact that for data collection: 79 representatives of 62 CSOs completed an online questionnaire; 19 semi-structured and in-depth interviews were conducted; and three workshops were conducted in Maputo, Chimoio and Nampula with the participation of 69 representatives from 54 CSOs.
- **analysis and conclusions** which included: a) comparing the factors mentioned in the international literature with those mentioned by the respondents in the study to identify common factors and those that do not appear to be within the range of the concerns or priorities of most respondent CSOs; b) taking into consideration the previous comparison, drawing propositions on the factors that, in our opinion, affect or limit the sustainability of CSOs in Mozambique.
- **recommendations** made based on the analysis and presented conclusions.

This Executive Summary presents the results of each of these four components in a summarized manner.

The **international literature review** identified 12 factors that influence the sustainability of CSOs, namely: 1) Good Governance, Transparency and Accountability; 2) Institutional Capacity/Development; 3) Technical Skills; 4) Resource Mobilization; 5) Diversification of Funding Sources, including Own Income Generation; 6) Learning, Innovation, Adaptation, Evolution and Reinvention; 7) Resilience; 8) Value for Money & Impact Assessments; 9) Leadership and Management Powers; 10) Sense of Mission and Volunteering; 11) Mission Legitimacy; and 12) Institutional Communication and Visibility.

The **findings of the field work** enable us to conclude that five factors are the focus of the attention and concern of the respondents: a) **people management**; b) **income generation** (and **resource-raising**); c) **good governance, transparency and accountability**; and d) **institutional capacity development**.

These were the factors most mentioned repeatedly when the participants were asked, regarding the study, about what must be present in sustainable CSOs, or what weaknesses of CSOs in Mozambique that do not help their sustainability are and what aspects to develop to enhance the sustainability of CSOs are.

The **findings of the field work** also enabled us to conclude that there is a strong perception that donors and IOs have some negative influence on the sustainability of CSOs in Mozambique, especially in two aspects: a) prevalence of **corruption in IOs**; b) **donor and IO policies, systems and skills** that do not help the sustainability of CSOs.

Analyzing and comparing the results of the international literature review and perceptions of the participants or respondents, it is possible to identify a set of seven factors that appear to be outside the range of the concerns, perceptions and priorities of the participants or respondents of the study, as shown in the table below (factors 6 to 12).

Table 1 – Comparison between the international literature and perceptions of the participants in the study

	Within the range of the concerns and priorities <u>of most</u> respondents	Outside the range of the concerns and priorities <u>of most</u> respondents
12 factors consistently mentioned in the international literature	1. Good governance, transparency and accountability; 2. Institutional capacity development; 3. Technical Skills; 4. Resource Mobilization; 5. Diversification of funding sources, including own income generation;	6. Learning, innovation, adaptation, evolution and reinvention; 7. Resilience; 8. Value for Money and Impact Assessments; 9. Leadership and management powers; 10. Sense of mission and volunteering; 11. Mission legitimacy; 12. Institutional communication and visibility;
Aspects apparently specific to the Mozambican reality	13. CSOs as a source of resources; 14. Multi-donor “project-by-project” approach; 15. The paradox of IOs strengthening Mozambican CSOs; 16. The paradox exacerbated by the prevalence of corruption in IOs; 17. The argument that high salaries are not sustainable; 18. Recruitment and selection processes.	

Taking into consideration the comparison and combination of the literature review results and what was said by the participants, 15 **propositions** were drawn on what affects and limits the sustainability of CSOs in Mozambique.

Thus, from the analysis carried out, in Mozambique the **sustainability of CSOs is affected and limited** by:

- 1) little diversification of their sources of resources, including own revenue generation;

- 2) not implementing financial reserve generation strategies;
- 3) a weak sense of good governance and good management;
- 4) the national high corruption phenomenon;
- 5) a weak learning, innovation, adaptation, evolution and reinvention capacity;
- 6) weak resilience thereof;
- 7) weak demand and demonstration of efficiency, value for money and impact of their interventions;
- 8) weak recognition of the importance and exercise of management and leadership powers;
- 9) a weak sense of Mission of their members, constituents and non-executive governance bodies;
- 10) uncertainties regarding the availability of funds;
- 11) their funding paradigms per project and annual funding;
- 12) the limited capacity of their own partner IOs;
- 13) the existing corruption in IOs;
- 14) the inability to recruit and retain high professional competence managers and employees; and
- 15) the weaknesses of their recruitment and selection processes.

The presentation of these 15 propositions is intended to make room for discussion, production of hypotheses and conducting further research.

In the end, this document provides recommendations on designing and implementing a Mozambican CSO Sustainability Enhancement Program assuming that the 15 propositions are valid.

Annex 10: CSO Sustainability Study Full Report Portuguese

CIVIL SOCIETY ORGANIZATIONS SUSTAINABILITY STUDY

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

28th MAY 2015

DIAKONIA, FHI360,
HELVETAS, KEPA and OXFAM
NOVIB



PRESENTATION STRUCTURE

1

STUDY OBJECTIVES AND EXPECTED RESULTS

2

METHODOLOGY

3

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

STUDY OBJECTIVES AND EXPECTED RESULTS

STUDY OBJECTIVES (TOR)

- To be a *support for decision-making by the various actors working in the strengthening of CSOs*
- *To guide CSOs in their actions aiming at achieving sustainability.*

- To help *deconstruct the perception limiting the sustainability to the economic and financial viability* of CSOs, bringing to light also other relevant dimensions for this purpose.

- To define *premises influencing the sustainability* of CSOs, as well as the *challenges which are imposed* in view of the current conjuncture in our Country

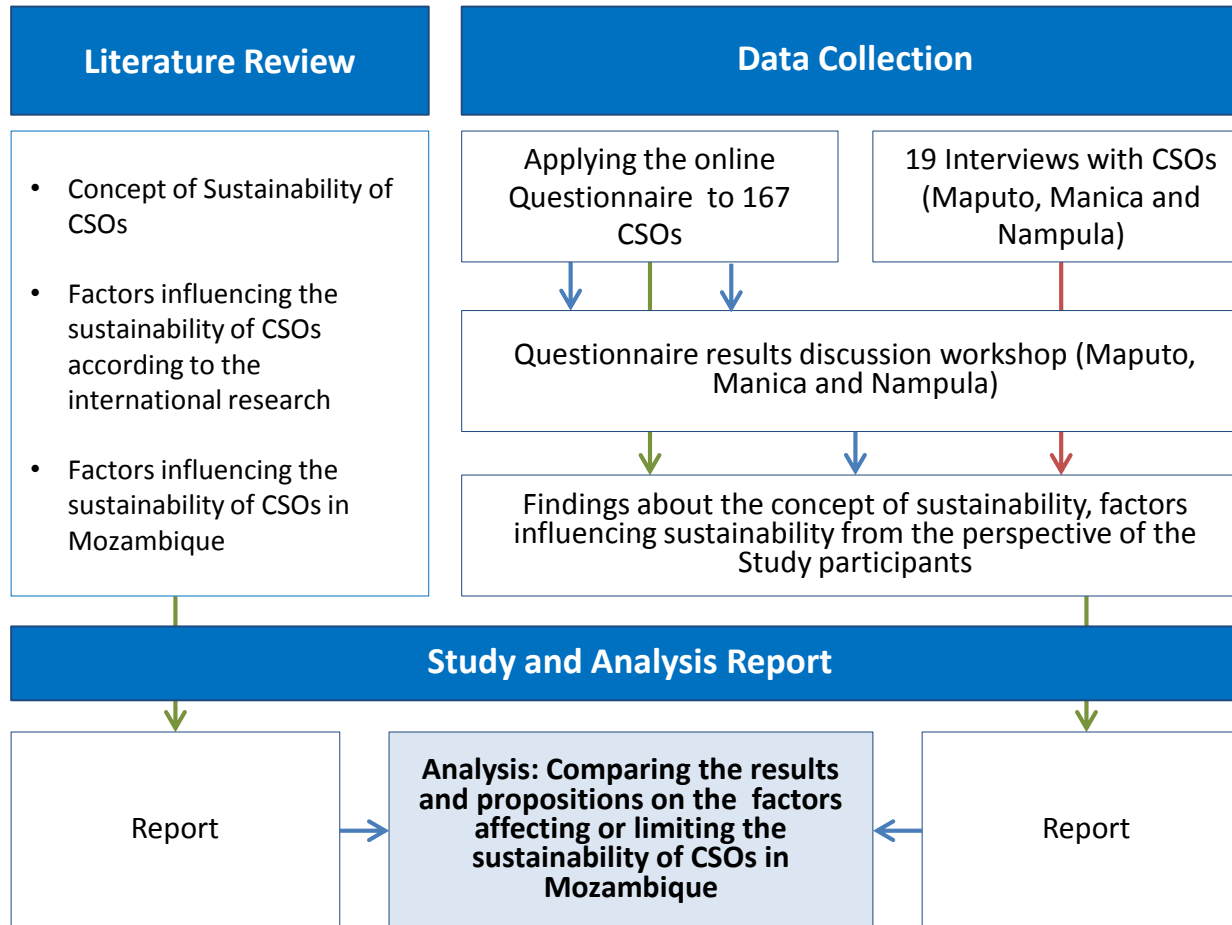
- To survey objectively:
 - *The understanding of sustainability of the governance and management of CSOs*
 - *Challenges (including threats) and opportunities for sustainability*

EXPECTED RESULTS (TOR)

- ❖ The concept of sustainability from the standpoint of the management of CSOs is problematized;
- ❖ Aspects favouring the sustainability of CSOs are identified;
- ❖ Limitations and challenges of sustainability in CSOs are identified;
- ❖ A basic strategic/simplified proposal for implementation by CSOs to assist in sustainability in its different strands is elaborated;
- ❖ Useful suggestions to be explored by CSOs, as a set of potential opportunities available to achieve sustainability, are presented.

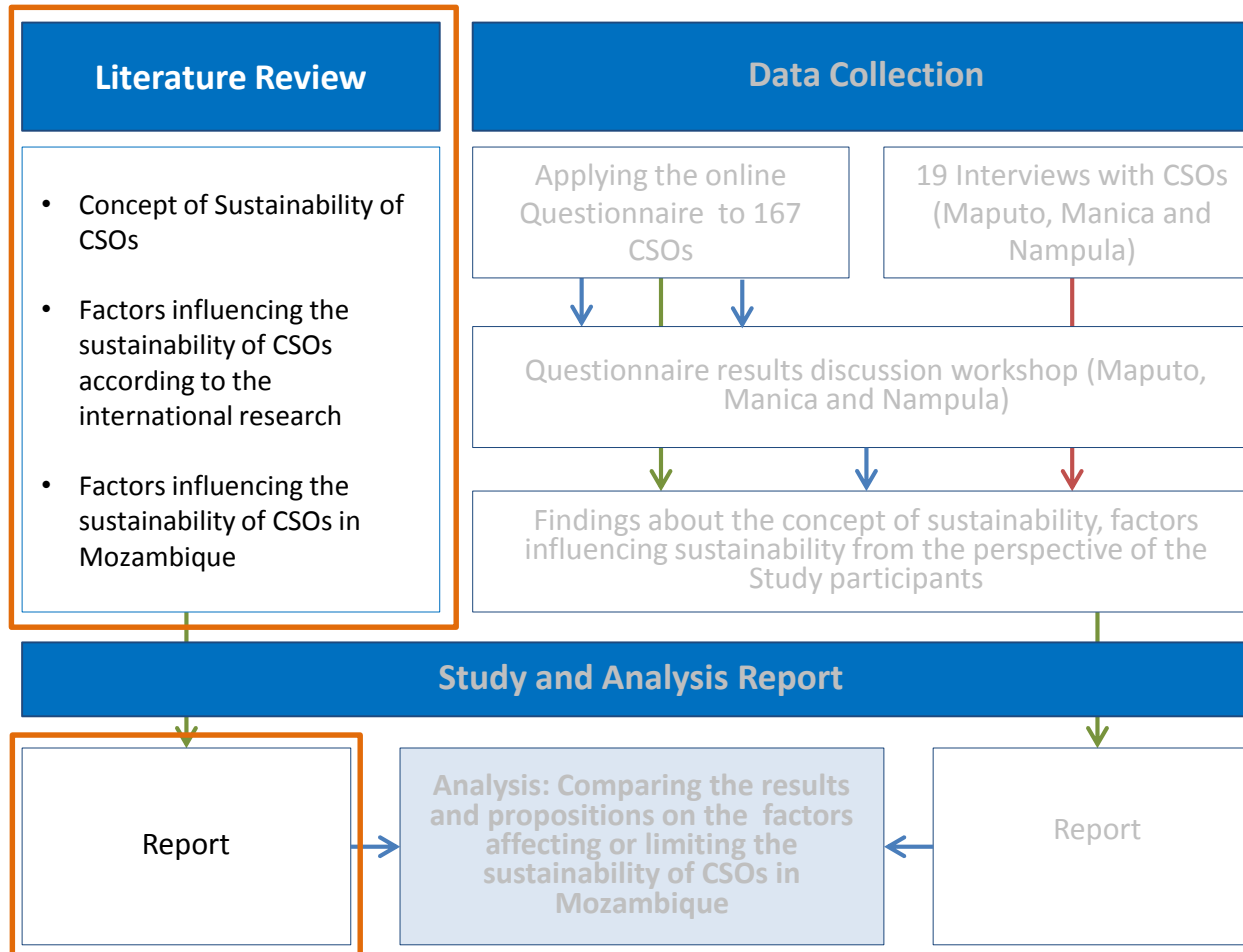
METHODOLOGY

METHODOLOGY



MAIN FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

METHODOLOGY



LODJ
28,4

356

Received February 2006
Revised March 2006
Accepted April 2006

Trading places

Examining leadership competencies between for-profit vs. public and non-profit leaders

Eliz
Sonoma S

Abstract

Purpose – The purposes, behaviors, and competencies of organizational leaders.

Design/methodology/ leaders in small to medium-sized non-profit and public organizations.

Findings – The findings indicate that leadership vision, organizational culture, and support for innovation are required for success in non-profit and public organizations.

Originality/value – This study is required for success in non-profit and public organizations.

Keywords Leadership, Small to medium-sized enterprises

Paper type Research paper

Leadership vision, organizational culture, and support for innovation in not-for-profit and for-profit organizations

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Joseph C. Santora

Department of Management, Monash University, Melbourne, Australia and School of International Management, Ecole des Ponts ParisTech, Paris, France

Abstract

Purpose – The purpose of this paper is to investigate the relationships among leadership vision, organizational culture, and support for innovation in not-for-profit (NFP) and FP organizations. It hypothesizes that in NFPs, a socially responsible cultural orientation mediates the relationship between leadership vision and organizational support for innovation, whereas in FPs, a competitive cultural orientation mediates this relationship.

Design/methodology/approach – This is an empirical study that draws upon a large survey of 1,448 managers and senior executives who are members of the Australian Institute of Management.

Findings – Path analytic modelling provides partial support for the hypotheses. Although the predicted mediation effects occurred in NFPs and FPs, the strength of relationship between leadership vision and the two dimensions of organizational culture did not differ between the sectors. This was despite the observation that NFPs scored higher on a socially responsible cultural orientation than FPs, whereas FPs scored higher on a competitive cultural orientation.

Practical implications – Strategies for building innovative and sustainable organizations in the NFP sector are discussed on the basis of these findings.

Innovation
in NFP and FP
organizations

291

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Revised August 2010
Accepted August 2010

The impact of leadership on
workgroup climate and

Organisational factors influencing sustainability of local non-governmental organisations

Lessons from a Ghanaian context

Ernest L. Okorley

*Department of Agricultural Extension and Economics,
University of Cape Coast, Cape Coast, Ghana, and*

Edmund E. Nkrumah

Auditing Section, Architectural Engineering Services Limited, Accra, Ghana

Abstract

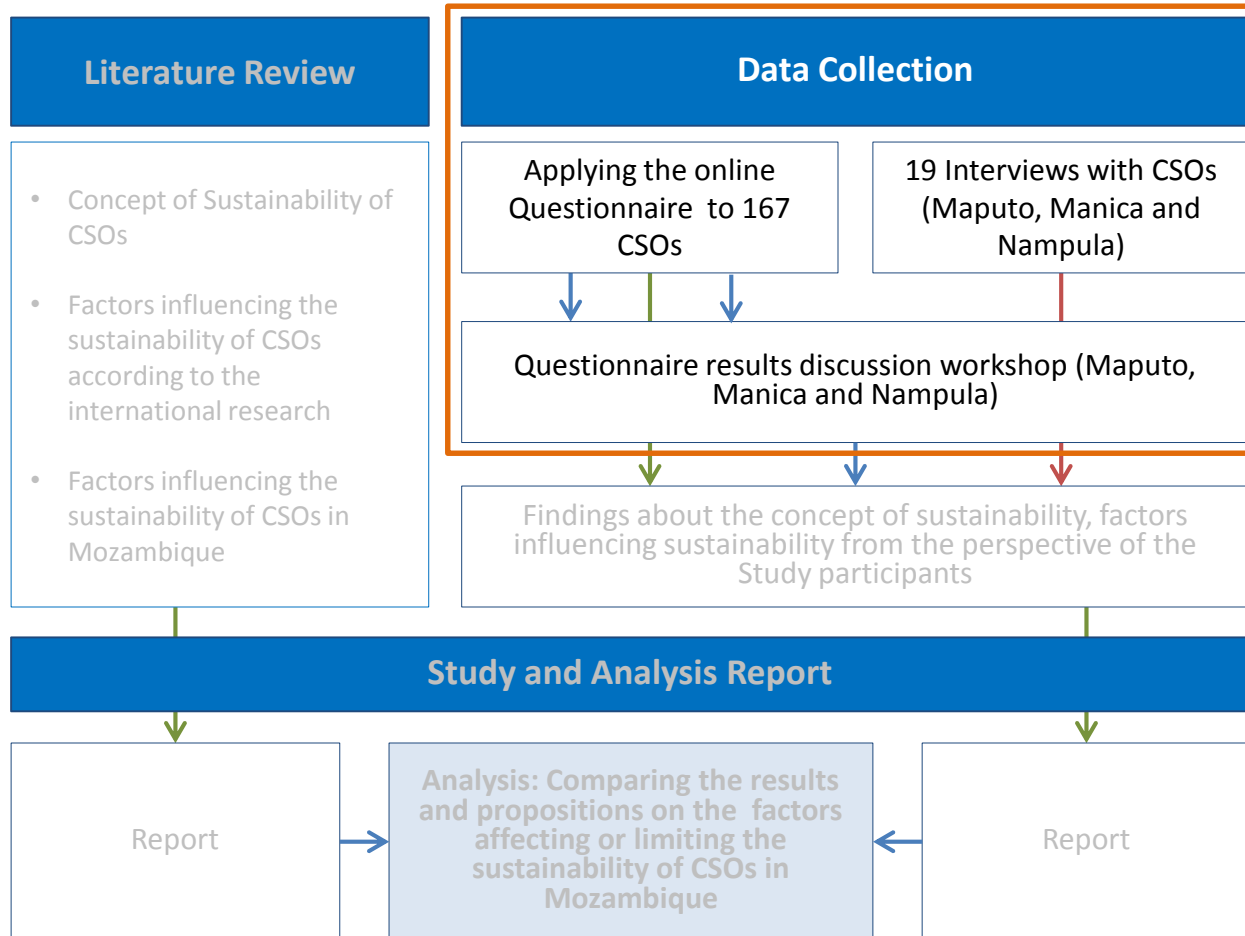
Purpose – Despite the role of non-governmental organisations (NGOs) as actors in development, the issue of local NGOs' sustainability remains a major concern in many developing countries such as Ghana. This study seeks to determine key factors that can influence local NGOs based on a Ghanaian case study.

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12 ASPECTS MOST MENTIONED IN THE INTERNATIONAL LITERATURE

1. Good Governance, Transparency and Accountability
2. Institutional Capacity Development
3. Technical Skills
4. Resource Mobilization
5. Diversification of Funding Sources, including Own Income Generation
6. Learning, Innovation, Adaptation, Evolution and Reinvention
7. Resilience
8. Value for Money and Impact Assessments
9. Leadership and Management Competences
10. Sense of Mission and Volunteering
11. Mission Legitimacy
12. Institutional Communication and Visibility

METHODOLOGY



- Questionnaires
- Interviews and
- Workshops

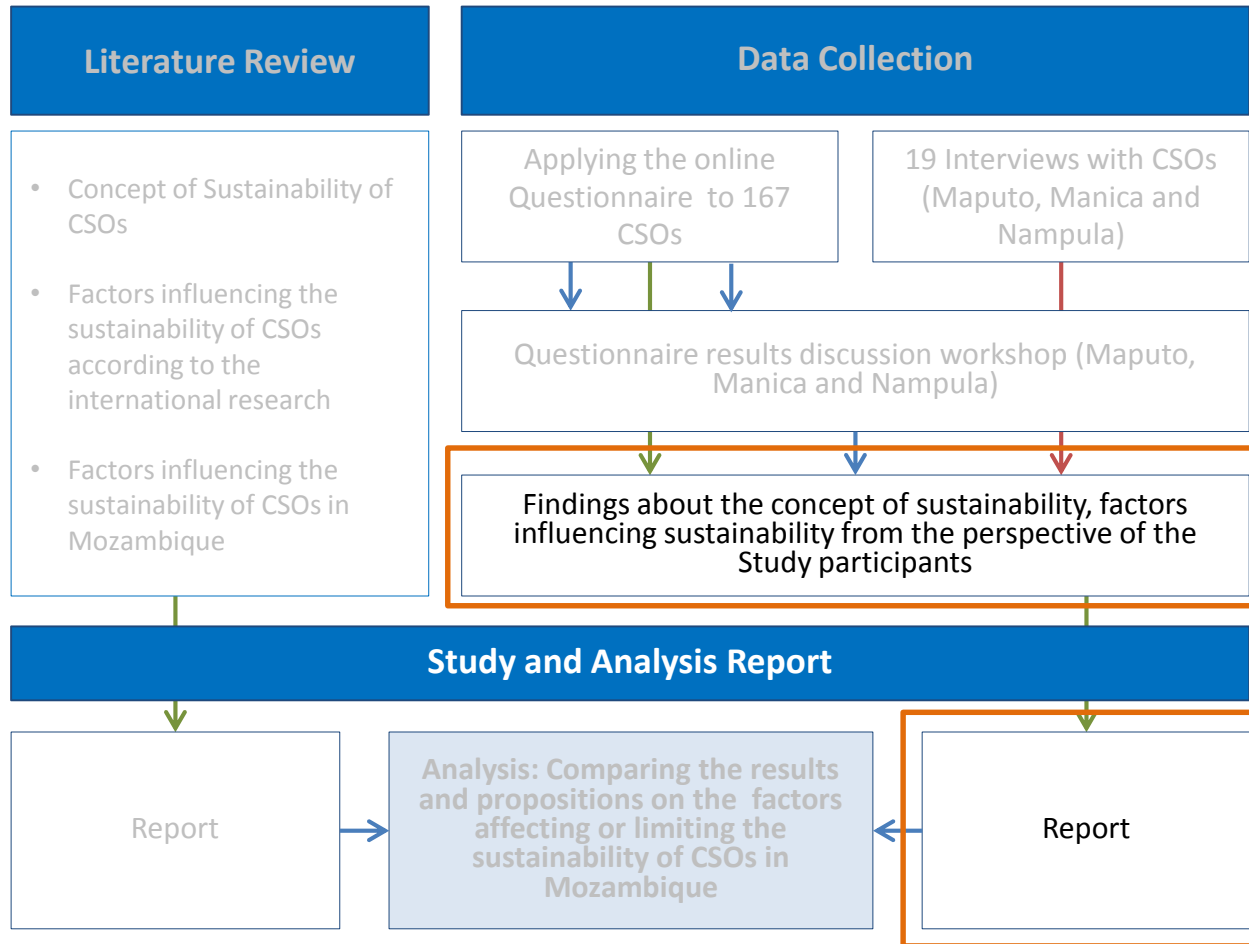
collection of **perceptions** and **opinions of CSOs** regarding the **concept** of sustainability, **limitations** placed by the Mozambican context on the sustainability of CSOs, **weaknesses** of CSOs themselves that do not help sustainability.

79 representatives from 62 CSOs completed an online questionnaire

19 semi-structured and in-depth interviews

3 workshops in Maputo, Chimoio and Nampula with the participation of **69 representatives from 54 CSOs**

METHODOLOGY



The findings of the field work enable us to conclude that five factors are the focus of the **concerns and priorities of the respondents**:

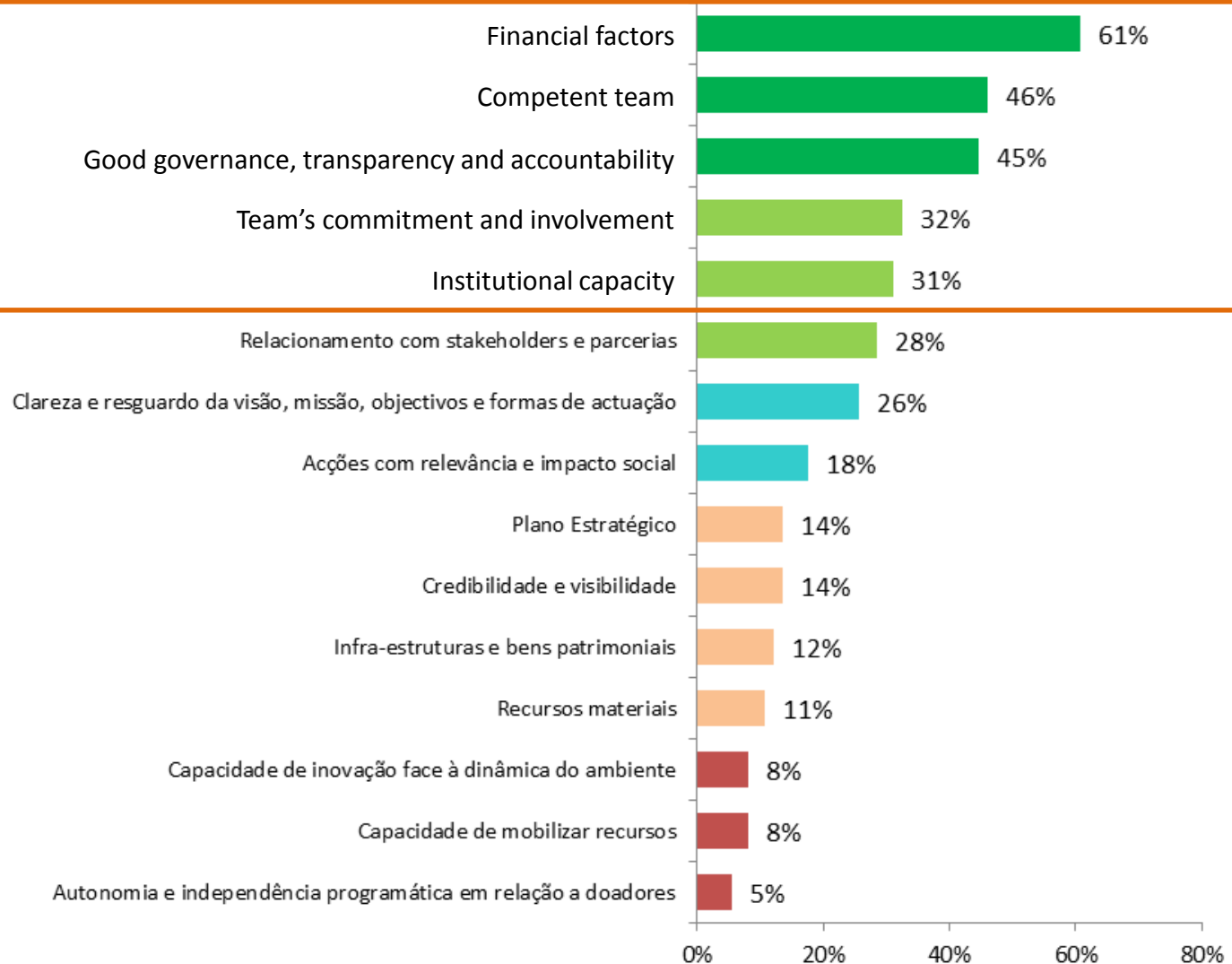
- a) **resource mobilization**
- b) **income generation**
- c) **people management**
- d) **good governance, transparency and accountability**
- e) **institutional capacity development**

Coincidentally, the national research focuses on the same factors

- a) **Weak human resource technical capacity** (CESC, 2013; Homerin, 2005; ITAD & COWI, 2012; National Forum of the African Peer-Review Mechanism, 2013; UNDP, 2011, Mulando, 2007).
- b) **Weak financial capacity** (CESC, 2013; National Forum of the African Peer-Review Mechanism, 2013; Homerin, 2005; ITAD & COWI, 2012; Mulando, 2007; UNDP, 2011; USAID, 2012).
- c) **Lack of sectoral specialization of CSOs** (FDC, 2008; Homerin, 2005).
- d) **Not formalized CSO internal processes** (FDC, 2008; UNDP, 2011).

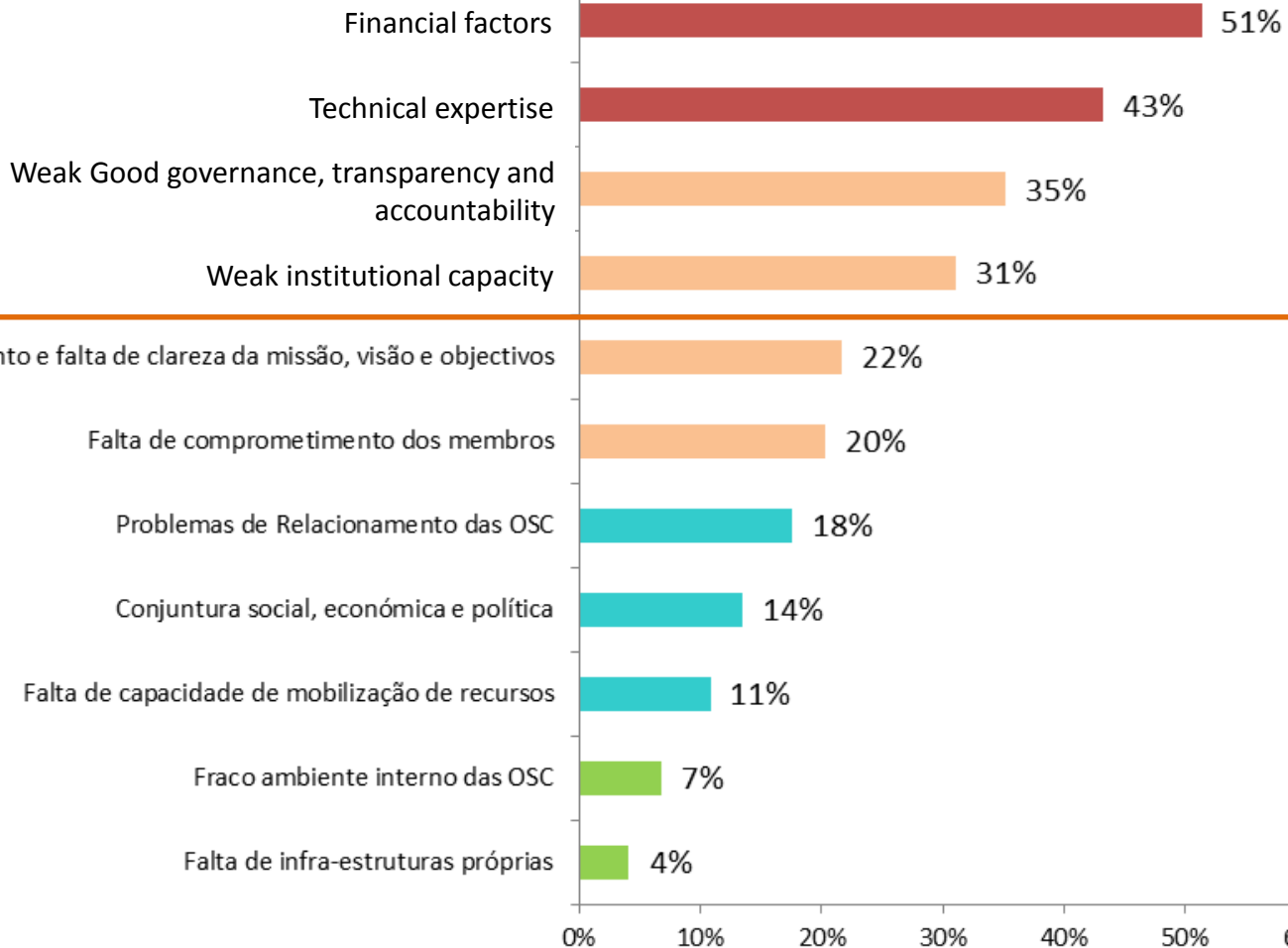
FOCUS OF MOST RESPONDENTS

2. Which factors should be present in a sustainable organization?



FOCUS OF MOST RESPONDENTS

4. What are the main weaknesses of Mozambican CSOs that do not contribute to their sustainability



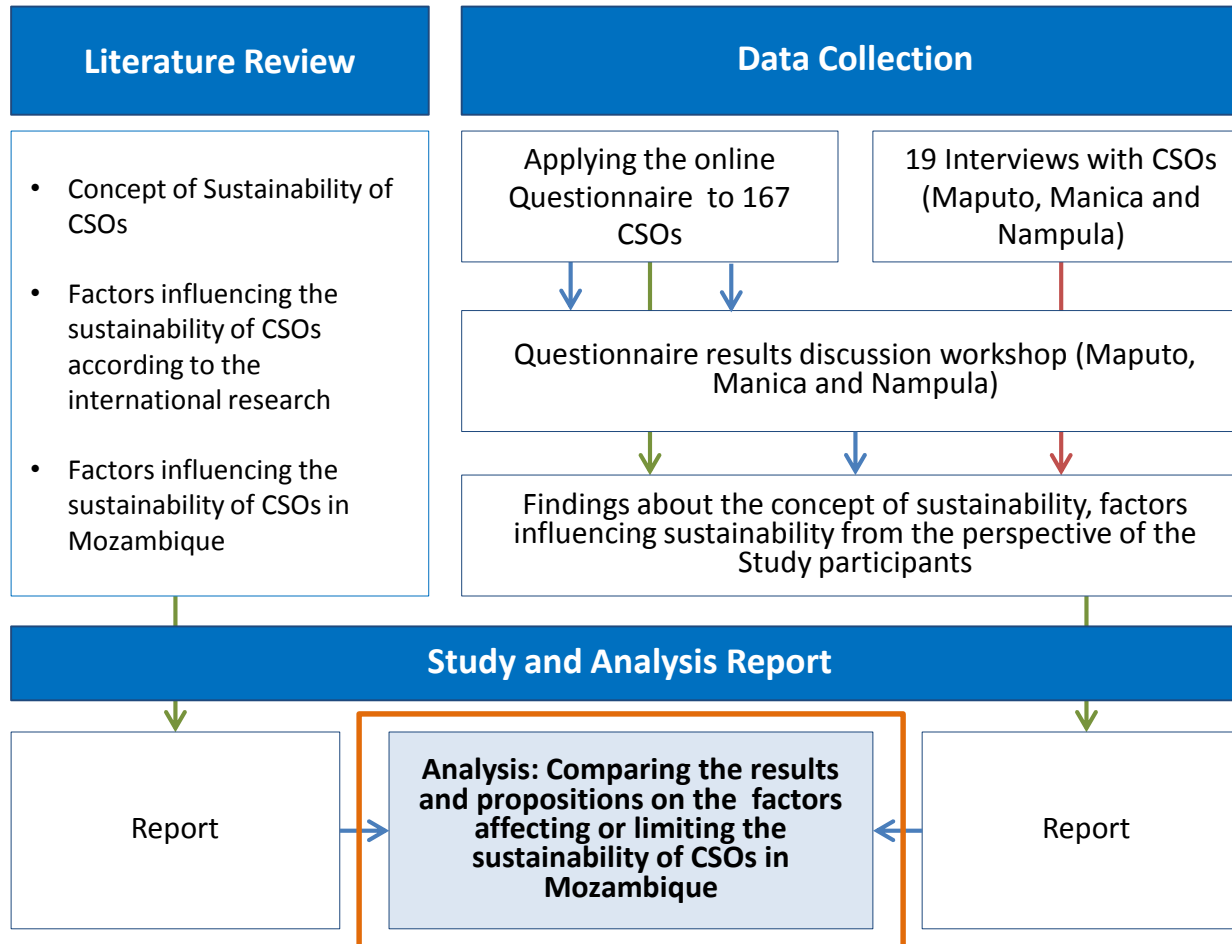
EXTERNAL FACTORS

- a) **economic** factors;
- b) **lack of interest** or support of the Government to CSOs;
- c) **corruption** and bureaucracy in the **State**;
- d) lack of **dialogue between the Government and CSOs**;
- e) lack of legal devices that benefit CSOs strongly and significantly ;
- f) **political environment** and State interference.

FACTORS ASSOCIATED WITH DONORS

- a) **corruption in the Intermediary Organizations;**
- b) **donor and Intermediary Organization policies and systems;**
- c) centralization of funds in Maputo;
- d) IOs have people without experience; and
- e) lack of access to or lack of information on available funds

CONCLUSIONS AND RECOMMENDATIONS



CONCLUSIONS: INTERNATIONAL LITERATURE VS PERCEPTIONS OF THE PARTICIPANTS IN THE STUDY

12 factors consistently mentioned in the international literature	Within the range of the concerns and priorities <u>of most</u> respondents <ol style="list-style-type: none">1. Good governance, transparency and accountability;2. Institutional capacity development;3. Technical Skills;4. Resource Mobilization;5. Diversification of funding sources, including own income generation;	
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1. little diversification of their sources of resources, including own revenue generation;
2. not implementing financial reserve generation strategies;
3. a weak sense of good governance and good management;
4. the national high corruption phenomenon;
5. a weak learning, innovation, adaptation, evolution and reinvention capacity;
6. weak resilience thereof;
7. weak demand and demonstration of efficiency, value for money and impact of their interventions;
8. weak recognition of the importance and exercise of management and leadership competences;
9. a weak sense of Mission of their members, constituents and non-executive governance bodies;
10. uncertainties regarding the availability of funds;
11. the funding paradigm based on “per project” and “annual funding”;
12. the limited capacity of their own partner IOs;
13. the existing corruption in IOs;
14. the inability to recruit and retain highly skilled managers and employees; and
15. the weaknesses of their recruitment and selection processes.

Box 1: example of a CSO perceived as very sustainable

Question: what has made you more sustainable? what did or do you do differently?

Our organization has its own reserves and we have been building these reserves independently from our donor funding, through the services that are being provided in the area of expertise in the organization.

At this time we have an association [name of CSO] and a company [with the same name of the CSO] which is a consulting firm and they go in parallel. What is needed is that both are clear about their visions and accountability systems, the consulting firm generates profits reverting on behalf of the CSO.

Another thing that I think it makes a difference in our organization is that we pay close attention to our evolution and the needs sprouting as a result of our interventions. As we go along, our interventions will require new dynamics and we have learned to read and respond to these dynamics fully.

Further, we have a strong internal capacity: we have robust systems, policies and procedures. We have also institutionalized the area of resource mobilization in our organization - in this area, we have an expert.

Our team is made up of competent persons who are committed to the cause of our organization. We are critical in the selection process, we only fill a vacancy when we find the right person. We have a low staff turnover rate because we create conditions that meet staff expectations. To develop our skills, we do not depend on such capacity building, we seek the capacity building we want, but it is not training. A concrete example is that right now we have a 1-year capacity development contract that is being funded by [donor name], during this period, experts in [capacity building area] come and go. Together we designed a program for one year with very clear results and products and this is working.

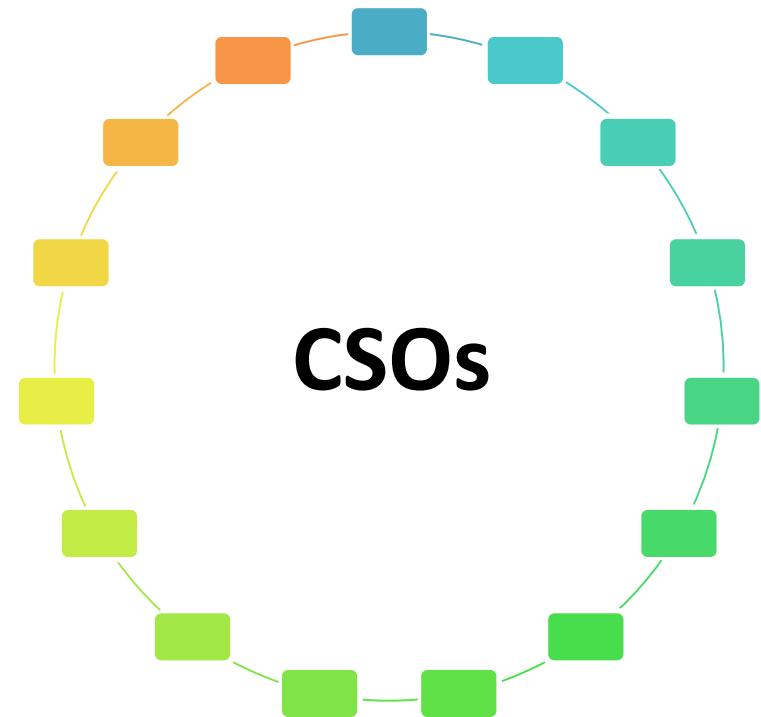
Similarly, our mission is clear and we know how to implement it. We have also invested in the position and visibility of our organization, in our way of working we have been building a uniform perception of what [name of CSO] is in terms of capacity, resources, partnerships, values, ethics, transparency, and governance, and this communication creates certain security with donors.

Finally, in our institutional audit reports we have demonstrated effectiveness and efficiency in our interventions which consequently shows the relevance of our organization.

(The text was adjusted and systematized by the consulting firm from the conducted interview.)

Design and implementation of a (for example, 5-year) medium term Program with the **objective** to enhance the sustainability of a set of Mozambican CSOs.

- **Placing CSOs (each Program beneficiary CSO) in the centre.**
- **Placing the logic of sustainability as a focus rather than the logic of capacity building.**
- **Integrated vision.**
- **Medium or long term vision.**
- **Genuine interest of CSO members and donors concerned.**



THANK YOU

PRINCIPLES

FOR GOOD GOVERNANCE AND ETHICAL PRACTICE



Independent Sector's *Principles for Good Governance and Ethical Practice* is the foremost guide for sound and successful practice by charities and foundations in the U.S., providing clarity about legal compliance and public disclosure, effective governance, strong financial oversight, and responsible fundraising. The 2015 edition provides considerable new value, reflecting changes in law as well as new circumstances in which the charitable sector functions, and new relationships within and between sectors. The following 33 Principles reflect the scope of the guide, while rationales and actionable steps for implementation can be found in the full guide, available at PrinciplesForGood.com.

LEGAL COMPLIANCE AND PUBLIC DISCLOSURE

1. A charitable organization must comply with all applicable federal laws and regulations, as well as applicable laws and regulations of the states and the local jurisdictions in which it is formed or operates. If the organization conducts programs outside the United States, it must also abide by applicable international laws, regulations and conventions.
2. A charitable organization should formally adopt a written code of ethics with which all of its directors or trustees, staff, and volunteers are familiar and to which they adhere.
3. A charitable organization should adopt and implement policies and procedures to ensure that all conflicts of interest (real and potential), or the appearance thereof, within the organization and the governing board are appropriately managed through disclosure, recusal, or other means.
4. A charitable organization should establish and implement policies and procedures that enable individuals to come forward with information on illegal practices or violations of organizational policies. This "whistleblower" policy should specify that the organization will not retaliate against, and will seek to protect the confidentiality of, individuals who make good-faith reports.
5. A charitable organization should establish and implement policies and procedures to protect and preserve the organization's important data, documents, and business records.
6. A charitable organization's board should ensure that the organization has adequate plans to protect its assets — its property, documents and data, financial and human resources, programmatic content and material, and its integrity and reputation — against damage or loss. The board should review regularly the organization's need for general liability and directors' and officers' liability insurance, as well as take other actions necessary to mitigate risks.
7. A charitable organization should make information about its operations, including its governance, finances, programs, and activities, widely available to the public. Charitable organizations also should consider making information available on the methods they use to evaluate the outcomes of their work and sharing the results of those evaluations.

EFFECTIVE GOVERNANCE

8. A charitable organization must have a governing body that is responsible for reviewing and approving the organization's mission and strategic direction, annual budget and key financial transactions, compensation practices and policies, and fiscal and governance policies.
9. The board of a charitable organization should meet regularly enough to conduct its business and fulfill its duties.
10. The board of a charitable organization should establish its own size and structure and review these periodically. The board should have enough members to allow for full deliberation and diversity of thinking on governance and other organizational matters. Except for very small organizations, this generally means that the board should have at least five members.
11. The board of a charitable organization should include members with the diverse background (including, but not limited to, ethnicity, race, and gender perspectives), experience, and organizational and financial skills necessary to advance the organization's mission.
12. A substantial majority of the board of a public charity, usually meaning at least two-thirds of its members, should be independent. Independent members should not: (1) be compensated by the organization as employees or independent contractors; (2) have their compensation determined by individuals who are compensated by the organization; (3) receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; or (4) be related to anyone described above (as a spouse, sibling, parent or child), or reside with any person so described.
13. The board should hire, oversee, and annually evaluate the performance of the chief executive officer of the organization. It should conduct such an evaluation prior to any change in that officer's compensation, unless there is a multi-year contract in force or the change consists solely of routine adjustments for inflation or cost of living.
14. The board of a charitable organization that has paid staff should ensure that the positions of chief staff officer, board chair, and board treasurer are held by separate individuals. Organizations without paid staff should ensure that the positions of board chair and treasurer are held by separate individuals.

15. The board should establish an effective, systematic process for educating and communicating with board members to ensure they are aware of their legal and ethical responsibilities, are knowledgeable about the programs and activities of the organization, and can carry out their oversight functions effectively.

16. Board members should evaluate their performance as a group and as individuals no less frequently than every three years, and should have clear procedures for removing board members who are unable to fulfill their responsibilities.

17. Governing boards should establish clear policies and procedures setting the length of terms and the number of consecutive terms a board member may serve.

18. The board should review organizational and governing instruments no less frequently than every five years.

19. The board should establish and review regularly the organization's mission and goals and should evaluate, no less frequently than every five years, the organization's programs, goals and activities to be sure they advance its mission and make prudent use of its resources.

20. Board members are generally expected to serve without compensation, other than reimbursement for expenses incurred to fulfill their board-related duties. A charitable organization that provides compensation to its board members should use appropriate comparability data to determine the amount to be paid, document the decision, and provide full disclosure to anyone, upon request, of the amount and rationale for the compensation.

STRONG FINANCIAL OVERSIGHT

21. A charitable organization must keep complete, current, and accurate financial records and ensure strong financial controls are in place. Its board should receive and review timely reports of the organization's financial activities and should have a qualified, independent financial expert audit or review these statements annually in a manner appropriate to the organization's size and scale of operations.

22. The board of a charitable organization must institute policies and procedures to ensure that the organization (and, if applicable, its subsidiaries) manages and invests its funds responsibly, in accordance with all legal requirements. The full board should review and approve the organization's annual budget and should monitor actual performance against the budget.

23. A charitable organization should not provide loans (or the equivalent, such as loan guarantees, purchasing or transferring ownership of a residence or office, or relieving a debt or lease obligation) to directors, officers, or trustees.

24. A charitable organization should spend a significant amount of its annual budget on programs that pursue its mission while ensuring that the organization has sufficient administrative and fundraising capacity to deliver those programs responsibly and effectively.

25. A charitable organization should establish clear, written policies for paying or reimbursing expenses incurred by anyone conducting business or traveling on behalf of the organization, including the types of expenses that can be paid for or reimbursed and the documentation required. Such policies should require that travel on behalf of the organization is to be undertaken cost-effectively.

26. A charitable organization should neither pay for nor reimburse travel expenditures for spouses, dependents or others who are accompanying someone conducting business for the organization unless they, too, are conducting such business.

RESPONSIBLE FUNDRAISING

27. Solicitation materials and other communications addressed to donors and the public must clearly identify the organization and be accurate and truthful.

28. Contributions must be used for purposes consistent with the donor's intent, whether as described in the relevant solicitation materials or as specifically directed by the donor.

29. A charitable organization must provide donors with specific acknowledgments of charitable contributions, in accordance with IRS requirements, as well as information to facilitate the donors' compliance with tax law requirements.

30. A charitable organization should adopt clear policies, based on its specific exempt purpose, to determine whether accepting a gift would compromise its ethics, financial circumstances, program focus, or other interests.

31. A charitable organization should provide appropriate training and supervision of the people soliciting funds on its behalf to ensure that they understand their responsibilities and applicable federal, state, and local laws, and do not employ techniques that are coercive, intimidating, or intended to harass potential donors.

32. A charitable organization should not compensate internal or external fundraisers based on a commission or a percentage of the amount raised.

33. A charitable organization should respect the privacy of individual donors and, except where disclosure is required by law, should not sell or otherwise make available the names and contact information of its donors without providing them an opportunity at least once a year to opt out of the use of their names.

FULL ACCESS TO THE PRINCIPLES



VISIT
PRINCIPLESFORGOOD.COM
FOR ACCESS TO

- The Complete 2015 *Principles for Good Governance and Ethical Practice*
- *Principles* Legal Reference Edition
- Organizational Assessment Tool
- Comprehensive Resource Center

Annex 12: Semi-Annual Partners Meeting Agenda

Agenda do Encontro Semestral dos Parceiros do CAP

Maputo, 30 de Junho a 2 de Julho de 2015

Hotel VIP

Tema:

Sustentabilidade Organizacional e o Papel das Organizações da Sociedade no combate ao HIV e SIDA

1º Dia (30 de Junho)		
Horas	Temas/Sessões	Objectivos/ Actividades
08:00 - 08:30	Chegada e Registo	Participantes fazem o registo da sua presença
08:30 - 09:00	Sessão de Abertura e Apresentação dos participantes	<ul style="list-style-type: none"> Boas vindas Dinâmica Apresentação dos participantes Apresentação da agenda Apresentação os objectivos do Encontro Semestral
09:00 - 10:30	Resultados da Avaliação Final do CAP Moçambique	<p>Objectivo: Partilhar e reflectir com os parceiros os resultados da Avaliação Final do CAP</p> <ul style="list-style-type: none"> Apresentação Perguntas e Respostas Exercícios práticos
10:30 - 11:00	Intervalo - Café	
11:00 - 12:00	Time sheets	<p>Objectivo: Mostrar a importância do Timesheet, seu preenchimento e requisitos</p> <p>Exercício Prático sobre Timesheet</p>
12:00 - 13:00	Riscos dos contratos	<p>Objectivo: Mostrar as desvantagens dos riscos fiscais contratuais separados</p> <p>Apresentação sobre os riscos fiscais contratuais</p>
13:00 - 14:00	Intervalo - Almoço	
14:00 - 16:00	Sustentabilidade das OSC	<p>Objectivo: Apresentar, discutir e reflectir sobre os resultados e implicações do estudo de Sustentabilidade das OSC</p> <ul style="list-style-type: none"> Apresentação Trabalho em grupo Plenária Planos de Acção e feedback

16:00 - 17:00	O que mostram os dados de Busca Activa?	<p>Objectivo: Partilhar os resultados finais das actividades, discutir os desafios comuns, Identificar soluções e acções de seguimento</p> <ul style="list-style-type: none"> • Apresentação dos Dados • Discussão
17:00	Fim do 1º dia	
2º Dia (01 de Julho)		
08:30 - 09:00	Revisão do Primeiro Dia	<ul style="list-style-type: none"> • Revisão • Dinâmica
09:00 - 10:00	O Papel da Sociedade Civil em Moçambique	<p>Objectivo: Identificar as principais prioridades do Governo para que eles possam contribuir na luta contra o HIV / SIDA.</p> <ul style="list-style-type: none"> • Apresentação • Perguntas e Respostas
10:00 - 11:00	Formatação de fotografias para relatórios	<p>Objectivo: Treinar os parceiros sobre a formatação de fotografias para os relatórios narrativos</p> <p>Trabalho Prático</p>
11:00 - 11:30	Intervalo – Café	
11:30 - 13:00	PEPFAR e Planeamento Familiar	<p>Objectivo: Partilhar a informação sobre as restrições da USAID sobre o uso de fundos do Governo dos EUA para acções de planeamento familiar</p> <ul style="list-style-type: none"> • Apresentação • Perguntas & Respostas
13:00 - 14:00	Intervalo - Almoço	
14:00 - 15:30	Actividades de geração de renda (AGR)	<p>Objectivo: Alertar os parceiros para a importância da contribuição das Actividades de Geração de Renda (AGR) para a sustentabilidade financeira da organização</p> <ul style="list-style-type: none"> • Apresentação por um kick – starter • Partilha de experiências em plenário • Conclusões sobre o que fazer e o que não fazer nas AGR
15:30 - 17:00	O que aprendemos acerca de GBV screening?	<p>Objectivo: Identificar e partilhar as suas forças e fraquezas nas actividades de GBV screening</p> <ul style="list-style-type: none"> • Trabalho em grupo • Apresentar resultados • Trabalho em grupo

17:00	Fim do 2º Dia	
3º Dia (02 de Julho)		
08:30 - 09:00	Revisão do Primeiro Dia	<ul style="list-style-type: none"> • Revisão • Dinâmica
09:00 - 10:30	CSI Electrónico - relatórios	<p>Objectivo: Produzir e interpretar os relatórios normalizados utilizando o CSI eletrónico</p> <ul style="list-style-type: none"> • Demonstração sobre como produzir os relatórios • Exercício prático com dados reais • Plenária para interpretação de relatórios • Exercício Prático
10:30 - 11:00	Intervalo - Café	
11:00 - 11:45	Planificação de CSI - a experiência Niiwanane	<p>Objectivo: Partilhar a experiência da Niiwanane na planificação e recolha de dados usando o CSI</p> <p>Apresentação</p>
11:45 - 12:00	Encerramento	
12:00 - 13:00	Almoço – Fim	



Papel da Sociedade Civil em Moçambique

Prioridades do Governo na Resposta ao HIV e SIDA

Por
Diogo Milagre

- Junho de 2015-

Papel da Sociedade Civil em Moçambique

- I. **Dimensão Interventiva** para Chamar o Governo à razão no contexto do cumprimento do Contrato Social;

- II. **Dimensão de Provisão de Serviços** complementando os esforços do Governo na melhoria de qualidade de vida do cidadão e no desenvolvimento do país em geral



A QUESTÃO FUNDAMENTAL EM TORNO DO HIV E SIDA

- **É a Defesa da Vida Humana**



Prioridades do Governo

A Vida é um valor fundamental, é um bem primário que antecede todos os restantes bens e direitos

- Redução de novas infecções pelo HIV
- Melhoria de qualidade de vida de PVHS e de seus dependentes
- Manutenção de uma estrutura humana saudável e motivada para os desafios de desenvolvimento do país



Em que áreas de concentram as prioridades?

À Luz do PEN IV (em processo para aprovação):

Acções de Prevenção:

Prevenção Combinada: Circuncisão Masculina; PTV; Preservativos; Promover Tratamento como Prevenção; Prevenção em Populações de Alto Risco

Acções em Cuidados e Tratamento

✓ ITS, ATSC, Tratamento da Co-infecção TB/HIV e TARV: Pediátrico e Adultos, incluindo Biossegurança

Acções de Mitigação

✓ Reforma legal; Estigma e Discriminação; Mobilização comunitária; Esforços para mudar normas discriminatórias baseadas no género (VBG), movimento popular para mudança social; nutrição de PVHIV em TARV, COVs

Melhoria dos Sistemas:

✓ Fortalecimento do Sistema de Saúde;

✓ Fortalecimento do Sistema Comunitário.



Quais os Desafios Mais Prementes?

- Maior mobilização comunitária para o TARV;
- Fortalecimento do Sistema Comunitário e seu Interface com o Sistema da Saúde;
- Mobilização social para humanização verdadeira dos serviços e tratamento igual na comunidade e na família;
- Maximização da utilidade dos poucos recursos existentes;
- Melhoria da Coordenação e das sinergias, incluindo de Plataformas de Contratação e Prestação de Serviços



Que Oportunidades se Vislumbram?

- Sociedade Civil Deve Apropriar-se do MCP e Influenciar decisões de alocações de recursos;
- O desempenho menos visível da componente comunitária no financiamento do Fundo Global deverá obrigar a uma reavaliação dos Sub-Recipientes;
- Especialização na Provisão de Serviços e Presença Física onde a implementação deverá acontecer;
- Profissionalização, eficiência dará incentivos para o crescimento das alocações para Moçambique;
- Sociedade Civil deverá influenciar Fóruns Provinciais de mobilização e alocação d recursos



MUITO OBRIGADO



Annex 14: Supervisory Tool for OVC Support

Data:	Local:	Organização:
Nome do mentor/Supervisor:		Nome do activista:
Avaliação do Desempenho do Activista: 1. O activista precisa de muito apoio nesta área (não fez) 2. O activista precisa de algum apoio nesta área (não fez de forma satisfatoria) 3. O activista demonstra habilidades nesta área (fez satisfatoriamente) NA - Não Aplicável NP - Não Planificado		
Em todos os campos, verifique como Activista realiza as acções descritas, colocando as pontuações correspondentes	Desempenho (1,2,3, NA ou NP)	Notas do mentor/Supervisor
INTRODUÇÃO - Início da Visita		
Convidou todos os membros da família presentes a juntar-se a visita.		
Perguntou se a família tem alguma preocupação.		
Apresentou os objectivos da visita.		
Fez o seguimento da visita passada.		
Trouse consigo uma pasta com material de trabalho (fichas de seguimento, plano de acção, guia de referencia, Jornada da Vida, cartaz DPI, ect.)		
SAÚDE		
Verificou o estado de saúde das crianças e dos adultos na família		
Verificou as práticas de higiene e prevenção de doenças (ex: lavar as mãos, uso de rede mosquiteira, limpeza do quintal, uso de latrina, conservação e purificação da água, ect.).		
Verificou o seguimento das acções de saúde nas crianças menores de 5 anos (consultas, controlo da curva de peso, vacinações, toma de medicação e TARV).		
Verificou o seguimento das acções de saúde na mulher grávida (consultas pré-natal e pós-parto, vacinações, toma de medicação e TARV).		
Verificou o seguimento das acções de saúde nas pessoas doentes (consultas, toma de medicação e TARV).		

Elogiou o cuidador pelas boas práticas observadas na area de saúde		
Referiu as crianças, mulher grávida e adultos aos serviços de saúde relevantes caso seja necessário, incluindo planeamento familiar e ATS		
ALIMENTAÇÃO E NUTRIÇÃO		
Verificou o estado nutricional das crianças (uso do MUAC, edemas, cor do cabelo)		
Verificou o estado nutricional da mulher grávida		
Verificou o estado nutricional dos doentes na familia.		
Aconselhou sobre as práticas alimentares saudáveis (tipos de alimentos, numero de refeições, conservação dos alimentos).		
Fez a demonstração culinária		
Ensinou e aconselhou a abertura de hortas caseiras		
Referiu as crianças/familia para apoio alimentar (ex: cesta básica)		
APOIO PSICOSSOCIAL		
Procurou informar-se sobre o estado emocional das crianças		
Procurou informar-se sobre o estado emocional dos adultos da familia.		
Usou a Jornada de Vida para apoiar os cuidadores nos cuidados psicossociais com as crianças		
Conversou e brincou com as crianças.		
Olhou directamente para a pessoa com quem esteve a falar.		
Escutou com muita atenção e demonstrou interesse.		
Elogiou o cuidador pelas boas práticas observadas na area apoio psicossocial.		
Conversou com os cuidadores para zelarem pela auto-estima das crianças e outros membros da família.		
Referiu crianças e/ou adultos da familia profundamente afectados para apoio especializado (psicólogo, técnico psiquiatria, sessões de árvore da vida).		
EDUCAÇÃO		
Procurou informar-se sobre a situação escolar das crianças maiores de 5 anos (está matriculada, continuam a frequentar regularmente a escola, resultados das provas, material e uniforme suficiente).		
Ajudou os cuidadores no apoio as crianças na resolução do TPC e compreensão de outras matérias.		
Sensibilizou ou referiu sempre que possível os adolescentes e jovem para a integração em actividades de habilidades para a vida (costura, carpintaria, seralharía, etc)		

Elogiou o cuidador pelas boas práticas observadas no apoio escolar.		
Aconselhou os cuidadores sobre a importância da educação e do apoio nos trabalhos para casa (TPC).		
PROTECÇÃO E APOIO LEGAL		
Aconselhou a família sobre a necessidade de respeitar e cumprir os direitos das crianças (caso verifique uma situação de violação dos direitos).		
Referiu as crianças ou apoiou os cuidadores para obtenção de documentos legais (atestado de pobreza, cédula, BI, etc.).		
Verificou se os direitos das crianças não estão a ser negligenciados		
Verificou se as crianças apresentam algum sinal de violência		
Referiu as crianças com direitos negligenciados ou sinais de violência para o Gabinete de Atendimento à Mulher e Criança.		
APOIO FINANCEIRO - Fortalecimento Económico		
Sensibilizou os cuidadores e outros adultos da família sobre as vantagens de participar nos grupos de PCR.		
Procurou informar-se sobre a frequência/participação dos membros da família inscritos nos grupos de poupança.		
Verificou se o cuidador participante no grupo de PCR pratica alguma actividade de geração de rendimentos.		
Aconselhou/conversou com os membros da família sobre a importância de utilizarem os resultados da poupança para a satisfação das necessidades da família, com atenção às necessidades das crianças.		
HABITAÇÃO		
Verificou o estado e segurança das paredes, janelas, pilares e tecto da casa		
Sensibilizou a família sobre a necessidade de melhorar as estruturas e segurança da casa		
Sensibilizou a família para que tenham um espaço limpo, coberto e protegido para as crianças e os adultos dormirem		
Sensibilizou e educou a família a abrir as janelas da casa durante o dia		
Falou sobre a importância e bons hábitos da utilização da latrina		
DPI - Desenvolvimento da Primeira Infância (Crianças 0-3 anos)		
Verificou o desenvolvimento das crianças (o que já conseguem fazer).		

Perguntou ao cuidador se brinca e/ou conversa com a(s) criança(s).		
Aconselhou o cuidador sobre a nutrição apropriada para a idade/estado de desenvolvimento da criança.		
Verificou se a mãe faz o aleitamento exclusivo		
Oreintou e apoiou a prática do aleitamento materno exclusivo		
Ajudou o cuidador a praticar uma actividade relevante e estimulante (preparar papinha, fazer jogo com criança, fazer limpeza do quintal).		
Utilizou a comunicação não-verbal positiva (ex: aproximar-se e tocar no cuidador, sorrir e brincar com a criança, sentar-se no mesmo nível).		
Usou desenhos ou objectos (ex: cartaz de aconselhamento em DPI) pelo menos uma vez, para ajudar nas explicações.		
Explicou a importância de práticas que está a promover.		
Aconselhou e Elogia o cuidador pelas boas práticas partilhadas/observadas.		
FECHO DA VISITA		
Elogiou e agradeceu o cuidador pelos pequenos avanços observados na visita.		
Agradeceu ao cuidador e combinou sobre a data da próxima visita.		
Registou os serviços prestados na ficha de seguimento de cada membro atingido (criança e adulto).		
Registou outras informações relevantes sobre a visita (no bloco de notas/caderno do campo).		
COMENTÁRIOS GERAIS (áreas de habilidades fortes do activista, áreas por melhorar, sugestões, recomendações, necessidades de formação, acções que o supervisor levará a cabo para ajudar a melhorar as habilidades do activista):		

Annex 15: NAFEZA Technical Assessment Analysis

NAFEZA					
Evaluation Category	2014 Score	2015 Score	Change	TA Provided	Analysis
Component 1: Planning & Design	2.54	3.04	19.7%		
Theory-Driven Planning & Design	2.00	3.00	50%	TA on SBCC theory during project design. Training on SBCC theory during social mobilization training.	Following the training, NAFEZA developed various proposals applying the newly acquired knowledge and skills.
Collection and Use of Data	2.50	2.50	0%	TA on use of data for programmatic decision making during project design, routine field visits and Partners Meetings.	No changes noted.
Negotiation and Strategic Partnership	2.67	3.67	37.5%	TA on strategic partnerships during preparation of proposals. TA to establish partnerships for HTC, GBV and HIV defaulters tracing.	NAFEZA continues to establish new and strategic partnerships. In the context of the GBV pilot, NAFEZA established a partnership with the police, the GBV victim support center, a health facility that offered GBV services, and the tribunal to provide support to GBV victims identified by NAFEZA.
Development of Strategies	3.00	3.00	0%	TA during project expansion to develop an implementation strategy that responded to formative research results.	NAFEZA continues to increase capacity to expand project activities and include new primary and secondary target groups – as was evident with the GBV activities.

Component 2: SBCC Program Implementation	3.40	3.72	9.41%		
Implementation of Communication Strategies	2.63	3.13	19.01 %	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 designed a strategy to reach more individuals eligible for GBV screening, demonstrating their ability to develop and implement a communication strategy.
Strengthening of Staff Competencies	3.20	4.00	25%	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.	In 2015, NAFEZA lost a number of key staff. The organization recruited temporary staff who were trained in the use of the supervisory tools so monitoring and mentoring of field staff continued uninterrupted.
Implementation Structure	3.75	3.75	0%	TA on recruitment, including developing selection criteria, job descriptions, and outlining supervision and reporting obligations.	In 2015, NAFEZA lost key staff to transition and maternity leave. The organization hired temporary staff to monitor quality of program implementation at the district level.
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.	No change noted.
Component 3: SBCC Monitoring & Evaluation	2.42	2.67	10.33 %		
Frameworks and Mechanisms	3.75	4.00	6.67%	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 understands the importance of quality data collection, analysis and reporting and is in the process of finalizing an organizational M&E plan.
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	No change noted.
Utilizing and Communicating Results	2.50	3.00	20%	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 continue to report project results quarterly to government counterparts and field staff. This year, the organization has shared data on GBV and defaulters tracing with the health facility.
TOTAL SCORE	2.82	3.19	13.12 %		

Annex 16: CSI Data Entry Verification Report

Organization		Number of CSI verified	Number of CSI correctly processed	% of verified	Number of CSI incorrectly processed	% of verified
ANDA	Week 1	313	302	96%	11	4%
	Week 2	346	343	99%	3	1%
Niiwanane	Week 1	44	34	11%	10	23%
	Week 2	15	15	4%	0	0%
PACO	Week 1	40	38	95%	2	5%
	Week 2	27	26	96%	1	4%
Total		785	758	97%	27	3%

VERIFIQUE COMO A CRIANÇA ESTÁ A SE DESENVOLVER

3 Meses	<p>Segue o objecto com olhar</p> 	<p>Vira a cabeça para o som</p> 	<p>Sustenta a cabeça</p> 	<p>Sorri quando lhe falam</p> 	<p>Bate nos objectos pendurados</p> 
6 Meses	<p>Balucia Ahahah...</p> 	<p>Rebola</p> 	<p>Tenta alcançar algo um pouco distante</p> 	<p>Responde às emoções do cuidador</p> 	
9 Meses	<p>Mamama... Senta-se sem apoio Balucia</p> 	<p>Pega objectos com 2 dedos</p> 	<p>Imita os sons e os gestos do cuidador</p> 	<p>Responde ao seu nome Rosa!</p> 	
12 Meses	<p>Gatinha e fica em pé com apoio</p> 	<p>Diz primeiras palavras, 'ta-ta'</p> 	<p>Procura objectos escondidos</p> 	<p>Aponta aos objectos</p> 	
18 Meses	<p>Anda apoiado pela mão</p> 	<p>Diz 2 a 3 palavras Leão!</p> 	<p>Come com a colher</p> 	<p>Onde está o nariz? Aponta às partes do corpo</p> 	
2 Anos	<p>Usa frases curtas para falar Galo bonito!</p> 	<p>Traz me 2 papaias, filha. Responde aos pedidos</p> 	<p>Faz torre de 4 blocos</p> 	<p>Imita acções de adultos</p> 	
3 Anos	<p>Brinca com outras crianças</p> 	<p>Finge dar de comer à boneca</p> 	<p>Agrupa coisas iguais</p> 	<p>Despe-se e veste sozinho</p> 	<p>Diz o seu nome e conta sobre si</p> 

Aconselhe a família e refira a criança em caso de problema.

BRINQUE E CONVERSE COM A CRIANÇA DURANTE ROTINAS DIÁRIAS



1. Pergunte: Como é que você brinca /fala com sua criança? Peça para mostrar, e elogie.
2. Demonstre e ajude a cuidadora a praticar uma nova actividade estimulante com a criança. Elogie.
3. Explique o que a criança aprende, com essa actividade.
4. Pergunte: Será que pode continuar a brincar e conversar assim com a criança? Como? Elogie.

VERIFIQUE COMO A CRIANÇA ESTÁ A SE DESENVOLVER

3 Meses	<p>Segue o objecto com olhar</p> 	<p>Vira a cabeça para o som</p> 	<p>Sustenta a cabeça</p> 	<p>Sorri quando lhe falam</p> 	<p>Bate nos objectos pendurados</p> 
6 Meses	<p>Balucia Ahahah...</p> 	<p>Rebola</p> 	<p>Tenta alcançar algo um pouco distante</p> 	<p>Responde às emoções do cuidador</p> 	
9 Meses	<p>Mamama... Senta-se sem apoio Balucia</p> 	<p>Pega objectos com 2 dedos</p> 	<p>Imita os sons e os gestos do cuidador</p> 	<p>Responde ao seu nome Rosa!</p> 	
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Aconselhe a família e refira a criança em caso de problema.

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4. Pergunte: Será que pode continuar a brincar e conversar assim com a criança? Como? Elogie.

YES CBOs CAN! Preventing HIV by Integrating Gender and GBV

Chiqui Arregui¹, Katinka C. van Cranenburgh¹, Rosália Miguel², Hayley Bryant²

GENDER, GBV and HIV CAP IN MOZAMBIQUE

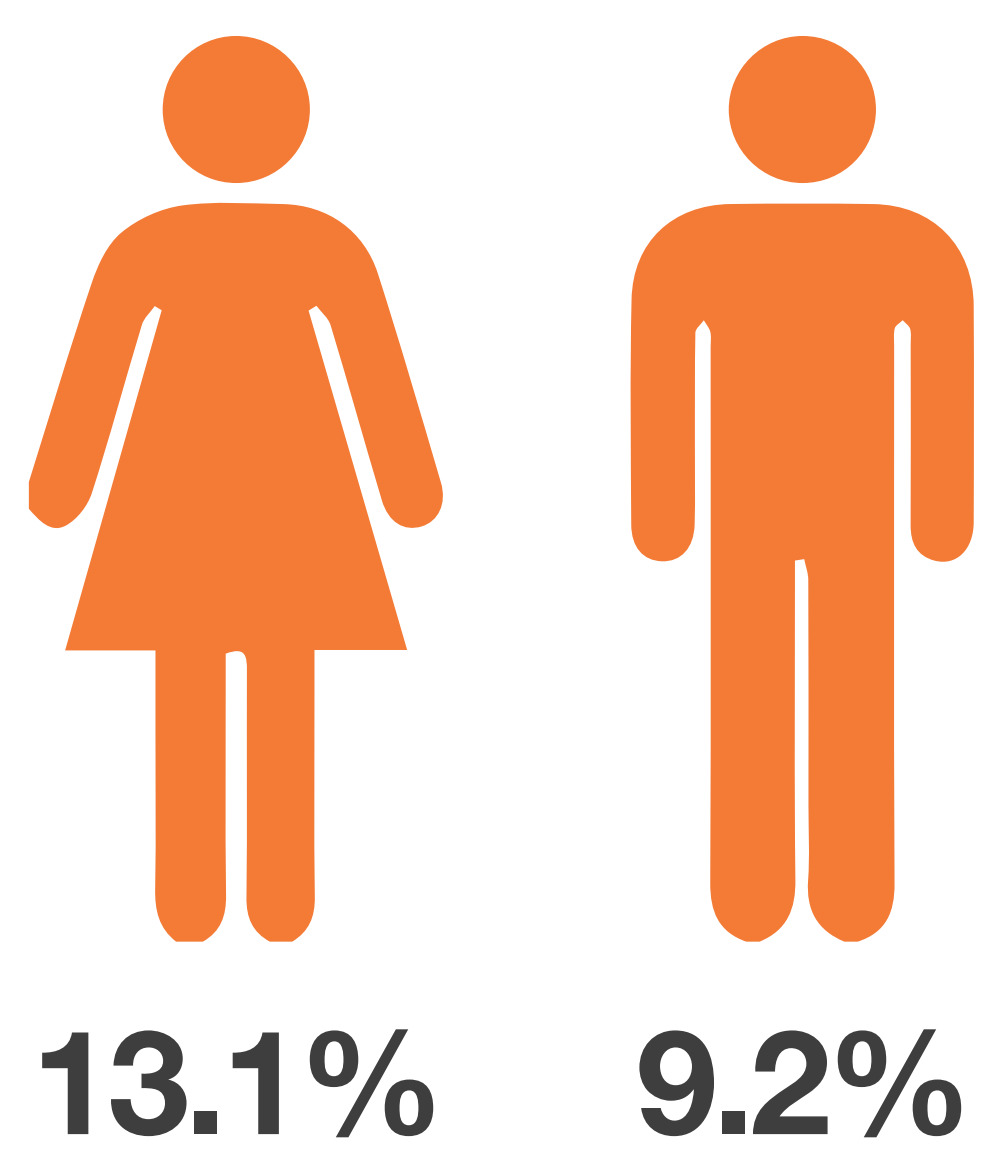
BACKGROUND

Violence and abusive behavior towards women and girls enhances their vulnerability to HIV infection.

International organizations and donors (WHO, UNAIDS, USAID, PEPFAR) recognize the relation between gender inequality and HIV. The need for addressing gender imbalances and considering cultural variations and perceptions of HIV risk in HIV prevention efforts has also been documented by academia (Dunkle & Jewkes, 2007).

In 2010, PEPFAR committed to USD30 million to the Gender-Based Violence (GBV) Initiative in three African countries, including Mozambique.

HIV prevalence Mozambique (15 - 49 years old)



In Mozambique, GBV, limited space to negotiate condom use, sexual harassment in schools, early marriage and multiple concurrent partnerships increase female vulnerability to HIV. In 2009, HIV prevalence was 13.1% for women and 9.2% for men aged 15-49.

The capacity of CBOs in Mozambique is known to be lower than in the rest of the Southern Africa region. The FHI360 Capable Partners Program (CAP) was implemented based on the hypothesis that Community-Based Organizations (CBOs) can design and implement effective social behavior change communication activities that address gender norms / GBV and HIV together.

CAP IN MOZAMBIQUE

RESULTS SHOW CHANGE IN ATTITUDES ABOUT GENDER NORMS

With funding from USAID under PEPFAR, CAP supports CBOs working in the fight against HIV. Of these, six CBOs implement HIV prevention activities at community level and independently identified prejudicial gender norms and GBV as problems in target communities, namely:

- *Associação da Mulher Moçambicana na Educação (AMME)*
- *Conselho Cristão de Moçambique - Sofala*
- *Kukumbi*
- *Núcleo de Associações Femininas da Zambézia (NAFEZA)*
- *N'weti*
- *Ophavela*

The end-evaluation (March 2015) based on a household survey amongst 1,588 individuals, showed impressive results related to HIV knowledge, condom use and use of healthcare services. Moreover, the integration of gender norms in CBO HIV prevention projects lead to a change of attitudes towards women and girls about prevailing gender norms.

COMMUNITIES INDICATED THAT GBV IS DECREASING

Most participants from focus groups conducted in a complementary qualitative study with 54 groups indicated that GBV had decreased as a result of CAP-supported interventions.

Participants described that the knowledge gained around human rights and existing laws protecting the rights of women, together with the fact of learning about the existence of legal mechanisms and support services for survivors of GBV were key drivers for change.

"In the past, there was neither communication nor dialogue between the couple; everything was solved based on violence. However, couples are now talking to solve their problems."
– Male community member, age 25 - 49 years.

	CAP	Not exposed to HIV interventions
· Condom use in last sexual encounter	20%	5%
· Use of HIV Counseling and Testing services	45%	20%
· Dialogue between partners around HIV	70%	30%
· Dialogue with co-workers, family & friends around HIV	69%	35%
· Being faithful to one partner	67%	38%
· OPINIONS: I agree!		
· Men who have sex with a lot of women are real men	12%	26%
· Men may make all family decisions without including the wife	21%	33%
· It is acceptable for teachers to request sex from their students	12%	22%

TABLE 1:
CAP RESULTS ON GENDER NORMS, GBV AND RISK BEHAVIOR SHOW POSITIVE RESULTS

WHAT MADE IT WORK?

THE CAP APPROACH – KEY TO SUCCESS

A case-study on the comprehensive CAP approach conducted mid-2015 by Community Wisdom Partners highlights that CBOs were able to successfully integrate gender and GBV and achieve impressive HIV prevention results due to:

1 IDENTIFICATION OF G&GBV BY COMMUNITIES

CBOs and their target communities identified gender and GBV as constraints for HIV prevention. CBOs continuously raised the need to integrate these issues within their HIV projects; full integration was possible as soon as USAID made funding available for it. CAP's support to formative research and behavior-change communication enabled CBOs to further understand gender and GBV barriers and identify context specific measures to address them.

2 MANAGERIAL, TECHNICAL AND ORGANIZATIONAL CAPACITY

Each organization benefitted from comprehensive capacity building to strengthen its ability to deliver effective gender/ GBV/ HIV interventions. The Health Policy Project (HPP) provided training on gender and GBV for CBO staff and field workers in direct contact with communities. CAP provided practical project management technical assistance and supported quality improvement through structured monitoring and supervision. CAP also supported program and financial staff, the organization's governing bodies to develop sound human resource and accountability systems. The skills developed with CAP support has helped CBOs strengthen other projects.

3 SUPPORT AT ALL STAGES OF THE PROJECT CYCLE

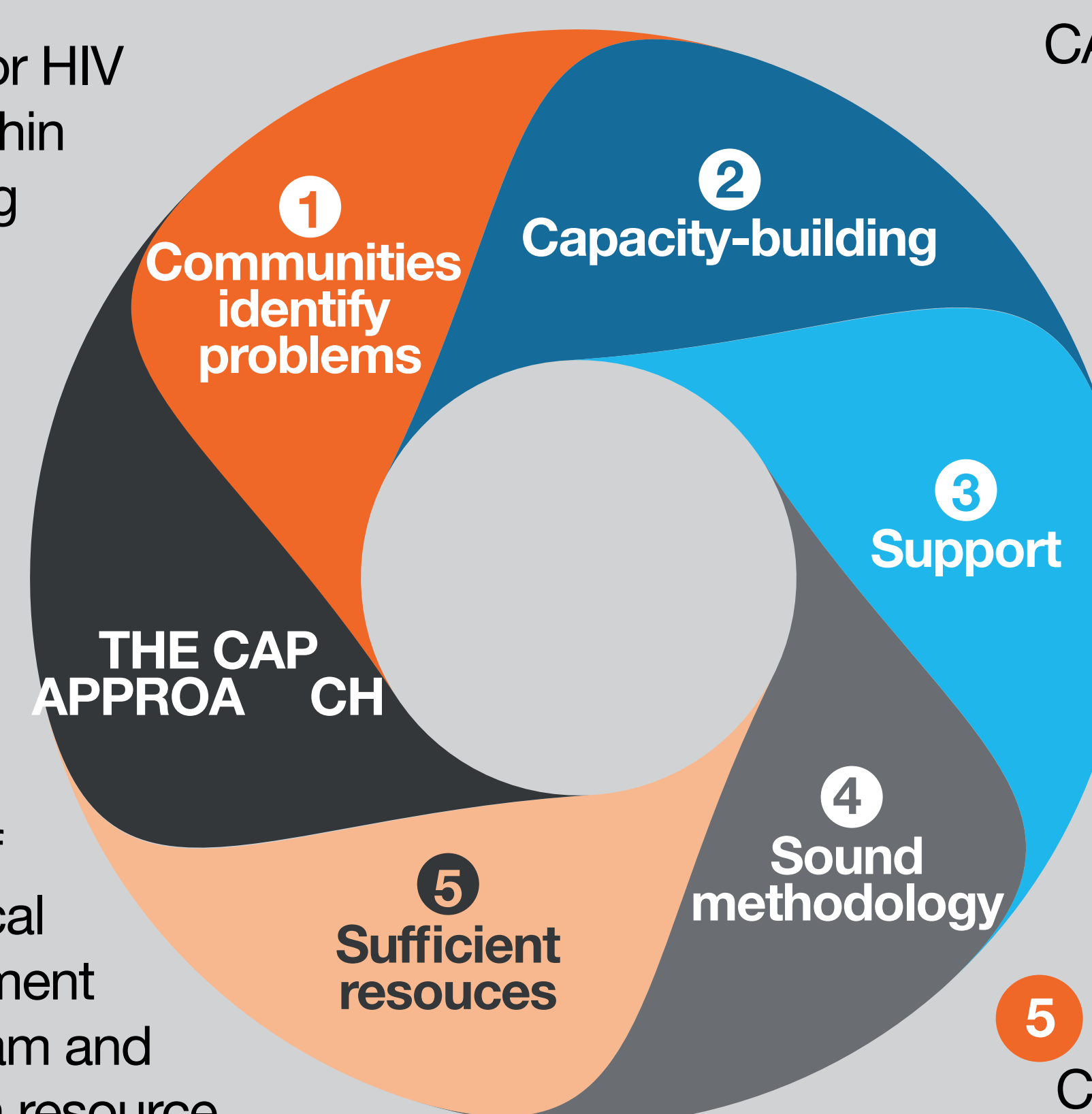
CAP ensured dedicated support and staff for CBOs throughout the project cycle. This included the conduction of formative research, designing a project and materials appropriate for the local context, quality improvement, data gathering, and analysis, exchanges with other organizations, substantial training, along with structured monitoring and supervision.

4 USE OF SOUND METHODOLOGIES

CAP worked with CBOs to develop a multi-level approach targeting individuals, households and leaders. Structured debate sessions for small groups of up to 25 people (disaggregated by gender and age, as relevant) focusing on key issues around HIV prevention, gender norms, GBV and increased use of health care and other services.

5 SUFFICIENT FINANCIAL RESOURCES

CAP ensured sufficient funding for organizations to implement and effectively manage quality interventions, including those related to gender and GBV. USAID invested in capacity development.



CONCLUSIONS

The FHI360-led CAP program underlines the need for integrating gender norms and GBV in HIV prevention. It responds to the call for action by governments, donors and academics to ensure interventions are context specific and evidence-based. The experience of CAP Mozambique shows that with appropriate support, CBOs are very effective change agents. When communities self-identify GBV as an issue, changing community norms in two years is possible.

MORE INFORMATION

For those interested, various in-depth documents are available outlining the program and its results.

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Hbryant@fhi360.org

Author affiliation

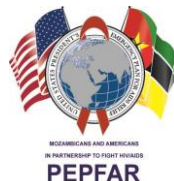
1 Partner at Community Wisdom Partners.

2 FHI360 Mozambique staff.

Acknowledgements

CAP Mozambique would like to acknowledge Mary Ellen Duke, Gender Advisor, USAID Mozambique, for being willing to listen to communities, invest in local organizations and capacity development. She also mobilized the right GBV and gender expertise through HPP.

CAP Mozambique Prevention End line Evaluation 2015



Objectives

The objectives of this presentation are to:

- Describe the CAP Mozambique Project
- Describe the CAP Prevention End line Evaluation methodology
- Share the results of the CAP Prevention End line Evaluation

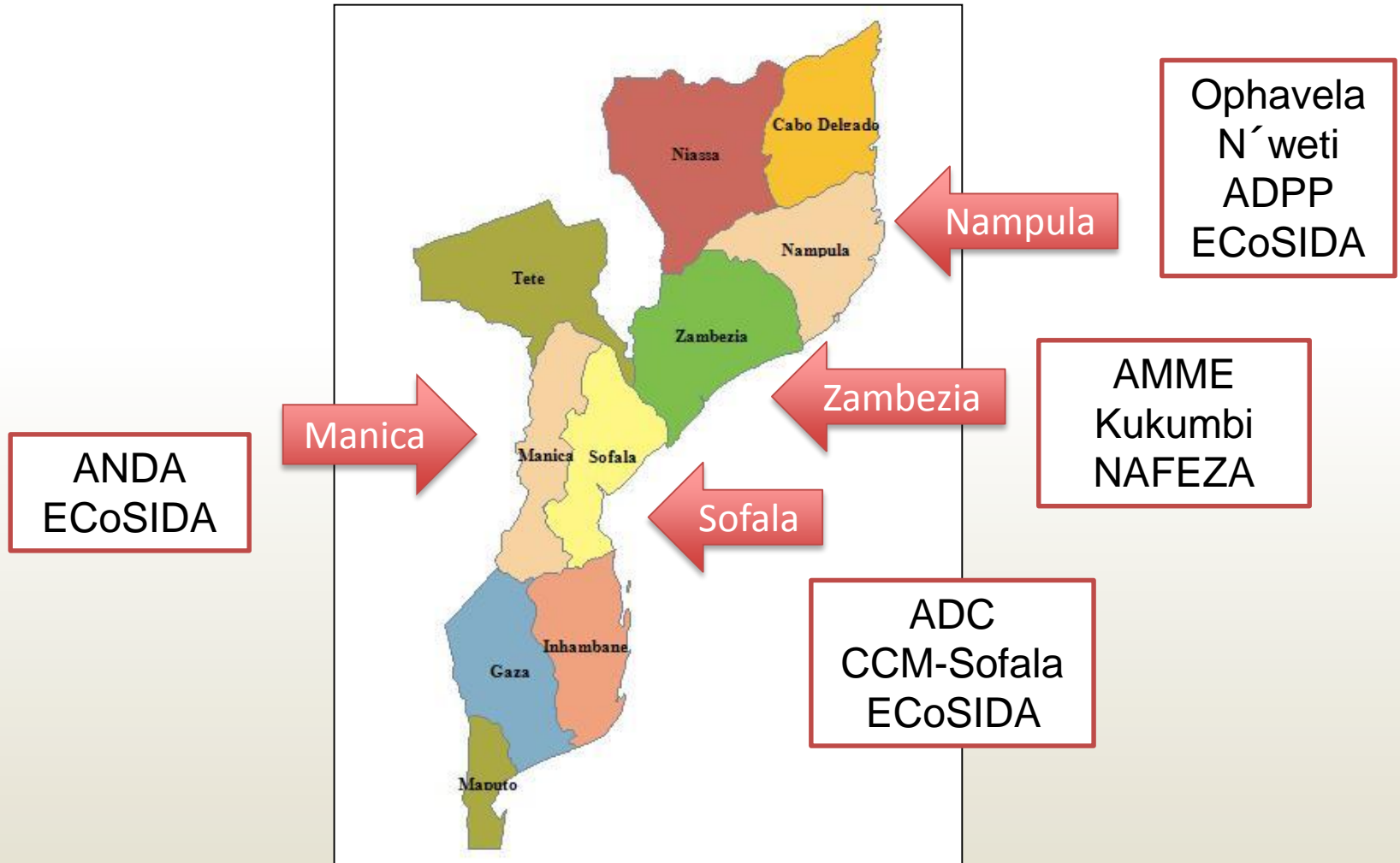


CAP Mozambique

- CAP Mozambique builds the institutional capacity of Mozambican non-governmental organizations (NGOs), Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), networks and associations to improve the service delivery of HIV and AIDS treatment, care and prevention programs.
- Implemented by FHI 360 and funded by USAID/PEFPAR.
- Major component of CAP Mozambique project includes facilitating HIV/AIDS prevention activities in targeted communities.
- Prevention activities began in 2009 and go through 2015.



CAP Mozambique - Partners

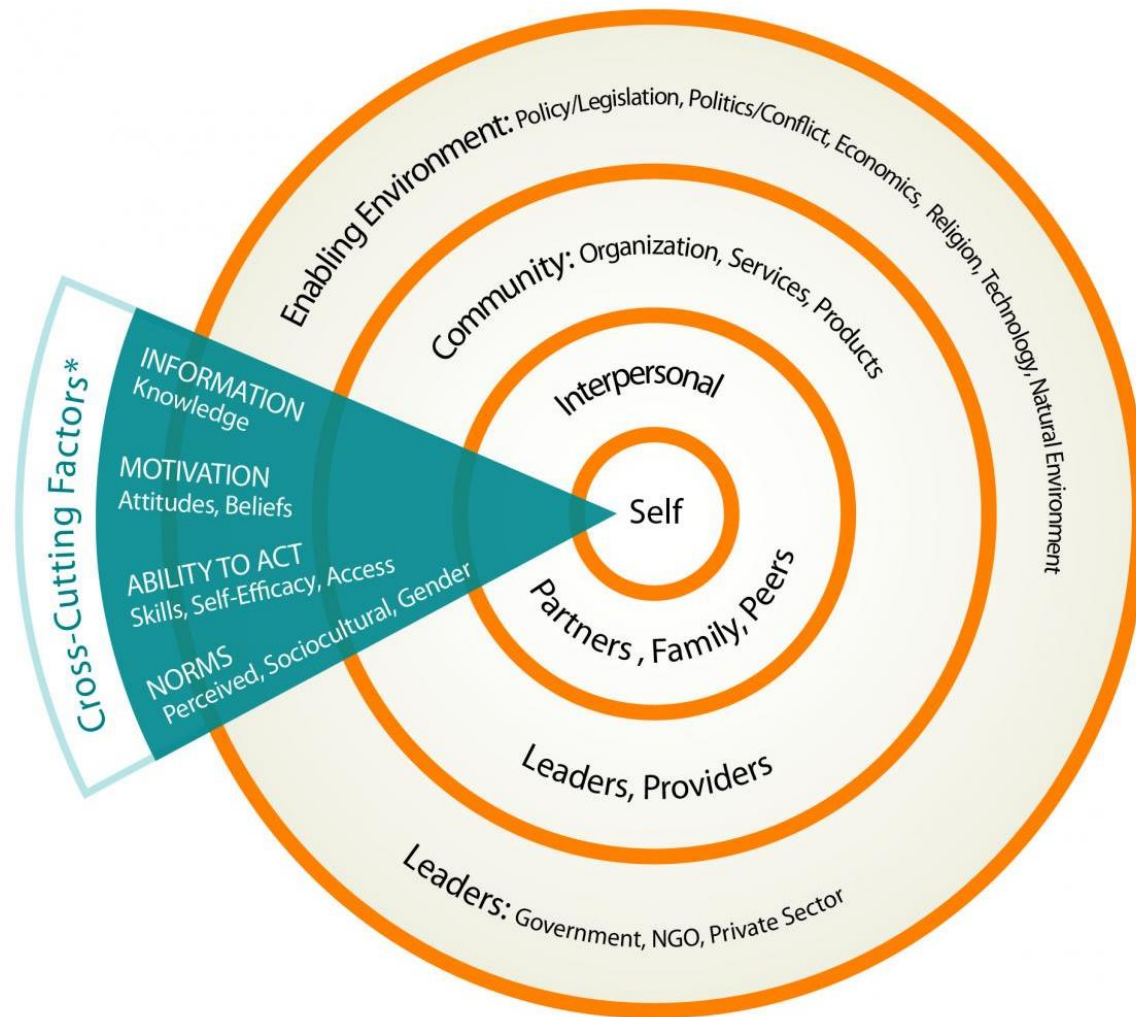


CAP Mozambique HIV/AIDS Prevention Approach

- CAP Mozambique approach is based on research –
 - The most significant behaviors linked to the sexual transmission of HIV in Mozambique: engaging with multiple concurrent partners, transactional sex, and the lack of consistent and correct condom use.
 - The SBCC curriculum chosen for each intervention is adapted to tackle the barriers to behavior change raised in formative research conducted with each specific target group (attitudes around gender norms, peer pressure, the appeal of transactional sex, intergenerational sex, traditional practices, low perceptions of risk, and a lack of comfort talking about HIV).



Socio-Ecological Model for Change



CAP Mozambique HIV/AIDS Prevention Approach

- CAP grant recipient interventions are based on existing, proven methodologies that include participatory methods to spur genuine engagement of participants.
 - Group debates - typically prompted by a short film or theatrical sketch to engage people in active discussion around the topic.



CAP Mozambique HIV/AIDS Prevention Approach



- Community leaders were engaged from the design process and had a key role in mobilizing participation in project activities and influencing social norms.
- Grant recipients recruited and carefully selected *activistas* (facilitators) from their own communities to organize and lead the discussion groups.

CAP Mozambique HIV/AIDS Prevention Approach

- CAP Mozambique provided technical assistance in SBCC, project management and organizational development to support grantees to improve their capacity to implement effective SBCC interventions.
- CAP Mozambique produced four films to address specific barriers identified by the local organizations, and disseminated these films to partners to use in their sessions.

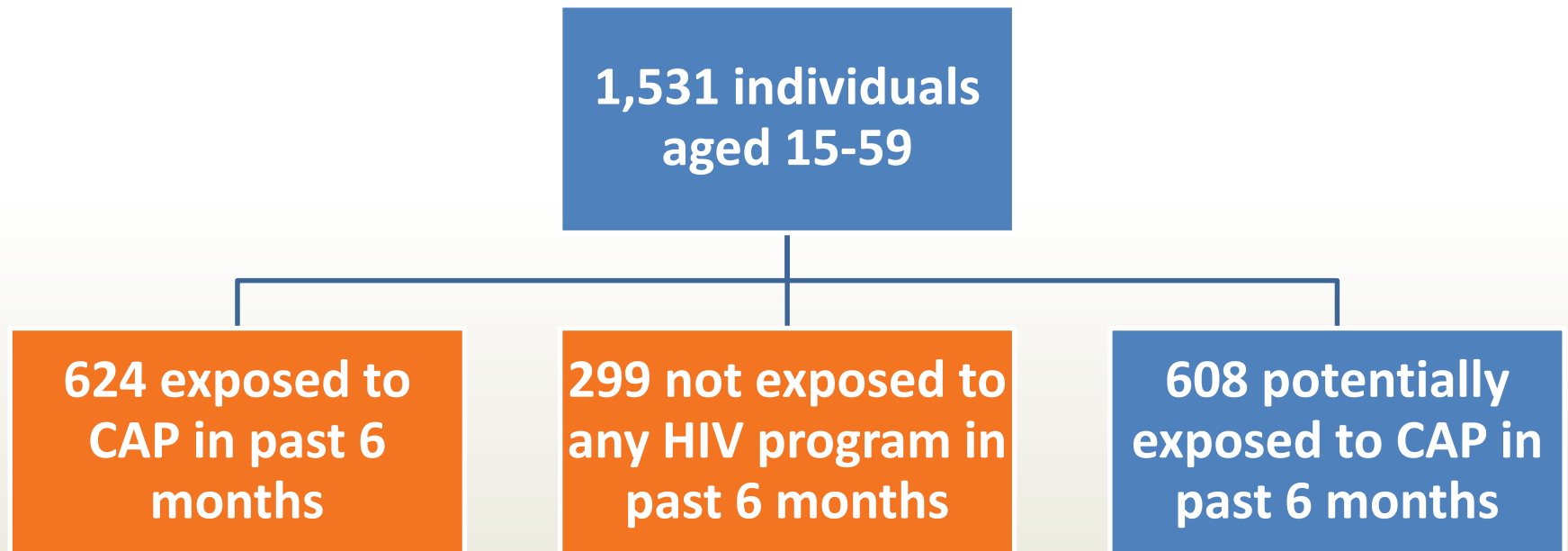


End line Evaluation Methodology

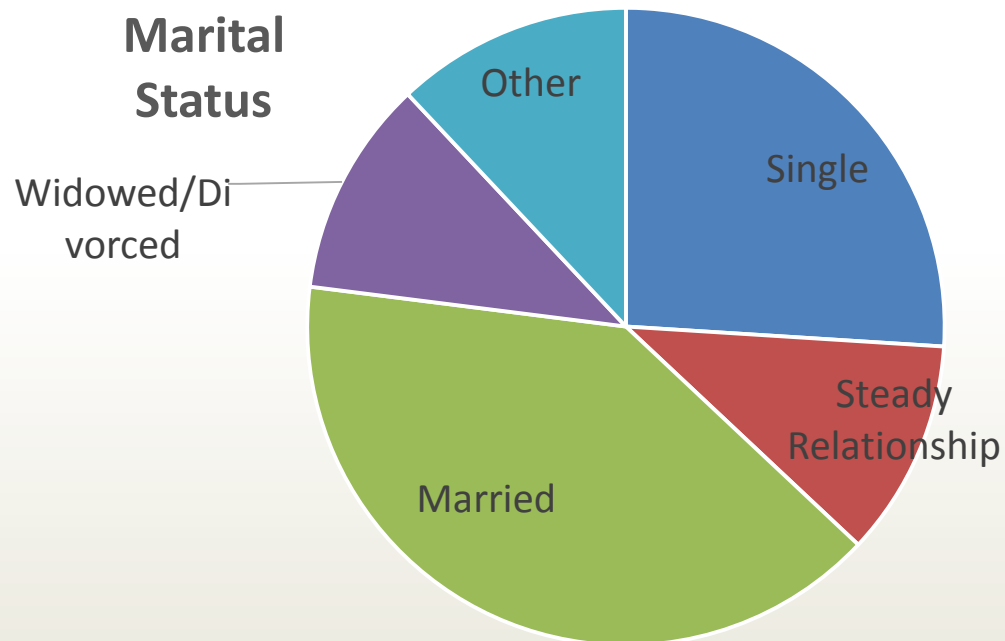
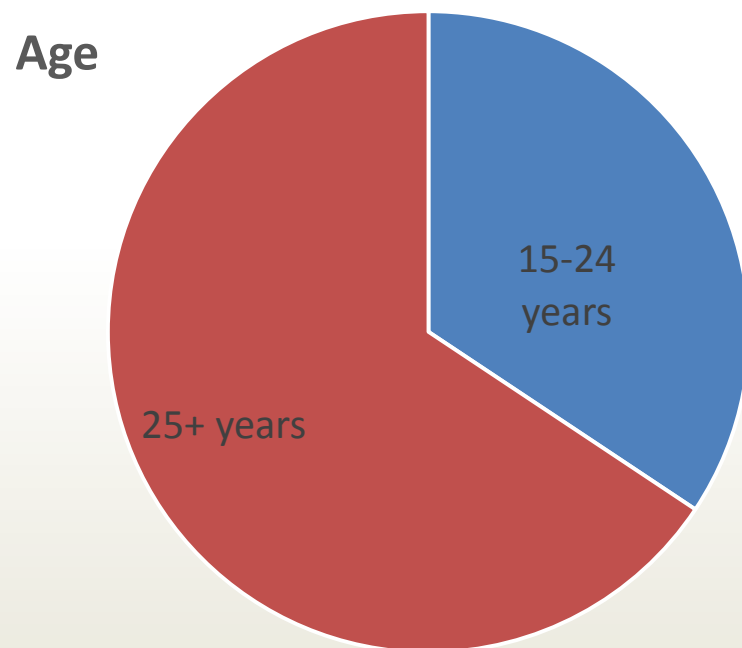
- An external mixed method evaluation was conducted by Health Info-Matrix, from July – August 2014 to assess the impact of the CAP interventions.
- The study was conducted in 12 districts in 4 provinces of Mozambique where the CAP Project was implemented (Sofala, Nampula, Zambezia, and Manica provinces).



Study Sample

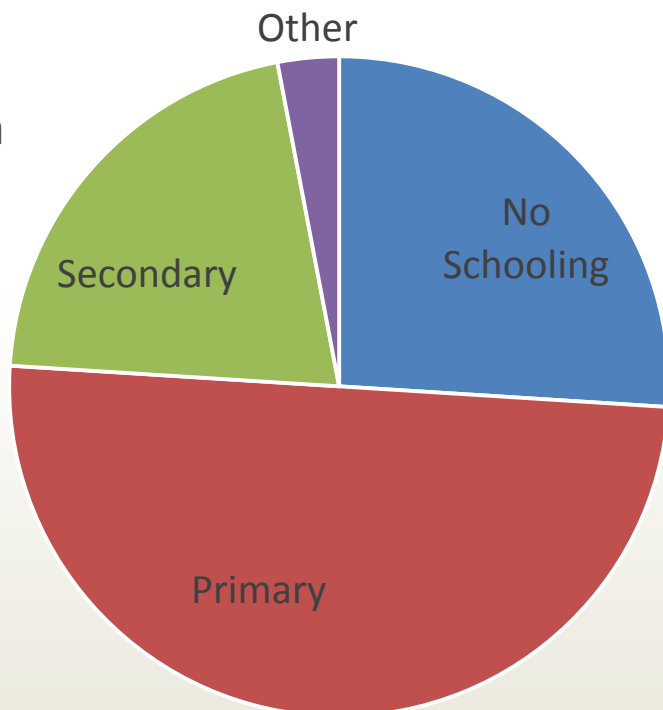


Description of End line Sample

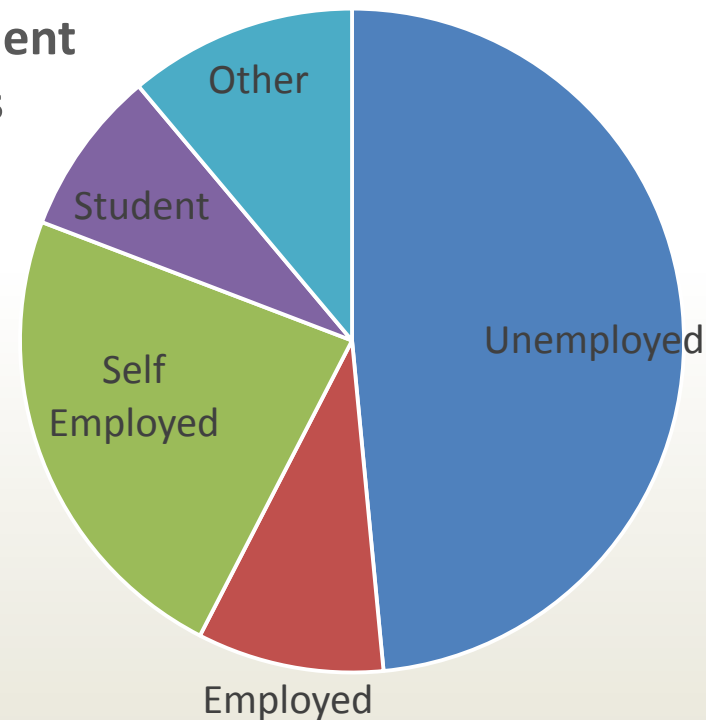


Description of End line Sample

Highest Education



Employment Status



End line Evaluation Methodology

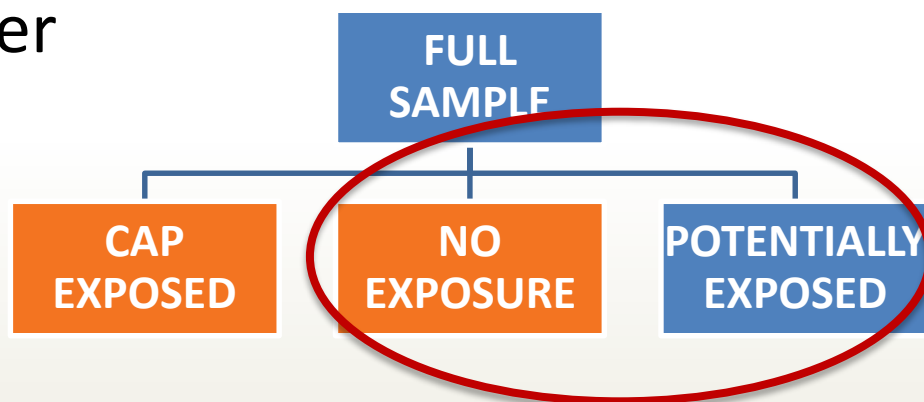
- Program impact was assessed using Propensity Score Matching (PSM), a statistical technique used to create comparable comparison groups when randomization to the intervention is not possible.



End line Evaluation Methodology

Sensitivity Analysis

- Re-analysis comparing definitely exposed to all other participants.
- This comparison group included some people who were likely exposed to CAP, minimizing the impact estimates.



End line Evaluation Methodology

- Focus groups were used to explore perceptions of change, particularly around gender-based violence (GBV)
- 49 FGDs in 4 provinces; Groups with students (1), teachers (2), workers (4), community members (42)—all CAP beneficiaries.
- Purposively selected with support from the CBOs, using criteria to minimize bias.
- Discussions with audio recorded and then transcribed.
- Analyzed by an external consultant; a sample of transcripts were recoded.



End line Evaluation Methodology

- The study was approved by the Protection of Human Subjects Committee at FHI 360 in the USA and by the Mozambican Bioethics Committee for Health.

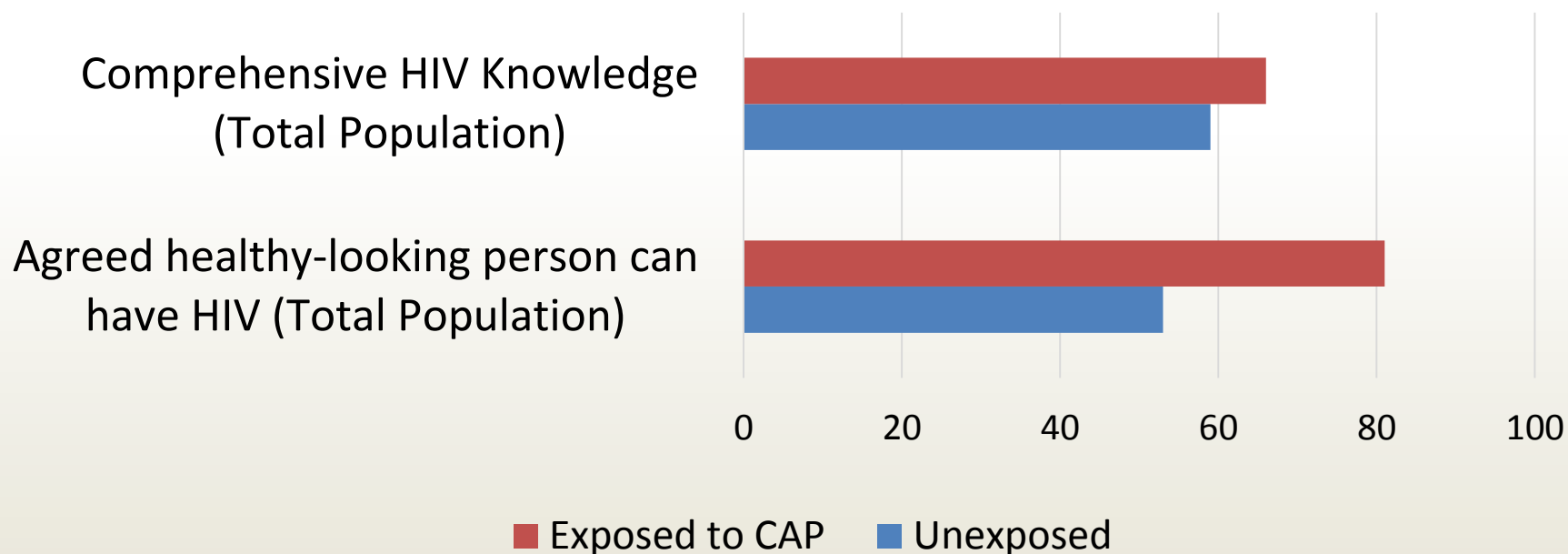


Limitations

- Quasi-experimental design
- Self-report of behaviors
- Selection bias—people who were at home may differ from those who were not available

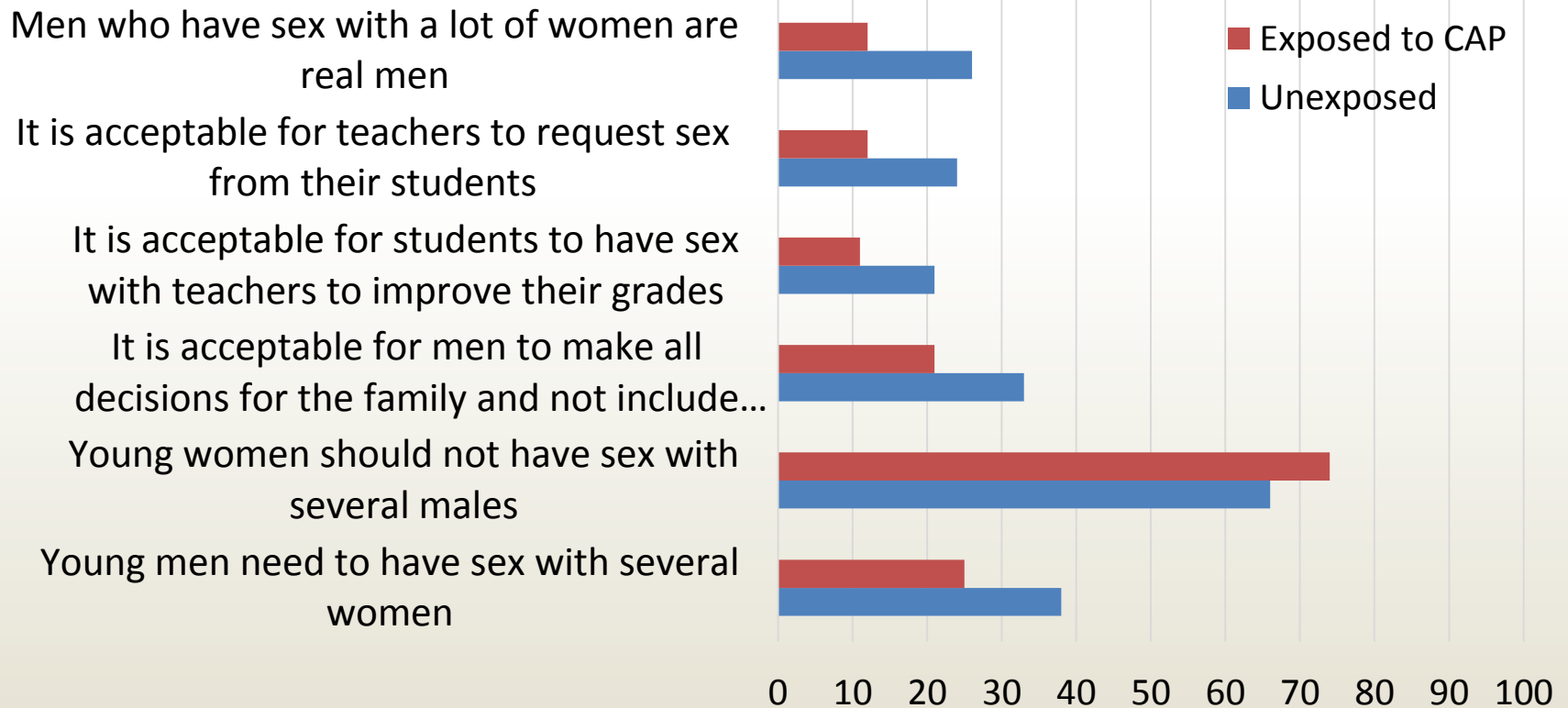
Key Findings - Knowledge

HIV Comprehensive Knowledge



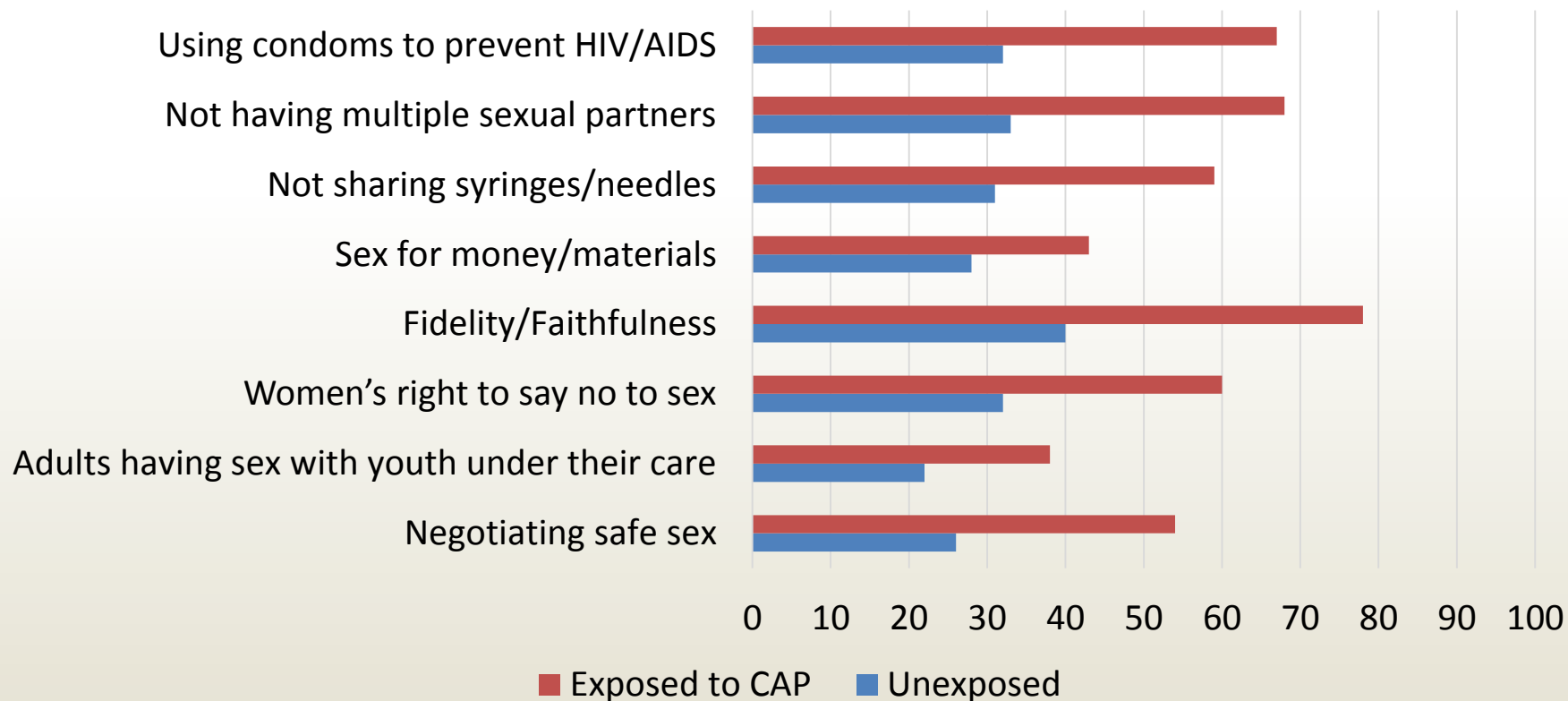
Key Findings – Beliefs and Attitudes

Biggest change in sexual beliefs - % that agreed with the statement



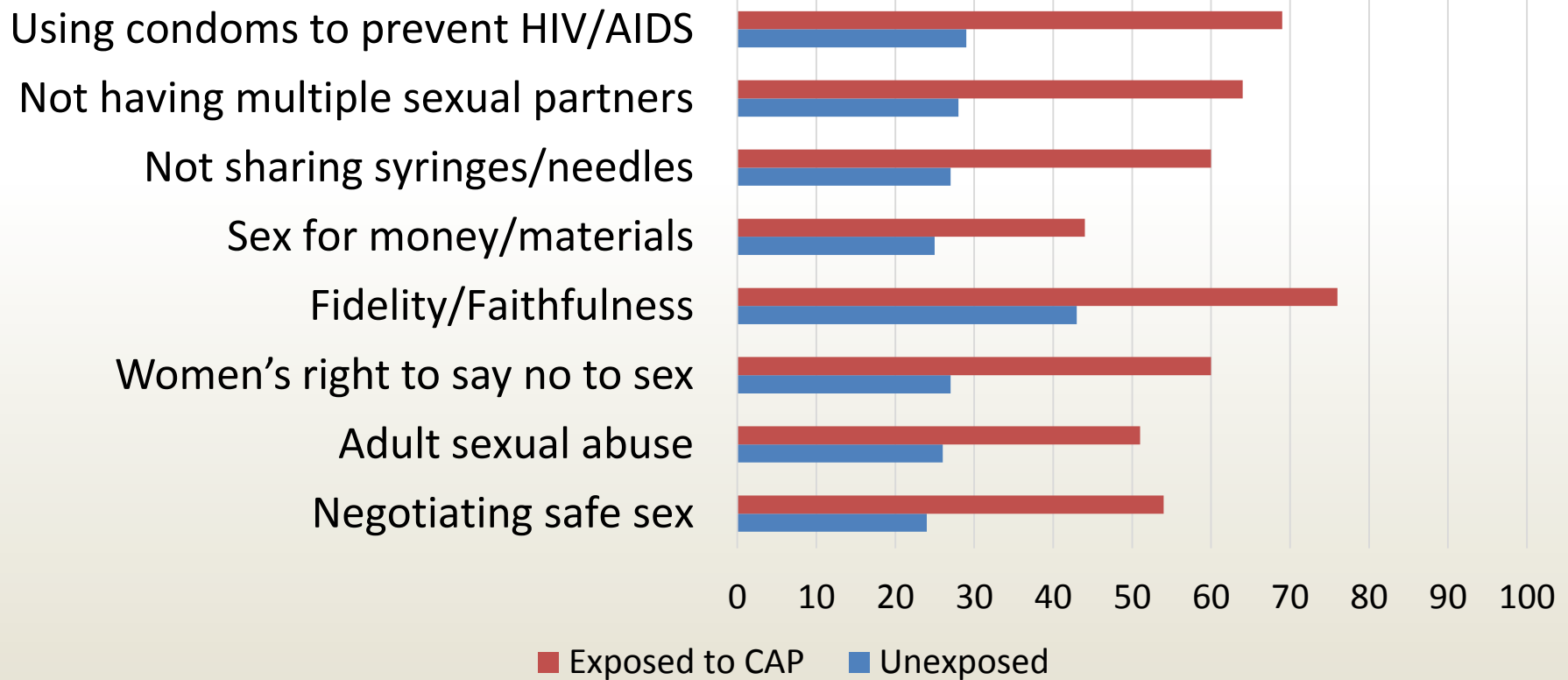
Key Findings - Dialogue

Percentage of participants who had a dialogue with partner/spouse/boyfriend/girlfriend



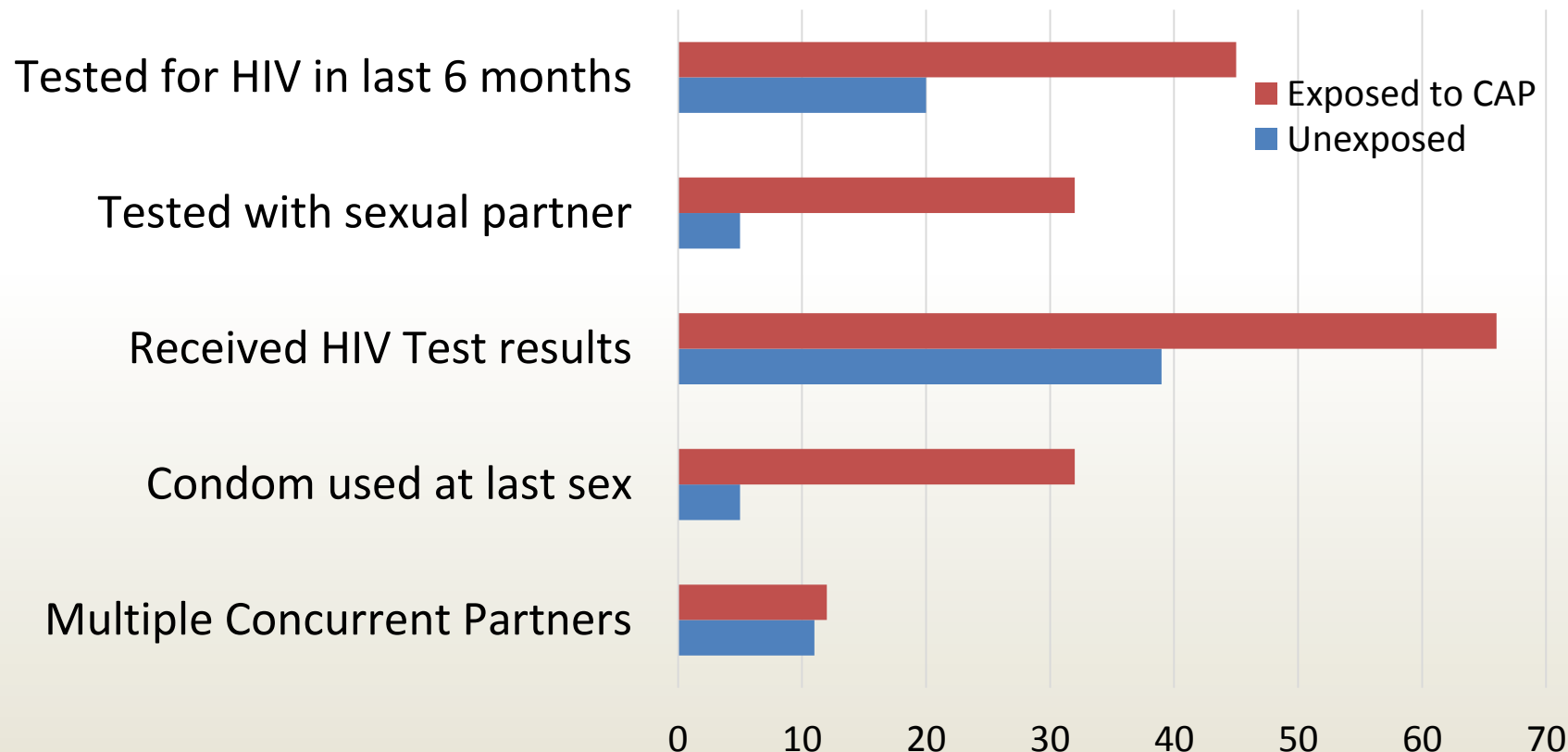
Key Findings - Dialogue

Percentage of participants who had a dialogue with family/friends



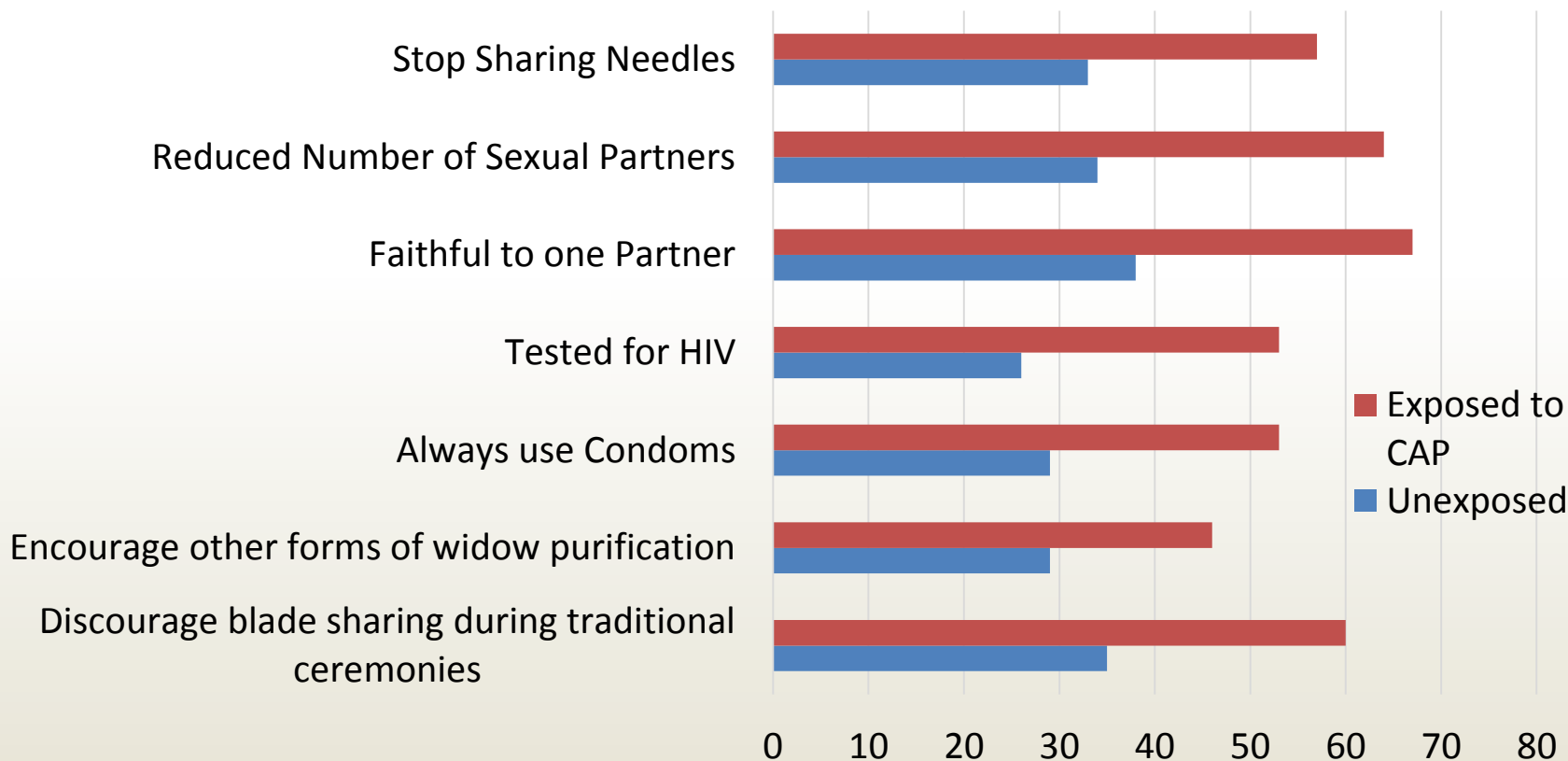
Key Findings – Behavior Change

Behavior Change - % responding positively



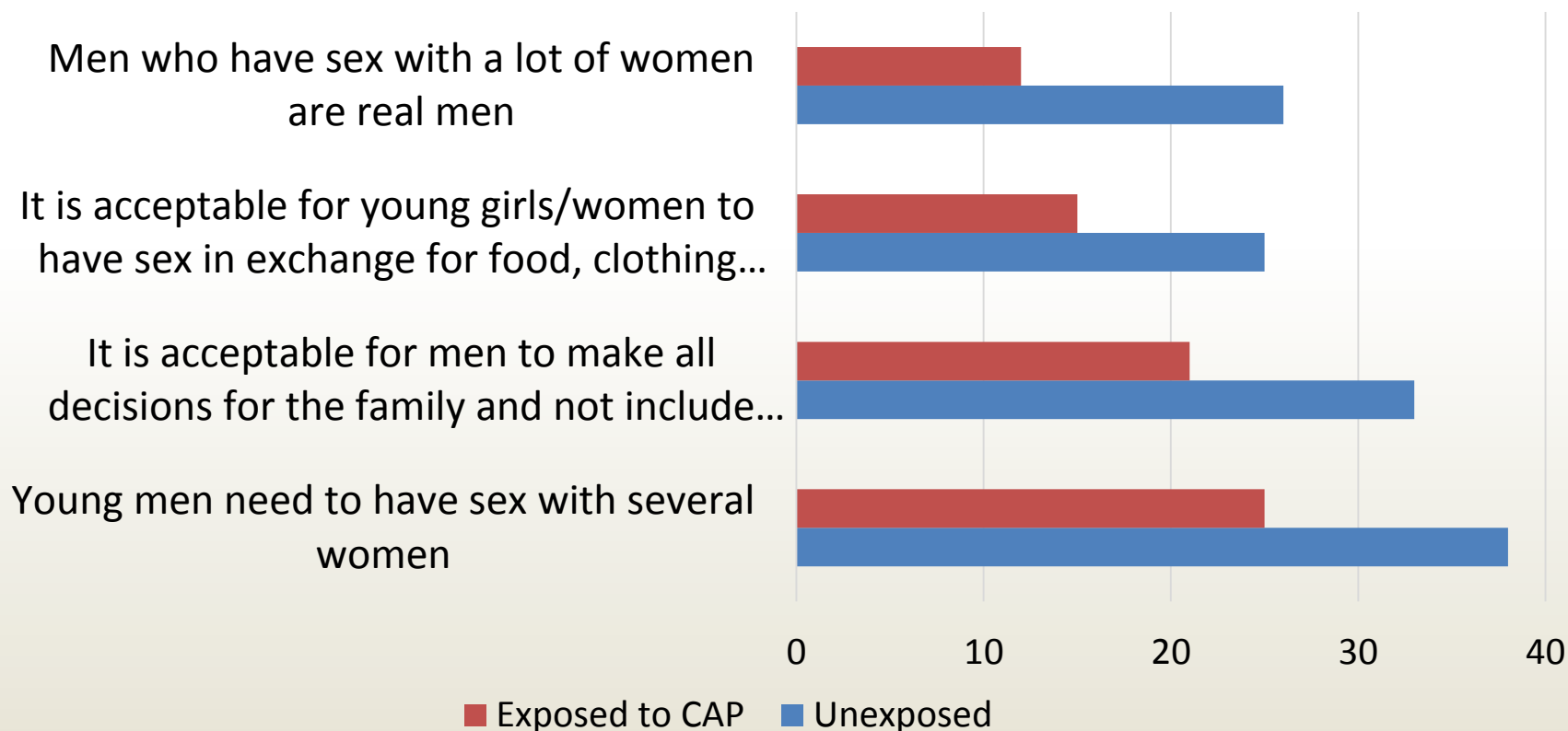
Key Findings – Self-Reported Behavior Change

Behavior Change - % responding positively



Key Findings – Gender

Gender Beliefs - % that agreed with the statement



Key Findings – Gender

- The majority of focus group respondents reported that gender-based violence had decreased as a result of the interventions.
 - Prevention sessions presented the types of support and legal mechanisms that protected human rights and how to access protection and legal services from community leaders, the police and other relevant bodies.
 - Participants in some groups noted they were most effective in getting women who were long-term victims of abuse to access services.

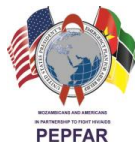
Key Findings – Quotes from FGD on Gender

- *“In my case, this (CAP partner activities) touched me a lot because many people suffer violence in this district and they go to hospitals, then go back home and sit because they know nothing about violence. After we heard about violence, we can protect ourselves and report the person to get them punished. Female community member, 15-24 years*
- *“They (victims of violence) usually seek help from the community leaders....When the community leaders are unable to help, they take the matter to the police. But, before all, they seek help from the neighbor, and only later on do they take it to the [official] structures”- Male community member, 25-49 years*



Key Findings – Quotes from FGD on Gender

- *“The interventions have helped a lot, because most women now know that in any case of violence, they must report it to the police or seek help from the leaders and many of them now know their rights”- Male community member, 15-24 years*
- *“...for this [sexual harassment of girls by teachers] to stop happening, there should be more involvement in these types of discussions with students, community leaders, parents/guardians and teachers, and leaders of the schools. It happens more in the schools, but it also happens in the community. “— Female learner, 15-24 years*



Key Findings – Sensitivity Analysis

- HIV knowledge—1-7% difference from primary analysis
- Sexual beliefs—3-7% difference from primary analysis

As expected, the analysis using the full sample showed less of an impact.

Conclusions

- CAP Mozambique grant recipients have had the greatest impact on:
 - Seeking HIV Counseling and Testing (HTC)
 - Increasing dialogue within communities about issues related to HIV/AIDS and social norms
 - Increasing condom use
 - Select attitudes and behaviors



Conclusions

- The behaviors on which CAP demonstrated the greatest impact – increased testing, dialogues, and condom use – are important stages on the path to longer term behavior change.
- We believe the changes in attitudes and dialogue also point to a positive change in community level norms that influence behaviour change.

Conclusions

- Impact of CAP Mozambique on testing behaviors demonstrates the role of Mozambican CSOs in supporting increased HIV testing, an important step to ensuring that individuals know their status and can seek treatment as early as possible.
- The results of this evaluation point to the effectiveness of community partners to effect change in their communities.
- Their success was the by product of their work to share accurate information in ways that were accessible to communities as well as their increased organizational capacity.



THANK YOU!
OBRIGADA!



Annex 21: Data Verification Visits Report

CAP Mozambique Data Verification Report April 2015 – September 2015

From April 1, 2015 – September 30, 2015 CAP conducted 5 data verification visits of its grant recipients. 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 Kubatsirana, ANDA, Kukumbi, NAFEZA, 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 feedback provided via Email. This was the third verification visit for Kubatsirana, Kukumbi (first for the OVC project), NAFEZA, and HACI, and the fourth for ANDA (although third for this project). Details specific to each process are included below.

Kubatsirana (Manica Province) – May, 2015

This was CAP's third DQA with Kubatsirana. This DQA was focused primarily on new indicators introduced recently into Kubatsirana's project (defaulter tracing, VSLA, and referrals). Data collection sheets for OVC receiving services also were reviewed. Data quality in general was good, with the exception of challenges in reporting on VSLA due to a lack of understanding by the organization on how to report accurately against all disaggregation required for this indicator. As a follow-up, CAP supported Kubatsirana in aligning its data collection sheet with its reporting form for this period, as well as for the full fiscal year. Kubatsirana faces some minor challenges in completing the referral guide because some *activistas* do not fill in the reason for the referral. This represented less than 1% than the sample used, however. CAP helped Kubatsirana understand the importance of having these details (as it affects other indicators as well), and the organization will provide TA to its *activistas*. Compared to the last data verification visit conducted in 2014, Kubatsirana greatly improved its capacity to accurately report OVC services. Full report in Annex 1.

ANDA (Manica Province) – May, 2015

This was CAP's third DQA with ANDA's OVC project, and fourth for the organization overall. In general, the quality of ANDA's data demonstrates improvement with each passing year. This DQA focused on indicators measuring new activities (defaulter tracing, VSLA, and referrals). In addition, a small sample size was taken to compare data for OVC services provided, as this indicator was assessed in the last DQA. Some challenges were noted in regard to VSLA: a lack of clear identification of caregivers and community members, some inconsistency in the names registered in the OVC database and VSLA tracking form, and lack of reporting on individuals that received services. ANDA also faced some challenges in correctly completing the referral form (some forms did not have ages, reason for the referral, or name of the person being referred). For completed referrals, there were also cases where the health unit utilized did not provide its diagnosis (reason for visit), but simply signed the form. CAP provided TA to ANDA to support the organization in overcoming these challenges. A comparison of ANDA's performance in accurately reporting OVC services demonstrated a great improvement over the DQA conducted with the organization in 2014. Full report in Annex 2.

Kukumbi (Zambezia Province) – July, 2015

This was CAP's third DQA with Kukumbi, however the first for this specific project (OVC). In general, the quality of data reported for OVC services is satisfactory, but duplications of individual names in the OVC database resulted in overreporting of OVC and OVC services. Some data collection sheets were missing the service delivery date, which makes it difficult to have full information about the visit. Kukumbi's programmatic staff changed since the beginning of the project, and did not have clear orientation on entering dates for service delivery. One of Kukumbi's biggest challenges is that its archives do not facilitate rapid retrieval of records. In

past DQA with Kukumbi the data archives were in good condition, but with the change in programmatic staff this situation changed. CAP advised Kukumbi to improve their archives. Full report in Annex 3.

NAFEZA (Zambezia Province) – July, 2015

This was CAP's third DQA with NAFEZA. In general, the quality of NAFEZA data is good, showing improvement with each passing year. This DQA focused more on the new indicators, in particular defaulter tracing, referrals, HTC, and GBV screening. However, a small comparison was made against the data for HIV prevention to illustrate any changes in data performance from the last DQA conducted in 2014. For defaulter tracing, NAFEZA's biggest challenge was in registering complete information linked to the reason for abandoning HIV treatment. NAFEZA, like other CAP partners, faces challenges in identifying treatment defaulters because the information they receive from the Health Units about individual patients is false or incomplete. This makes it very difficult to identify/find patients. NAFEZA also was not completing the referral guide for individuals found and referred back to treatment. NAFEZA greatly improved its HIV prevention data, with only one mistake in data reported discovered through the DQA. Full report in Annex 4.

HACI (Maputo Province) – July-August, 2015

HACI is an umbrella organization that provides services through sub-partners. This was CAP's third DQA with HACI and its partners (different subs are selected for each DQA). For this exercise, the DQA was conducted with Kindlimuka (Boane) and AJCDC (Magude). The focus of the DQA was on the OVC services, referrals, and defaulter tracing (for Kindlimuka only). There were multiple challenges with data presented by HACI's partners, but particularly for AJCDC. For AJCDC in particular, there were close to 300 data collection sheets that were incompletely filled out and transference of data from sheets to reporting was poor (with some children who received services not reported, and vice-versa). The team also struggled to accurately understand what a referral was, and in cases completed the referral guide and reported referrals that in fact do not meet the definition. Kindlimuka faced fewer challenges, but does not have an organized filing system, which resulted in reporting inaccurately for OVC services as well. In past DQA exercises, CAP recommended that HACI conduct data verification visits with its partners to help them provide better TA to partners and improve data quality. However, HACI has yet to conduct DQA with its partners, resulting in consistently poor data. HACI did support its partners in conducting a refresher for activists on data collection. Full report in Annex 5.

Anexo 1: Relatório de Verificação de Dados

Organização: Kubatsirana

Data: 25 de Maio de 2015

Introdução

A 25 de Maio de 2015, a especialista de Monitoria e Avaliação do CAP e o Coordenador da Zona Centro e Sul, realizaram o exercício de verificação de dados com Kubatsirana, esteva representada pela oficial do projecto e a técnica de fortalecimento económico. Esta é a segunda verificação de dados que é realizada com Kubatsirana.

Metodologia

A verificação de dados enfocou em dois períodos de reportagem (Setembro a Novembro e Dezembro a Fevereiro). Nesta verificação de dados foram analisados os seguintes indicadores:

- Número de pessoas activamente procurado através da busca consentida
- Número de pessoas com resultado definido através da busca consentida
- Número de pessoas referidas para o serviço de saúde (TARV) através da busca consentida
- Número de pessoas que voltaram a fazer a medicação por causa da busca consentida
- Número de participantes nos grupos de poupança e crédito apoiados pelo PEPFAR
- Número de pessoas referidas para o serviço de saúde por uma organização baseada na comunidade.
- Número de referências de organizações baseadas na comunidade designadas por completas

Para cada um destes indicadores foram analisadas todas as fichas dos períodos acima referidos.

Na perspectiva de verificar o nível de cumprimento das observações deixadas pelo CAP na anterior verificação de dados, foram observadas algumas fichas de seguimento do período em análise. O objectivo desta observação era o de observar a qualidade de preenchimento das fichas de seguimento, por forma a observar se os aspectos deixados na anterior verificação de dados foram observados. Para este exercício foram seleccionadas aleatoriamente (10 fichas de seguimento, sendo 5 de Catandica e 5 de Machipanda).

Principais Constatações

A. Busca Activa

Preenchimento do cartão de busca activa

Cartões de busca activa bem preenchidos de uma forma geral, no entanto há alguns cartões em que:

- Os activistas não assinalam se é visita de busca ou de acompanhamento no entanto tem toda a informação da visita está preenchida no cartão e;

- Há ainda um (1) caso em que colocam não encontrado mas no fim indicam que a pessoa foi referida.

Em relação aos totais reportados e o observado com base nas fichas há ligeiras diferenças, como mostra a tabela abaixo:

Tabela 1: Comparação dos Dados de Busca Activa Reportados e as evidencias(Fichas de busca –Activa)

Foram analisados os quatro indicadores de Busca – activa e, foi notável que tanto no periodo de Setembro a Novembro assim como Dezembro a Fevereiro não havia diferenças nos indicadores nos seguintes indicadores: Número de pessoas activamente buscadas; Número de pessoas com resultado definido e também para o número de pessoas que retornaram ao tratamento, havendo apenas na parte de referencia, como pode ser visto na tabela abaixo:

Periodos	Nº de pessoas activamente procuradas		Nº de pessoas com resultado definido		Nº de pessoas referidas		Nº de pessoas que retornaram ao tratamento	
	S-N	D-F	S-N	D-F	S-N	D-F	S-N	D-F
Fichas	35	49	35	41	9	21	8	7
Relatórios	35	49	35	41	13	23	8	7
Reportados a mais	0	0	0	0	4	2	0	0
Reportados a menos	0	0	0	0	0	0	0	0

Neste processo de verificação de dados também foram analisados os motivos de abandono ao tratamento e, notou se que há ligeiras diferenças entre os motivos registados no relatório e os que constam da ficha de busca –activa, como pode ser visto a seguir:

Tabela 2: Motivos de abandono ao tratamento

Periodos	Endereço Errado		Mudou de residencia		óbito		Viajou		Negou referencia	
	S-N	D-F	S-N	D-F	S-N	D-F	S-N	D-F	S-N	D-F
Fichas	10	5	6	6	0	4	3	9	1	0
Relatórios	6	7	6	6	1	4	3	9	0	0
Reportados a mais		2	0	0	1	0	0	0		

Reportados a menos	4									1	
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A tabela a cima também mostra que a maioria das pessoas deixam na unidade sanitária endereços de residencia não correctos, o que faz com que a equípa da Kubatsirana não consiga localizar uma boa parte das pessoas que constam da lista. Esta situação foi mais notória no periodo de Setembro à Novembro

Legenda:

S: Setembro

N: Novembro

D: Dezembro

F: Fevereiro

Acção do CAP perante o observado

- Assegurar que os dados são verificados por pelo menos mais uma pessoa além do oficial do projecto e;
- Para o caso dos dados reportados a menos, podem ser reportados no periodo de Março a Maio, havendo necessidade de claramente identificar as fichas das pessoas não reportadas. No entanto, devem colocar uma nota para estes datos, indicando que são de periodos anteriores.

Acção de Kubatsirana perante o observado

- Rever os dados que foram reportados a menos e reportar no periodo de Março a Maio, acompanhado de uma nota.
- Sempre que a oficial de projecto tiver oportunidade de encontrar a equipa de busca activa, irá reforçar sobre o preenchimento do cartão de busca activa.

B. Fortalecimento Economico (Número de pessoas que participam nos grupos de poupança)

Preenchimento das fichas de dados

De uma forma geral as fichas de fortalecimento economico estão bem preenchidas, havendo:

- Todos membros estão com os perfis preenchidos;
- Arquivo de Fortalecimento económico está bem organizado;
- Alguns casos (10 fichas) de não indicação da situação do membro do grupo (Cuidador, membro da comunidade) na lista do grupo, no entanto esta informação consta do perfil do membro;
- Observado um membro de um grupo com o nome na ficha mas sem nenhuma outra informação;
- Um grupo que na ficha não há indicação do nome do grupo e;

- Uso de terminologia para cuidadores e membros da comunidade sem legenda, observado numa ficha.

Dados recolhidos e reportados

Abaixo a tabela comparando os dados das fichas e os dados reportados

Tabela 2: Dados de Fortalecimento Economico da Kubatsirana

Fonte	Setembro – Novembro 2014		Dezembro – Fevereiro 2015	
	Cuidadores	Comunidade	Cuidadores	Comunidade
Fichas	56	194	3	21
Relatório	41	200	12	40
Reportados a mais		6	9	19
Reportados a menos	15			

Esta diferença entre os dados reportados e o que as evidencias mostram, da análise feita resultam do facto de existirem algumas pessoas que participam nos grupos de poupança e que inicialmente foram considerados como membros da comunidade, no entanto só depois de passar o periodo de reportagem é que foram identificados como cuidadores.

Nota que quando foram identificados como cuidadores alguns destes já tinham sido reportados como parte da comunidade, por essa razão não foram reportados como cuidadores, de acordo com kubatsirana.

Passos seguintes

Acção do CAP perante o observado

- CAP sugeriu a Kubatsirana a colocar na ficha dos membros do grupo a situação de cada membro, por forma a facilitar a reportagem dos dados na tabela de resultados.
- Em relação aos 15 cuidadores reportados a menos no periodo de Setembro à novembro, comparar a lista dos membros dos grupos activos neste periodo e a ficha de fortalecimento economico reportado para identificar os nomes destes cuidadores não reportados (que também não tenham sido reportados como parte da comunidade). Verificar se não foram reportados no periodo de Dezembro à Fevereiro e se for o caso, estes cuidadores podem ser reportados em Março e Maio.
- Para o caso dos membros da comunidade reportados seguir o mesmo processo do ponto a cima e identificar os membros que foram reportados a mais, no entanto a alteração do relatório dos periodos em causa só poderá ser feito com a recomendação do CAP, referimo – me ao caso de dados reportados a mais.

Acção da Kubatsirana perante o observado

- Kubatsirana comprometeu – se a cumprir com as recomendações do CAP num periodo máximo de duas semanas desde a data da realização da visita de verificação de dados .

C. Referencias e Referencias Completas

Foram analisadas todas guias de referencia para os periodos de Setembro – Novembro e Dezembro a Fevereiro. Em relação ao preenchimento das guias de referencia foi observado o seguinte:

- Casas de activistas que preenchem no campo da unidade sanitária (5 fichas).
- Não indicação do motivo da referencia (6 fichas).
- Maior parte das fichas as unidades sanitárias não carimbam só assinam
- Duas fichas sem indicação da pessoa que referiu.

Total de referencias reportadas igual ao observado nas guias de referencia.

Verificação de Fichas de seguimento

As fichas analisadas são do periodo de Março a Maio, isto porque as fichas dos periodos anteriores estão nos distritos com os parceiros de Kubatsirana. Foram analisadas 10 fichas de e, destas foi observado o seguinte:

- 2 fichas com pouco detalhe dos serviços prestados e sem data no verso da ficha
- Uma ficha sem indicação da data na parte do detalhe e com detalhe sem assinalar o serviço

Conclusões

Dado facto de a maioria dos indicadores (Busca activa, Fortalecimento economico e referencia) ser a primeira vez a serem analisados para Kubatsirana, não será possível uma comparação com os estágios anteriores. Nas verificações anteriores de houve maior enfoque na qualidade de preenchimento da ficha de seguimento, transferencia de informação da ficha de seguimento para a base de dados e finalmente para a tabela de resultados, tendo sido desta forma maior enfoque no indicador referente as crianças atingidas pelos sete serviços. No entanto, usando os dados das visitas de monitoria, nota se melhoria nestes indicadores no que refere a qualidade dos dados recolhidos e reportados.

A qualidade de preenchimento das fichas de seguimento melhorou bastante, quando comparado com a última verificação de dados onde mais de 60% das as fichas analisadas apresentavam uma média minima de três lacunas e, actualmente está em menos de 5%.

Anexo 2: Relatório de Verificação de Dados

Organização: ANDA

Data: 26 de Maio de 2015

Introdução

A 26 de Maio de 2015, a especialista de Monitoria e Avaliação do CAP e o Coordenador da Zona Centro e Sul, realizaram o exercício de verificação de dados com ANDA OVC, estava representada pela Assessora do Gestor e responsável pelos dados, o gestor da organização, técnica de fortalecimento económico e o técnico de busca activa. Esta é a segunda verificação de dados que é realizada com ANDA OVC.

Metodologia

A verificação de dados enfocou em dois períodos de reportagem (Setembro a Novembro e Dezembro a Fevereiro).

Nesta verificação de dados foram analisados os seguintes indicadores:

- Número de pessoas activamente procurado através da busca consentida
- Número de pessoas com resultado definido através da busca consentida
- Numero de pessoas referidas para o serviço de saúde (TARV) através da busca consentida
- Numero de pessoas que voltaram a fazer a medicação por causa da busca consentida
- Número de participantes nos grupos de poupança e crédito apoiados pelo PEPFAR
- Numero de pessoas referidas para o serviço de saúde por uma organização baseada na comunidade.
- Número de referências de organizações baseadas na comunidade designadas por completas

Para cada um destes indicadores foram analisadas todas as fichas dos períodos acima referidos.

Na perspectiva de verificar o nível de cumprimento das observações deixadas pelo CAP na anterior verificação de dados, foram observadas algumas fichas de seguimento do período em análise. O objectivo desta observação era o de observar a qualidade de preenchimento das fichas de seguimento e a ligação das fichas com a base de dados, por forma a observar se os aspectos deixados na anterior verificação de dados foram observados. Para este exercício foram seleccionadas aleatoriamente (15 fichas de seguimento)

Principais Constatações

A. Busca Activa

Preenchimento do cartão de busca activa

Cartões de busca activa bem preenchidos de uma forma geral, no entanto há alguns cartões em que:

- Os activistas não assinalam se é visita de busca ou de acompanhamento no entanto tem toda a informação da visita está preenchida no cartão e;
- Fichas (3) sem indicação do motivo de abandono ao tratamento
- Activista assina no local do informante (uma ficha)

Em relação aos totais reportados e o observado com base nas fichas há ligeiras diferenças, como mostra a tabela abaixo:

Foram analisados os quatro indicadores de Busca – activa e, foi notável que tanto no período de Setembro a Novembro assim como Dezembro a Fevereiro não havia diferenças nos indicadores nos seguintes indicadores: Número de pessoas activamente buscadas; Número de pessoas com resultado definido e também para o número de pessoas que retornaram ao tratamento.

Neste processo de verificação de dados também foram analisados os motivos de abandono ao tratamento e, notou se que também há concordância entre a informação reportada e a que consta das fichas de ANDA. como pode ser visto a seguir:

Tabela 1: Motivos de abandono ao tratamento

	Endereço Errado		Referido		Mudou de residencia		óbito		Viajou		Negou referencia		Está em TARV
	S -N	D-F	S-N	D-F	S-N	D-F	S-N	D-F	S-N	D-F	S-N	D-F	D-F
Fichas	0	4	0	0	0	0	0	1	0	1	0	0	1
Relatórios	0	4	0	0	0	0	0	1	0	1	0	0	1
Reportados a mais	0	0	0	0	0	0	0	0	0	0	0	0	0
Reportados a menos	0	0	0	0	0	0	0	0	0	0	0	0	0

Legenda:

S: Setembro, **N:** Novembro, **D:** Dezembro, **F:** Fevereiro

Acção do CAP perante o observado

Encourajar a ANDA a manter a qualidade, no entanto deveria melhorar o sistema de arquivo. As fichas de referencia das buscas deviam estar na pasta de busca junto ao processo ou cartão do doente buscado e referido.

Acção de ANDA OVC perante o observado

Rever o sistema de arquivo num período de 2 semanas desde a data da realização da visita de verificação de dados

B. Fortalecimento Economico (Número de pessoas que participam nos grupos de poupança)

Preenchimento das fichas de dados

De uma forma geral as fichas de fortalecimento economico estão bem preenchidas, havendo:

- Algumas fichas dos membros não tem uma identificação clara entre membros da comunidade e os cuidadores
- Um membro do grupo sem indicação do sexo
- Nomes de alguns membros nos documentos do grupo são diferentes dos que aparecem na base de dados de fortalecimento economico

Dados recolhidos e reportados

Abaixo a tabela comparando os dados das fichas e os dados reportados

Tabela 2: Dados de Fortalecimento Economico da ANDA OVC

Fonte	Setembro – Novembro 2014		Dezembro – Fevereiro 2015	
	Cuidadores	Comunidade	Cuidadores	Comunidade
Fichas	70	194	15	111
Relatório	58	202	14	96
Reportados a mais	0	8	0	0
Reportados a menos	12	0	1	15

Como se pode ver a cima há ligeiras diferenças entre os dados reportados e os que as evidencias mostram e, esta diferença deve -se a alguma deficiencia no sistema de arquivo da organização, especialmente para esta componente de fortalecimento economico.

Passos seguintes

Acção do CAP perante o observado

- CAP sugeriu a ANDA OVC para melhorar o sistema de arquivo de fortalecimento economico
- Melhorar o sistema de identificação de Cuidadores e membros da comunidade nos grupos de poupança
- Em relação aos dados reportados a menos CAP orientou a ANDA a reportar no periodo de Março a Maio.

Acção da ANDA OVC perante o observado

- Kubatsirana comprometeu – se a cumprir com as recomendações do CAP num periodo máximo de duas semanas desde a data da realização da visita de verificação de dados .

C. Referencias e Referencias completas

Foram analisadas todas guias de referencia para os periodos de Setembro – Novembro e Dezembro a Fevereiro. Em relação ao preenchimento das guias de referencia foi observado o seguinte:

- Fichas sem o registo da idade do paciente (7 fichas)
- Algumas fichas sem indicação da pessoa que referiu (5 fichas)
- Fichas sem o código da família (55 fichas)
- Fichas sem indicação do motivo de referencia (2)
- Duas fichas apenas com os nomes dos pacientes sem nenhuma informação adicional
- Fichas sem o registo da data de referencia
- Fichas com troca de informação (US e outras redes) 7 fichas

Comparação das referencias recolhidas e as reportadas

Fonte	Setembro – Novembro 2014			Dezembro – Fevereiro 2015		
	Saúde	Outras (Registo e Educação)	Referencias completas	Saúde	Outras (Registo e Educação)	Referencias completas
Fichas	8* ¹	65 ²	69	5	125	146
Relatório	7	65	81 ³	9 ⁴	129	149
Reportados a mais	0	0	2	0	4	3
Reportados a menos	0	0	0	0	0	0

D. Análise das fichas de seguimento

Como foi referido a cima por forma a verificar o nível do cumprimento das recomendações deixadas na anterior verificação de dados, foram analisadas 15 fichas e:

No que refere ao preenchimento todas as fichas estavam bem preenchidas. Foram igualmente seleccionadas 5 fichas para ver a harmonização com a base de dados e, destas

Uma criança tinha registo de serviço de educação, serviço este que não constava da ficha

Uma criança cujo serviço na base de dados foi colocado num mês diferente do da ficha de seguimento

¹ Uma pessoa com duas guias

² 60 tem fichas e 5 são referencia por carta

³ Havia na pasta de arquivo duas pessoas com mais de que uma evidencia (BI e cédula) o que propiciou duplicação

⁴ 4 fichas foram entregues no momento da elaboração do relatório e por isso não estavam na pasta correcta

E. Conclusões e Recomendações

De uma forma geral ANDA está com um processo de recolha, compilação e reportagem de dados, está com qualidade aceitável. No entanto o sistema de arquivo na facilita o processo de transferencia de informação, dai a recomendação de melhorar o sistema de arquivo .

Dado facto de a maioria dos indicadores (Busca activa, Fortalecimento economico e referencia) ser a primeira vez a serem análizados para ANDA, não será possivel uma comparação com os estágios anteriores. Nas verificações anteriores de houve maior enfoque na qualidade de preenchimento da ficha de seguimento, transferencia de informação da ficha de seguimento para a base de dados e finalmente para a tabela de resultados, tendo sido desta forma maior enfoque no indicador referente as crianças atingidas pelos sete serviços. No entanto, usando os dados das visitas de monitoria, nota se melhoria nestes indicadores no que refere a qualidade dos dados recolhidos e reportados.

A qualidade de preenchimento das fichas de seguimento melhorou bastante, quando comparado com a última verificação de dados onde em 10 fichas cerca da metade apresentavam lacunas de preenchimento.

Quanto ao sistema de arquivo, embora ainda exista necessidade de melhoria, comparando com a anterior verificação de dados nota – se melhoria, especialmente no que refere a organização da informação dos beneficiários.

Anexo 3: Relatório de Verificação de Dados

Organização: Kukumbi

Data: 20 de Julho de 2015

Introdução

A 20 de Julho de 2015, a especialista de Monitoria e Avaliação do CAP realizou o exercício de verificação de dados com KUKUMBI OVC em Lugela, esteve representada pelo oficial do projecto, assistentes de OVC e técnico de prevenção e técnico de fortalecimento económico. Esta é a primeira vez que o projecto da KUKUMBI OVC passa por um exercício de verificação de dados.

Metodologia

A verificação de dados focou em dois períodos de reportagem (Dezembro a Fevereiro e Março a Maio). A escolha destes dois períodos deveu-se ao facto de terem sido os trimestres que a KUKUMBI reportou dados referentes aos serviços prestados a OVC.

Este exercício de verificação de dados focou essencialmente no preenchimento da ficha de seguimento, transferência de informação da ficha de seguimento para a base de dados e da base de dados para a tabela de resultado. Ainda nesta verificação foi observada a questão do arquivo físico da informação recolhida.

Para este processo de verificação de dados, sendo a primeira para este projecto, o enfoque para os serviços prestados a COVs, processo de registo, compilação e reportagem de dados. Foram analisadas fichas de 122 beneficiários de serviços no período de Dezembro a Fevereiro, correspondente a 20% do total dos atingidos neste período. Foram igualmente verificadas todas as fichas (20) dos beneficiários servidos no período de Março a Maio. Deste processo foi igualmente analisado o arquivo da organização.

Principais Constatações

A. Preenchimento da ficha de seguimento

De uma forma geral as fichas de seguimento estão sendo bem preenchidas, no entanto:

- Todas as fichas não têm a data no detalhe do serviço prestado, o que não permite identificar as acções que os activistas realizaram em cada dia da visita efectuada aos beneficiários
- Algumas fichas em número de 6 sem a indicação do Posto administrativo e ou bairro na identificação do beneficiário
- Algumas fichas em número de 3 sem a indicação do mês de entrada do beneficiário no projecto
- Uma ficha sem a indicação do nome do facilitador que apoia a este beneficiário

- Algumas fichas em número de 2 com a data de prestação do serviço colocado no local não apropriado.
- Algumas fichas com rasuras na data de realização do serviço.

Acções de Seguimento perante o constatado

KUKUMBI: Habitualmente KUKUMBI realiza encontros de planificação semanal e, será nestes encontros que a equipa presente na verificação das fichas irá comunicar aos facilitadores dos aspectos por melhorar.

Nota: a equipa da KUKUMBI não tinha informação da necessidade de colocação da data no detalhe, daí que em todas as fichas este promenor não foi observado.

FHI 360 – CAP: Acção do CAP foi imediata, explicando a equipa da KUKUMBI o porque da relevancia da colocação da data no detalhe dos serviços prestados.

B. Transferencia de Informação da ficha para Base de Dados

Foram analisadas 50 fichas, o objectivo era de verificar se todos serviços assinalados na ficha de seguimento foram transferidos para a base de dados. Desta análise constatou se que:

- Oito (8) fichas tinham um serviço não lançado na base de dados
- Dois beneficiários que receberam serviços sem o registo na base de dados

Acções de seguimento

FHI – CAP: orientou a KUKUMBI a assegurar que os dados lançados são verificados por pelo menos duas pessoas. Nota que o lançamento é feito pelos assistentes e, a sugestão foi que após o lançamento, haja troca de dados entre os assistentes, permitindo deste modo que o lançamento de cada um dos assistentes seja verificado por outro assistente. Ainda para assegurar a qualidade de dados foi o CAP segeriu que o oficial do projecto fizesse um sport check, seleccionando aleatoriamente algumas fichas e verificasse os serviços lançados

KUKUMBI: Apartir dos próximos lançamentos após a verificação de dados, KUKUMBI irá criar condições para verificação dupla dos lançamentos.

C. Comparação dos totais de dados reportados de beneficiários que serberam os rviços de COVs e o que consta das fichas

Foi feita a comparação das fichas de registo e os dados reportados , para as crianças atingidas no geral e as atingidas por serviço, como se pode ver abaixo.

	Dezembro -Fevereiro		
Fonte	Atingidos	Educação	Saúde

Fichas	609	326	326
Relatório Final Março a Maio	623	488	321
Reportado a mais	14	162	0
Reportado a menos	0	0	5

Na tabela a cima nota se diferença nas crianças atingidas reportadas e as que as fichas mostram, esta situação deve se ao facto de existirem na base de dados alguns nomes repetidos. Quanto ao serviço de educação o facto é que o instrumento de verificação foram as fichas de seguimento e, para o caso das crianças das escolinhas estas não possuem ficha de seguimento dai a diferença nos totais.

D. Organização do Arquivo Físico

Em relação ao arquivo físico, foi contactado o seguinte

- Não há separação de dados, toda informação sobre os beneficiários está na mesma pasta de arquivo ou seja, temos a informação da identificação da família, CSI, Planos de acção, fichas de seguimento e guias de referencia na mesma pasta
- As guias de referencia não obedecem nenhum critério de organização, nem por data nem por facilitador, facto que dificultou muito o processo de verificação de dados, especialmente a contabilização dos beneficiários para cada serviço
- As pastas de arquivo não estão devidamente catalogadas o que também não facilita a identificação do periodo a que a informação arquivada faz referencia

Acções de Seguimento

FHI – CAP: Perante a deficiente organização do Arquivo, o CAP recomendou o seguinte:

- Existencia de pastas de arquivo com informação referente ao processo de identificação das famílias, identificação das COVs, CSI para cada beneficiário, sendo que esta informação deve ser por família/beneficiário ou seja nome da família com toda informação dos beneficiários dessa família e com recurso aos separadores identificar as várias famílias cuja informação está arquivada nessa pasta. Em relação ao plano de acção os facilitadores tem as necessidades registadas no plano semanal de actividades pelo que não há necessidade de ao facilitadores levarem consigo o plano, ficando este arquivado na pasta
- Possuir uma pasta com as guias de referencia e contra referencia. Para o caso do registo e ou matricula as listas enviadas as entidades responsáveis é que servirão de guia de referencia e, os taloes de matricula e os documentos de identificação, servirão de evidencia de referencia completa

- Pasta de arquivo que as fichas de seguimento, organizadas por mês e por facilitador

KUKUMBI OVC: Num periodo de 2 semanas KUKUMBI terá o arquivo devidamente organizado.

E. Conclusões e Recomendações

De uma forma geral KUKUMBI está com um processo de recolha, compilação e reportagem de dados, com qualidade aceitável. No entanto, há alguns aspectos no que concerne a recolha de dados que ainda necessitam de melhoria, especialmente no que concerne ao detalhe dos serviços prestados.

KUKUMBI tem um sistema de arquivo bastante deficiente, havendo necessidade de uma reorganização urgente, pois a não organização do arquivo está a afectar a qualidade de dados reportados.

Anexo 4: Relatório de Verificação de Dados

Organização: NAFEZA

Data: 21 de Julho de 2015

Introdução

A 21 de Julho de 2015, a especialista de Monitoria e Avaliação do CAP, realizou o exercício de verificação de dados com NAFEZA que esteve representada pelo oficial de monitoria, oficial de projecto e a técnica de busca activa.

A verificação de dados enfocou em dois periodos de reportagem (Dezembro – Fevereiro, Março - Maio), tendo sido observados os seguintes indicadores:

- Número de pessoas activamente procurado através da busca consentida
- Número de pessoas com resultado definido através da busca consentida
- Numero de pessoas referidas para o serviço de saúde (TARV) através da busca consentida
- Numero de pessoas que voltaram a fazer a medicação por causa da busca consentida
- Número de participantes nos grupos de poupança e crédito apoiados pelo PEPFAR
- Numero de pessoas referidas para o serviço de saúde por uma organização baseada na comunidade.
- Nº de população alvo atingido individualmente e/ou intervenções a nível de pequenos grupos focados baseado em evidências e/ou no cumprimento de requisitos mínimos
- Numero de individuos rastreados pela VBG

A verificação dos arquivos também foi parte do processo de verificação de dados. De referir que a anterior verificação de dados enfocou apenas no indicador de população no geral.

Principais Constatações

A. Busca Activa

Registo dos dados de busca activa dos doentes

A equipa do NAFEZA de busca activa tem dificuldades no preenchimento do cartão de busca activa.

- Embora façam as perguntas que constam do cartão de busca NAFEZA não fazem o registo neste cartão;
- As referencia de busca activa, Nafeza não preenchia a guia de referencia mas sim o convite que é um dos documentos de busca recebido das unidades sanitárias e, este convite é entregue ao doente e não fica nenhuma evidencia para o Nafeza destas referencias e nem permite ter contra referencia;
- A Técnica de busca activa referiu que pensava que o livro só deveria ser preenchido para casos testados positivos;

- Recebem poucas pessoas por buscar pois há em Nicoadala várias organizações a fazerem a busca;
- Recebem da unidade sanitária informação não suficiente para facilitar a identificação dos buscados;
- Nafeza refere que as comunidades fogem logo que veem os cartões de busca;
- As pessoas não se identificam, existindo caso em que a equipa de busca fala com as próprias pessoas por buscar e estas recusam serem elas e;
- Casos de várias buscas: pessoas que são referidas retornam ao tratamento só um mês e voltam a abandonar ... reensidência de abandonos.

Preenchimento da ficha de compilação de dados de busca activa

Da verificação feita das fichas de compilação, verificamos que:

Ficha de compilação de Março a Maio 2015

- Uma ficha com zero e um sobreposto para a questão de referencia,
- Quatro (4) pessoas tinham como motivo de abandono endereço errado e depois foi colocado por cima que trata se de mudança de residencia facto que dificulta ter clareza e relação a que tipo de situação se refere
- Uma pessoa que tem a indicação de não ter sido referido (portanto com zero), foi colocado por cima do zero um (1) o que presupoem que deixou de ser não referido para referido. Esta sobreposição de informação deixa algumas dúvidas sobre a situação real

Ficha de compilação de Dezembro à Fevereiro

- Uma ficha onde a mesma pessoa para resultado definido tinha 0 a caneta e 1 a lapis
- Uma pessoa indicada como masculino mas é femanino

Seguimento

Perante o constatado foram definidas as seguintes acções:

CAP:

- CAP deu assistencia técnica ao NAFEZA em relação ao uso do cartão de busca activa no mesmo dia da verificação de dados;
- CAP sugeriu a equipa de busca para evitar ter os cartões de busca à vista por evitar que a comunidade se escondam;
- CAP reforçou a necessidade do preenchimento da guia de referencia para as pessoas encontradas durante à busca activa;
- Alertar a equipa de busca para preencher com clareza as fichas de busca activa e;
- Tentar trazer evidencias das referencias feitas com base nos convites.

NAFEZA:

- Em relação as referencias dos convites, NAFEZA irá tentar trazer cópias dos convites na unidade sanitária
- NAFEZA na pessoa de monitoria e oficial do projecto irão fazer a verificação das guias de referencia para o caso da busca activa

- Fazer encontro com a unidade sanitária por forma a apresentar os desafios que a equipa está a enfrentar no processo de busca
- NAFEZA assegurar que os dados após à compilação são verificados por pelo menos duas pessoas.

B. Testagem

Quanto o preenchimento as fichas estão bem preenchidas. Foi feita a comparação dos dados reportados com os dados apresentados nas fichas , como pode ser visto na tabela abaixo:

Tabela 1: Dados de testagem Dezembro a Março

Período	Fichas		Positivos	Relatório		Positivos
	0-14 anos	15+ anos		0- 14 anos	15+ anos	
Dezembro à Fevereiro	22	181	33	21	184	33
Reportados a mais				0	3	0
Reportados a menos				1	0	0
Março à Maio	36	140	31	36	147	29
Reportados a mais				0	7	0
Reportados a menos				0	0	2

Como pode ser visto a cima há ligeiras diferenças no que tange as pessoas testadas, resultante da repetição de alguns nomes no acto de transferencia de informação da ficha do conseleheiro para a ficha de testagem usada pelo NAFEZA para reportar ao CAP.

C. GBV Rastreio

Foram apenas analisadas as fichas de Dezembro à Fevereiro pós as de Março a Maio não se encontravam no escritório do NAFEZA mas sim com as pessoas responsáveis pelo GBV screening nesta organização.

Análise das fichas de Dezembro à Fevereiro

Quanto ao preenchimento: As fichas estão bem preenchidas

Tabela 2: Comparaçã dos dados reportados e os evidentes nas fichas (Dezembro à Fevereiro)

Itens analisados	Fichas	Relatórios
Rastreados	40	40
Referidos	5	5

Positivos	5	5
Negativos	35	35

Como pode ser visto à cima, todos dados reportados estão devidamente harmonizados com as fichas de recolha e compilação de dados de GBV Screening. Não havendo acções de seguimento

D. Ciclos de prevenção

Foram analisados os dois ciclos do periodo de Março a Maio , visto que no trimestre Dezembro à Fevereiro NAFEZA não tinha nenhum ciclo terminado. Da análise feita foi constatado o seguinte:

Preenchimento das fichas de recolha de dados.

De um modo geral as fichas estão bem preenchidas , havendo caso de fichas sem a assinatura do oficial de monitoria que é a pessoa que deve validar a informação

- Caso de uma ficha com sobreposição na idade (o que facilita a identificação da idade real desse participante)
- Um participante com assinatura em todas sessões e com interrogação sem nenhuma legenda do porque da interrogação
- Caso de uma ficha em que o participante nas sessões iniciais assinou mas a partir de uma determinada sessão o facilitador passou a colocar X
- Uma ficha em que o sexo e a idade foram colocadas no local de assinatura
- Uma pessoa que aparece nos dois ciclos em grupos diferentes. A esta situação, NAFEZA referiu que deve se ao facto de realizarem jogos antes dos debates e, há casos de jovens que por necessidade de jogar a bola integram se nos vários ciclos no entanto verificamos e era apenas uma pessoa com esta situação nos dois ciclos.
- Casos de uma ficha com uso de F para caso de falta, terminologia esta que já foi substituída e;
- Uma ficha com duas sessões realizadas na mesma data

Tabela 3: Comparação dos dados das fichas e os reportados

Março a Maio	Fichas	Reportado
Atingidos com sucesso	590	589
Reportado a menos	0	1

Acções de seguimento

NAFEZA: Intensificar a verificação das fichas por forma assegurar boa qualidade no preenchimento das fichas.

E. Referencias

Como foi referido á cima NAFEZA está a enfrentar desafios na questão de referencias de busca activa, não tendo usado guias de referencia para a maioria das referencias feitas em busca activa. Este facto não permitiu a comparação do total das referencias reportadas.

Em relação as referencias de Testagem, há também desafios no preenchimento da guia

- Por exemplo no motivo de referencia estão sendo colocados duas razões de referencia ATS e H+, facto que complica o entendimento claro do motivo da referencia;
- NAFEZA não está claro sobre como usar a guia de referencia. O que fica com o doente, o que fica com a unidade sanitaria e o que fica com o NAFEZA. Por essa razão o NAFEZA não tem os carimbos da unidade sanitária pois não levam nenhuma cópia para a unidade sanitária .

Acções de seguimento

NAFEZA:

- Oficial de monitoria e a oficial do projecto devem dar mais apoio a equipa do terreno no uso da guia de referencia
- Nafeza irá contactar Niiwanane para ter a experiencia no uso da guia para a obtenção das contra referencias

F. Arquivo

O arquivo fisico está bem organizado. Contudo observa se a falta de alguns documentos de suporte das acções verificadas por estarem ainda com a equipa do terreno. Quanto ao arquivo elctronico, as versões finais são correspondentes as do CAP, no entanto NAFEZA no momento da verificação de dados ainda não tinha recebido do CAP a versão final para o arquivo.

Acções de seguimento

CAP:

- Enviar para o NAFEZA a versão final de Março a Maio 2015 para efeitos de arquivo.

Conclusões

De um modo geral NAFEZA está a mostrar melhoria na qualidade dos seus dados. Comparativamente a anterior verificação de dados que enfocou apenas no indicador de população no geral, nota se que há um grande crescimento, por exemplo na anterior verificação a diferença de dados entre o reportado e o que as fichas mostraram variava de 11 a 15 e, nesta verificação a diferença para o indicador de população no geral é apenas de 1 pessoa.

Quanto ao preenchimento das fichas há alguns aspectos observados em 2014 que ainda prevalecem, o caso de um facilitador que usa terminologia diferente da acordada para assinalar as ausencias. Outro aspecto que prevalece é a questão da não assinatura das fichas pela parte da monitoria e supervisor.

Em relação aos restantes indicadores, não foi possivel comparação pois trata -se da primeira vez que estes são analisados.

Anexo 5: Relatório de Verificação de Dados

Organização: HACI

Data: 28 de Julho e 13 de Agosto de 2015

Introdução

Nos dias 28 de Julho e 13 de Agosto, a especialista de Monitoria e Avaliação do CAP, realizou o exercício de verificação de dados com HACI, para dois dos seus parceiros, sendo AJCDC no distritos de Magude e Kindlimuka em Boane respectivamente. HACI em Magude este representado pelo Assistentes de Projectos e a equipa da AJCDC. Em Boane a equipa da HACI esteve representada oficial de monitoria e avaliação e garantia de qualidade e pela oficial de projecto.

A verificação de dados enfocou em dois periodos de reportagem (Setembro a Novembro e Março a Maio) e, o enfoque foi:

- Numero de pessoas referidas para o serviço de saúde por uma organização baseada na comunidade.
- Número de pessoas activamente procurado através da busca consentida
- Número de pessoas com resultado definido através da busca consentida
- Numero de pessoas referidas para o serviço de saúde (TARV) através da busca consentida
- Numero de pessoas que voltaram a fazer a medicação por causa da busca consentida

A compração da informação da ficha de seguimento (serviços prestados) e a base de dados versus tabela de resultados também foi materia de verificação de dados.

Principais Constatações

A. Preenchimento da ficha de seguimento

Magude - AJCDC

Foram verificados cerca de de 200 fichas e, desta nenhuma ficha estava devidamente preenchida, tendo sido observado as seguintes limitações:

- Fichas o cabeçalho preenchido completamente (exemplo sem bairro, etc)
- Serviços assinalados sem detalhe no verso
- Fichas sem indicação da data no detalhe
- Todas Fichas sem assinatura do supervisor
- Detalhes sem serviços assinalado
- Serviços prestados cujo registo está feito a lápis – risco de a informação apagar – se
- Detalhe não claro ou seja que não permite perceber o que realmente foi feito
- Fichas sem indicação do mês nem ano
- Fichas sem indicação da idade

- Vários serviços assinalados mas só detalhe para alguns

Boane- Kindlimuka

- Comparativamente a AJCDC Kindlimuka Boane tem ligeira melhoria no preenchimento das fichas de seguimento, pois foi possível encontrar fichas devidamente preenchidas, de cerca de 100 fichas de seguimento revistas. No entanto, há alguns aspectos que ainda necessitam de melhoria, caso de:
 - Falta de detalhe nos serviços assinalados
 - Há casos de fichas cujo detalhe não é suficientemente claro para o serviço prestado
 - Fichas com serviço assinalado e o comentário colocado em outra área
 - Fichas sem mês, trimestre ou ano
 - Casos em que o detalhe é o problema que o activista encontrou e não o que fez.

B. Spot Check dos serviços assinalados nas fichas e a base de dados

Magude - AJCDC

- Foram seleccionadas 15 fichas de Setembro a Novembro e:
 - 6 fichas tinham o registo completo
 - 3 Fichas com serviços cerca de 3 serviços assinalados mas sem registo na base de dados
 - 4 Crianças com registo na base com serviço prestado mas sem registo na ficha de seguimento
 - 2 Serviços prestados em um determinado mês na ficha e na base registado em outro mês

Boane- Kindlimuka

Não foi feito pois o arquivo electrónico não estava em condições.

C. Referencias de Saúde

Magude - AJCDC

- No momento das campanhas AJCDC os activistas deslocaram-se aos locais da campanha de saúde e passaram guias a todos que se faziam ao local ou seja não houve nenhuma acção do activista em termos de mobilização. Devido a esta abordagem 147 referencias foram feitas, no entanto HACL não reportou considerou-os como da comunidade e não do projecto.
- Observadas guias sem indicação da pessoa que referiu.
- Guias de referencia sem indicação do motivo de referencia.
- Sem indicação da entidade para qual é feita a referencia.

Boane- Kindlimuka

- 8 fichas Guias de referencia sem nenhuma informação da unidade sanitária.
- Guias sem indicação da identificação da pessoa referida.
- 16 fichas sem indicação do local para qual está sendo feita a referencia.
- 10 Fichas sem motivo de referencia.

Tabela 1. Total de Referencias da Kindlimuka Boane

Periodo	Total Fichas	Total Reportado
Setembro - Novembro	56	21
Dezembro - Fevereiro	13	11
Março a Maio	108	59
Reportados a mais		0
Reportados a menos		86

D. Busca activa

Foi apenas feito com Kindlimuka Boane, pois a AJCDC não está a realizar esta actividade, no entanto já há solicitação do centro de saúde local para que AJCDC dê a sua contribuição na busca – activa.

Boane- Kindlimuka

Desafios

- Recebem da unidade sanitária listas de pessoas que vivem em bairros distantes
- A pessoa responsável pela busca diz ter entrado nesta actividade sem experiencia de trabalho no terreno
- Quando recebem as lista de 25 a 70 pessoas para maioria dos casos os dados do doente são insuficientes para sua identificação dos pacientes
- Muitos casos de dados falsos
- Casos considerados como abandonos mas o proprio conselheiro é que levanta o medicamento e não assina na lista como tendo levantado a medicação para esse paciente
- Os pacientes usam alcunhas quando se identificam no hospital, o que dificulta a identificação

Preenchimento da ficha de busca – activa

De uma forma geral as fichas de busca estão bem preenchidas havendo alguns aspectos que necessitam de mais atenção.

- Duas fichas com assinatura sem nenhuma informação sobre o paciente

- Para todas fichas dos não encontrados, a assinatura é do secretário e não dos informantes chaves.

Dados aos desafios apresentados pela Kindlimuka no processo de busca – activa, surgiu a necessidade de analisar o rácio entre as pessoas buscadas e as que realmente são encontradas ou se tem alguma informação sobre elas e, como pode ser visto nas tabelas abaixo só a minoria dos buscados é que são encontrados e possíveis de referir ao tratamento.

Tabela 2: Relação entre as pessoas procuradas e as encontradas para o período Dezembro a Fevereiro

Dez - Fevereiro	Procurados	Endereço errado	óbitos	Encontrados	Mudança de residencia	Viajou
Fichas	24	10	4	4	6	0
Relatório	23	0	2	6	0	0
Reportados a menos				2		0
Março a Maio	Buscados	Endereço errado	óbitos	Referidos	Mudança de residencia	Viajou
Reportados a Fichas menos	36 ¹	22 ²	1	9	4	0
Relatório	62	Sem indicação na ficha de BA	3	15	Sem indicação na ficha de BA	7
Reportados a mais	26			6		
Reportados a	0					

Tabela 3: Relação entre as pessoas procuradas e as encontradas para – Março a Maio

menos						
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Fonte	Total de grupos	Total de cuidadores	Total da comunidade
Fichas	9	21	168
Relatório (Março a Maio)		9	88

Para o período de Março a Maio há diferença considerável em relação aos dados observados e os reportados, eventualmente a questão do arquivo (que não está conforme) terá influenciado para não localização das 26 fichas de busca que foram reportadas a mais em relação ao observado.

E. Fortalecimento económico

As actividades de fortalecimento económico iniciaram no mês de Abril de 2015. No período de Dezembro a Devereiro já estava a poupar o grupo de activista.

Em relação a lista dos membros, foi constatado que:

- Não há indicação de quem é membro da comunidade quem é cuidador.
- Alguns casos não há indicação do sexo do participante e, como existem casos de nomes femininos que são atribuídos a mulheres e ou vice versa dificulta a identificação dos membros.

Tabela 4: Total de membros dos grupos

Plano de acção perante o constatado

- Tanto Kindlimuka assim como AJCDC irá partilhar os resultados da VD com os activistas durante o encontro de planificação.
- Os dois parceiros da HACI propoem – se a usar os momentos de planificação para fazer “reciclagem” para os activistas em relação ao preenchimento das fichas de seguimento, guias de referencias, fichas de busva activa e outras ferramentas.
- Para o caso da Kindlimuka Boane, HACI popos se a fazer parte destes encontros de planificação.
- HACI irá desenhar um pacote de AT para AJCDC, principalmente no que diz respeito a revisão das fichas de seguimento.

Recomendação em relação aos números reportados

Para o caso das 86 referencias reportadas a menos em Boane, a HACI pode reportar neste trimestre, desde que consiga identificar exactamente as pessoas não referidas (fazer a compração dos nomes das guias com os das fichas de referencia do periodo em causa).

Em relação a busca activa para o periodo de Março a Maio 26 pessoas reportadas não encontramos o suporte ou seja os respectivos cartões de busca, propoem se numa primeira fase que a Kindlimuka faça mais uma vez revisão de todas as fichas para o periodo em causa e caso em alguma pasta localize a HACI possa scanar e enviar para o CAP os cartões das 26 pessoas reportadas a mais.

Conclusão e Recomendações

Esta foi a terceira verificação de dados para a HACI e, no que refere ao preenchimento da ficha de seguimento prevalecem as mesmas lacunas identificadas em Maio de 2014. Perante este cenário sugerimos que a HACI faça uma reflexão na sua estratégia de assistencia técnica, por forma a identificar a eficiencia e eficácia da mesma.

Em relação a comparação dos serviços com registo nas fichas e o registo na base de dados, em 2014 com a Kindlimuka Sede todas as fichas seleccionadas o registo estava em confirmidade com a base, no entanto para AJCDC há ainda muitas lacunas neste processo de transferencia de informação da ficha para a base de dados.

Em relação as referencias concluimos que ainda não há um entendimento claro por parte da AJCDC sobre o que é uma referencia.

Recomendamos que a HACI em função destas constatações possa dar uma assistencia técnica orientada e especifica e não limitar se apenas para as duas organizações que beneficiaram da verificação de dados mas olhar para todos seus sub - parceiros.

**Conselho Cristão de Moçambique Sofala
(CCM Sofala)**

Project Assessment

**Capable Partners Program
(CAP Mozambique)
FHI 360**

June 19, 2015



I. Introduction

CAP Mozambique prepared this assessment to share with potential donors and partners its view as a donor of the project implemented by CCM Sofala with CAP Mozambique funds (through USAID/PEPFAR). The assessment includes data on project performance, data from assessments conducted by CAP to evaluate CCM Sofala technical and organizational capacities, information from a CAP Mozambique impact study on HIV prevention activities, and scores from a self-assessment.

As a capacity-building organization that provides grants to sub-recipients, CAP monitors its projects very closely. CAP staff thoroughly reviewed CCM Sofala proposals and budgets, annual planning documentation, and quarterly reports; conducted monthly and eventually quarterly field visits to activities; facilitated annual data verification visits; and reviewed all transactions in monthly financial reports. CAP staff challenged CCM Sofala to use its data for decision-making and provided technical assistance to help the organization develop the core systems necessary to improve implementation and enhance resiliency. This proximity allowed CAP a unique perspective on CCM Sofala's performance.

II. Organizational Background

The Christian Council of Mozambique (Conselho Cristão de Moçambique – Sofala) is an ecumenical organization, founded by Protestant Churches and the Evangelical Missionary Association in 1948, with the aim of developing the ecumenical movement to obtain more effective coordination of the efforts of different churches and the need to give voice to those who had no voice in the colonial period. CCM has a long history of activism for peace and harmony among Mozambicans, particularly during and after the comprehensive peace agreement signed in 1994, helping the most disadvantaged, and giving voice to those that need to be heard.

The Christian Council of Mozambique - Sofala, is one of ten provincial delegations. It has worked in Sofala Province since 1988, bringing together 16 churches and a Bible Society. Within the decentralization policy of the CCM, CCM-Sofala operates on a semi-autonomous basis from the central office and can work to promote ecumenism, unity among Christians and support sustainable community development through the identification of projects and programs, implementation, management and financial control of these projects.

III. Project Description

From June 1, 2011 to May 31, 2015, CCM Sofala implemented the "Open Church II" project. The project was funded by USAID/PEPFAR with a grant that was managed by FHI 360's Capable Partners Program (CAP) Mozambique. In addition to the implementation grant, CAP also provided organizational and technical assistance (TA) to help CCM Sofala expand its role in the fight against HIV/ AIDS. The budget for this grant period was 31,857,426 MT.

The goal of the "Open Church II" project was to contribute to reducing the spread of HIV among adolescents, youth, and young couples from religious communities in Buzi, Machanga, and Chemba districts of Sofala Province. Key project beneficiaries included adolescents and youth aged 12-17 years and married adults aged 18-45 years. Religious leaders, community leaders, and other influential individuals were also targeted with project activities.

The objectives of the project were to:

- Promote abstinence and the prevention of gender-based violence among adolescents and youth.
- Contribute to the reduction of multiple concurrent sexual partners, and gender-based violence in married couples.
- Increase the capacity for action by religious leaders, community and other influential people to minimize the social and cultural factors that facilitate the early initiation of sexual activity and practice of infidelity.
- Contribute to greater uptake of HTC services in Buzi, Machanga, and Chemba districts.
- Support health services/clinics to improve access, adherence and retention to HIV care and treatment.



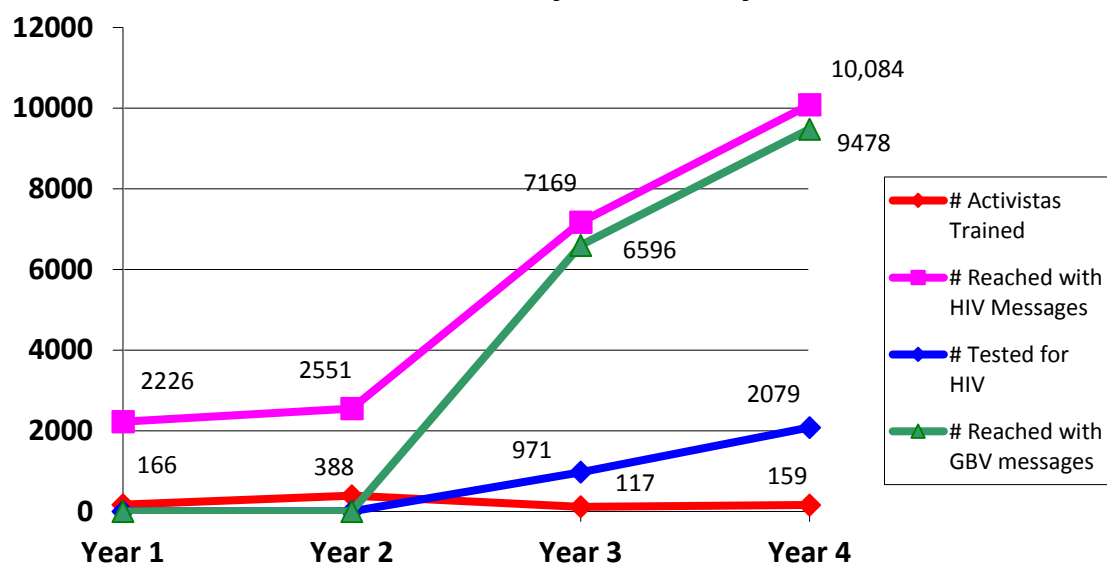
A young mother seeks counseling and testing from CCM Sofala.

CCM Sofala's strategy included showing films and facilitating debates with groups of men and women to discuss HIV/AIDS, counseling and testing, adherence and the importance of ART, gender norms and gender-based violence, and sexual and reproductive health. When the strategy to fight HIV/AIDS in Mozambique shifted towards treatment, CCM Sofala responded and also conducted counseling and testing campaigns on a bi-weekly basis together with health counselors, actively sought and returned ART defaulters to treatment, and conducted radio debates about the need for adherence.

IV. Project Results

The graph below illustrates CCM Sofala's results over the entire grant award for four key PEPFAR indicators. CCM Sofala demonstrated its capacity to scale-up services.

CCM Sofala Key Results by Year



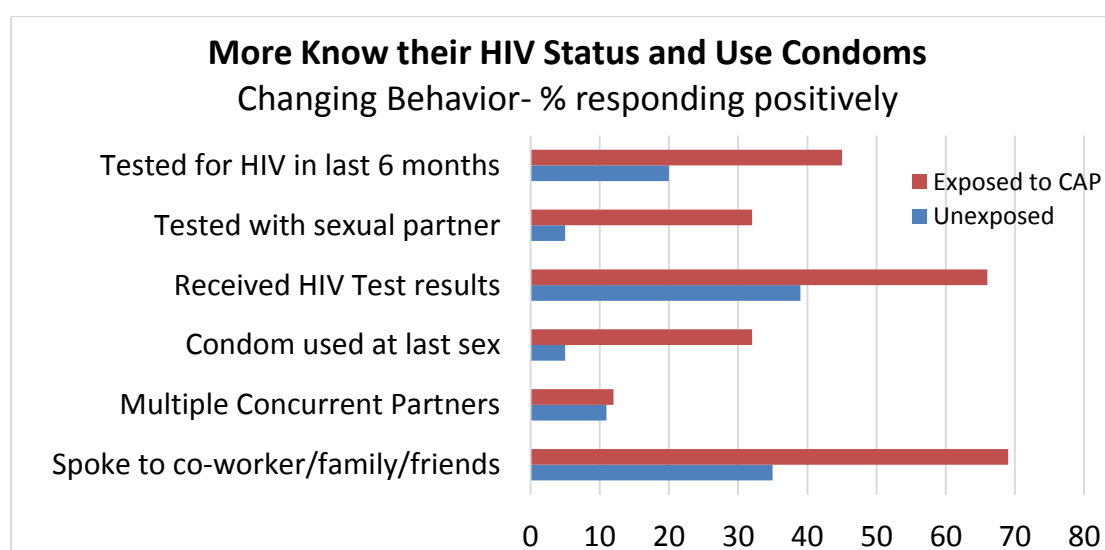
The table below illustrates the targets and final results for the entire CCM Sofala project for key indicators. CCM Sofala consistently met or exceeded the targets they set.

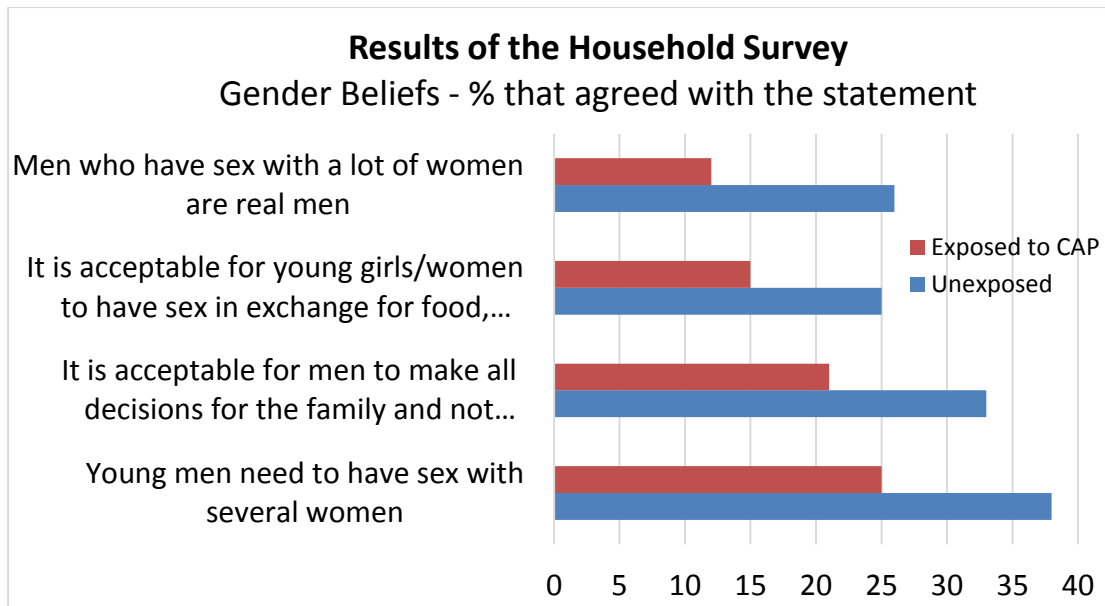
Key Indicators	Target	Result
Number of Supervisors and Activistas trained	666	830
Number of individuals reached with a cycle of HIV/AIDS prevention sessions focused on abstinence and/or fidelity	16,675	22,303
Number of individuals reached with gender-based violence (GBV) messages	6,132	16,074
Number of individuals referred to health services	2,436	2,196*
Number of individuals tested for HIV	288	3,050
Number of ART defaulters returned to treatment	270	469

* CCM Sofala did not meet this target because the project strategy changed and the target was not revised to reflect this change. It was originally intended for CCM Sofala to refer individuals for counseling and testing, but when access to testing proved inadequate the organization began testing itself. This resulted in a drop in the number of health referrals and increase in numbers tested.

CCM Sofala contributed to 25% of CAP Mozambique’s overall project results for individuals reached with abstinence and/or fidelity HIV prevention messages. The organization contributed 20% of CAP Mozambique’s results for individuals reached with GBV messages from the initiation of GBV activities through February 2015. Between June 2014 and February 2015, CCM Sofala contributed 61% of ART defaulters to treatment.

In 2014, a CAP End line Prevention Survey was conducted to evaluate the impact of the Social Behavior Change Communication (SBCC) HIV prevention activities implemented by CAP Partners, including CCM Sofala. This cross-sectional household survey interviewed 1531 people in four provinces, including Sofala. Propensity Score Matching was used to assess program impact — comparing respondents who were exposed to CAP (n=624) to those not exposed (n=299) to any HIV programming the past 6-12 months. The results listed in the graphs below include contributions from CCM Sofala to specific behavior changes and gender beliefs.





V. Organizational Growth

Through CAP Mozambique, CCM Sofala received training/technical assistance/coaching in these areas: Governance & Leadership, Monitoring & Evaluation, Project Management, Financial Management, Facilitation Techniques, Gender-based Violence, Sexual and Reproductive Health, Proposal Design, Formative Research, SBCC Strategies, Data Quality Assessments, Internal Controls, Code of Conduct, Policies & Procedures, Human Resources, Fiscal Council, Resource Mobilization, and others.

CAP Mozambique recognizes CCM Sofala's strong points and the progress they have made. They are a well-respected partner and appreciated for the following strengths:

- CCM Sofala is frequently invited to speak at public official events in the province and are well respected. District authorities also have good relationships with CCM Sofala. One demonstration of the strong relationship with government is that CCM Sofala was able to organize for pastors to be trained to conduct legal marriages in addition to religious ceremonies.
- CCM Sofala has been one of the best performers of the CAP Mozambique program. They consistently reached or exceeded targets.
- Key staff has a strong understanding of Social Behavior Change Communication (SBCC), particularly the value of formative research and engaging religious leaders.

Community members mobilized by CCM Sofala waiting their turn to be tested.

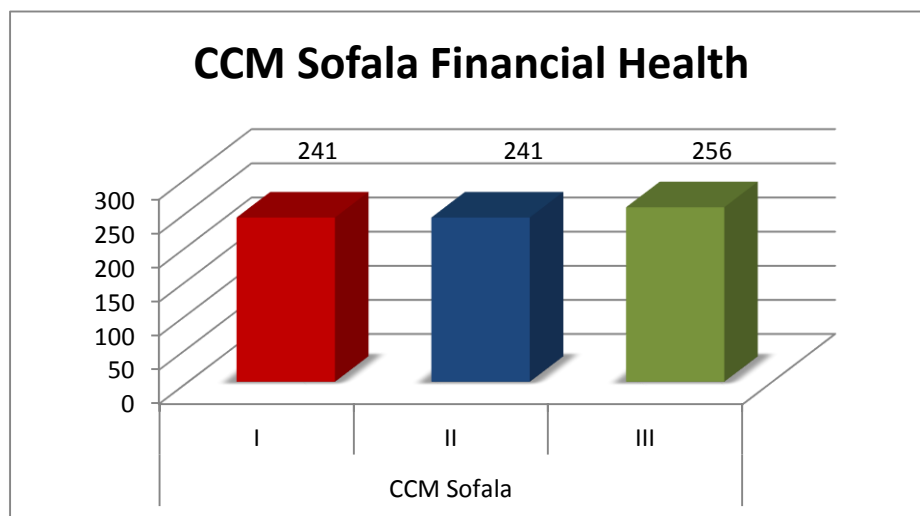


- CCM Sofala consults with beneficiaries and involves the pastors of member churches in planning projects. This consultation has significantly increased the pastors' engagement with and commitment to the project. Of note is that when mosques asked to participate in the CAP Mozambique funded project, CCM Sofala welcomed them. The idea of the group wedding that has been so well received emerged from discussions between beneficiaries and pastors. The active leadership on GBV emerged from these discussions as well.
- Programmatically, CCM Sofala demonstrated an ability to adapt to change. When they realized their costs were much higher than others doing similar work, they restructured their program to be more efficient. On another occasion, they quickly initiated counseling and testing in all three targeted districts once this opportunity became available, and soon thereafter began returning large numbers of ART defaulters to treatment through defaulter-tracing activities. In the process, CCM Sofala adapted its organizational structures (human resources and delegation powers) to respond to the increased workload while guaranteeing quality.
- CCM Sofala impacted policy changes at the CCM national level, resulting in improvements in policies and procedures for all CCM delegations. Due to this influence CCM National has human resource policies better aligned with local labor law, a code of ethics, and a performance evaluation system.

To measure growth, CAP Mozambique conducted three assessments at intervals during the life of the project. These external assessments complement and add objectivity to the self-assessment data also included below. CAP Mozambique also conducts a graduation assessment for those organizations that have progressed sufficiently to be considered for direct funding by USAID. These results are discussed in Section VI.

Financial Health

The Financial Health Check¹ ranks organizations according to set criteria to gauge financial and administrative health of the organization. CAP Mozambique applied the Health Check to CCM Sofala three times (2011, 2013, and 2014). CCM Sofala has always been a Low Risk partner, and since 2013 has developed even stronger procurement practices, improved internal controls, approved its strategic plan, developed the ability to develop project budgets, and purchased accounting software.



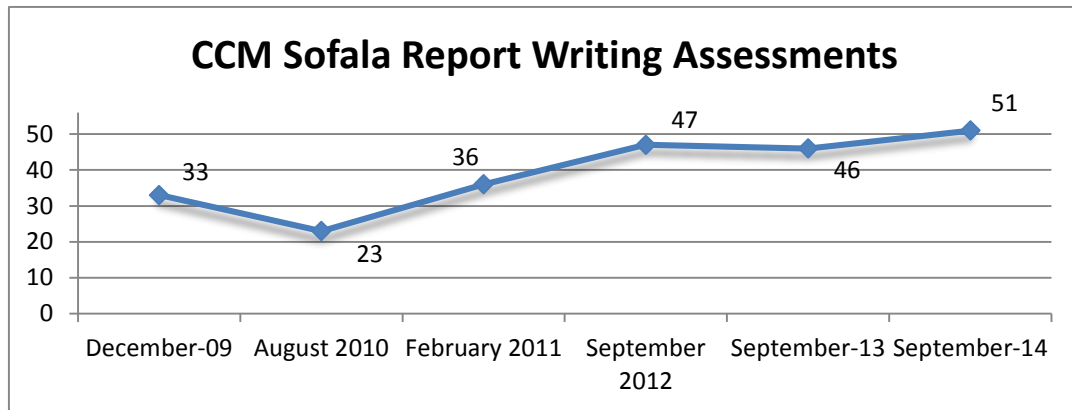
Scoring is as follows:

High Risk: 0-150
 Medium Risk: 151-240
 Low Risk: 241-300

¹ Based on the Financial Health Check® developed by MANGO, a UK – based NGO.

Report Writing

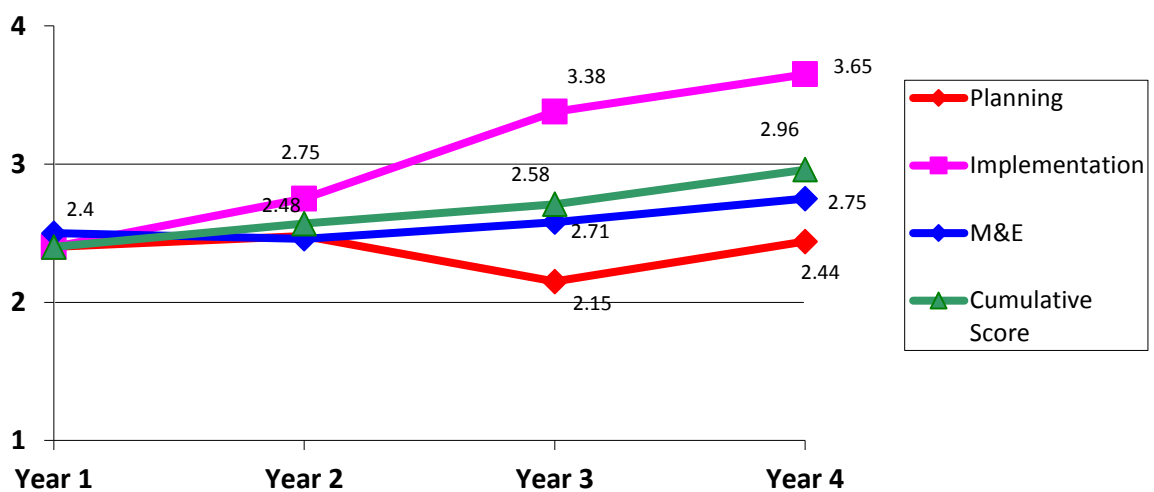
CAP Mozambique assessed CCM Sofala's capacity to produce quality narrative reports over time. The maximum score possible is 54. CCM Sofala was CAP's top performer in writing narrative quarterly reports, and the graph below demonstrates increased quality over time. The reliability of CCM Sofala's data was confirmed through field visits by CAP staff (minimum quarterly), and an annual data quality verification exercise.



Social Behavior Change Communication

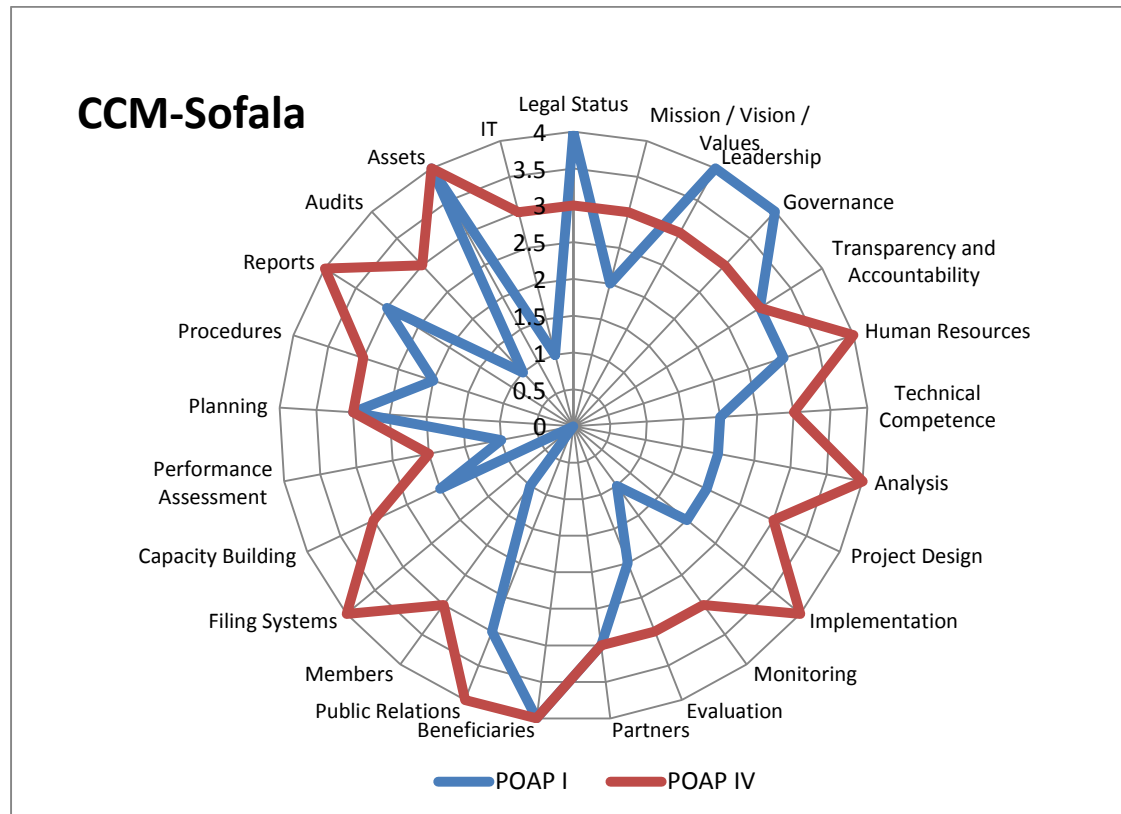
CAP Mozambique facilitated four SBCC Assessments with CCM Sofala. The first assessment took place in 2010, and the final assessment in 2014. The SBCC assessment evaluates the organization's capacity to integrate SBCC concepts into project planning, implementation, and monitoring and evaluation. A maximum score of 4 in each category is possible. Over the four years, CCM Sofala demonstrated steady growth in cumulative scores as they gained and used their experience to implement quality HIV prevention programming. The most significant increase was in the area of implementation, which is also the area where CAP provided the most training and TA.

CCM Sofala SBCC Assessment Scores (2010-2014)



Self-Reported Organizational Change

CCM Sofala participated in four Participatory Organizational Assessment Processes (POAP), through which the organization rated itself across multiple organizational development domains. The organization's growth is illustrated through the spider graph presented below. CCM Sofala's first POAP as a network was conducted in 2010, and the final POAP was conducted in 2014. The POAP has four levels: 1 = Emerging, 2 = Growing, 3 = Consolidating, and 4 = Sustainable. As demonstrated below, CCM Sofala reached the level of Consolidating or Sustainable in multiple organizational development categories by 2014.



VI. Graduation Assessment

In June 2012, CAP Mozambique assessed CCM Sofala in its graduation process, which evaluated candidates to be recommended to USAID for a direct grant award. This intensive process included a desk review, interviews, field visits, and in-depth discussion within the CAP team about CCM Sofala's programmatic, financial, and organizational performance. In August 2013, CAP Mozambique determined that CCM Sofala had reached a level that merited recommendation to USAID. CCM Sofala is one of only 8 to graduate according to CAP's rigorous standards.

VII. Conclusion

CCM Sofala, with its current team, was one of CAP Mozambique's strongest partners. The organization performed consistently programmatically, taking on new challenges (HIV testing/counseling and defaulter tracing) and reaching impressive results. The organization provided quality data and contributed success stories to enrich the story of the valuable work they were doing in their communities. CCM Sofala responded well to capacity building efforts, as the organization continued to improve in HIV technical and organizational development areas over time. CCM Sofala is well respected by the community, the government, and donors.

**Associação para o Desenvolvimento
Sócio Económico
(Ophavela)**

Project Assessment

**Capable Partners Program
(CAP Mozambique)
FHI 360**

July 13, 2015



I. Introduction

CAP Mozambique prepared this assessment to share with potential donors and partners its view as a donor of the project implemented by Ophavela with CAP Mozambique funds (through USAID/PEPFAR). The assessment includes data on project performance, data from assessments conducted by CAP to evaluate Ophavela technical and organizational capacities, information from a CAP Mozambique impact study on HIV prevention activities, and scores from a self-assessment.

As a capacity-building organization that provides grants to sub-recipients, CAP monitors its projects very closely. CAP staff thoroughly reviewed Ophavela's proposals and budgets, annual planning documentation, and quarterly reports; conducted monthly and eventually quarterly field visits to activities; facilitated annual data verification visits; and reviewed all transactions in monthly financial reports. CAP staff challenged Ophavela to use its data for decision-making and provided technical assistance to help the organization develop the core systems necessary to improve implementation and enhance resiliency. This proximity allowed CAP a unique perspective on Ophavela's performance.

II. Organizational Background

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 to achieve a Mozambican society in which all families are self-sufficient and are able to use their resources sustainably.

Operating in several 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 through 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.



An Ophavela activista leading an HIV prevention debate.

III. Project Description

From September 10, 2012 to April 30, 2015, Ophavela implemented the "Self-Reflection and Behavior Change" project. The project was funded by USAID/PEPFAR with a grant that was managed by FHI 360's Capable Partners Program (CAP) Mozambique. In addition to the implementation grant, CAP also provided organizational and technical assistance (TA) to help Ophavela expand its role in the fight against HIV/AIDS. The budget for this grant period was 15,071,182 MT.

The goal of the “Self-Reflection and Behavior Change” project was to contribute to reducing the high risk of HIV infection among Ophavela beneficiaries in the districts of Meconta, Ribaua and Murrupula in Nampula province. Key project beneficiaries included men and women aged 18-60 years. Religious leaders, community leaders, women leaders, and other influential individuals were also targeted with project activities.

The objectives of the project were to:

- Increase the knowledge of Ophavela beneficiaries regarding prevention and spread of HIV and STIs.
- Promote actions to reduce the practice of unprotected sexual activity in multiple and concurrent partnerships.
- Strengthen the capacity of Ophavela to conduct a profound intervention for behavior change.
- Increase community access to anti-retroviral treatment at local health units.



Community members watching films about HIV prevention produced by CAP Mozambique.

Ophavela’s strategy included showing films/theater and facilitating debates with groups of men and women to discuss HIV/AIDS, training on small business opportunities, producing HIV messaging on community radio, developing the capacity of Ophavela to implement quality activities, conducting counseling and testing, and actively seeking and returning ART defaulters to treatment.

IV. Project Results

The table below illustrates the targets and final results for the entire Ophavela project for key indicators.

Key Indicators	Target	Result
Number of Supervisors and Activistas trained	353	335
Number of individuals reached with a cycle of HIV/AIDS prevention sessions	9,936	10,165
Number of individuals reached with messages related to gender-based violence (GBV) prevention and mitigation	4,509	9,402
Number of individuals referred to health services	14,043	23,748
Number of individuals tested for HIV	*	1,875
Number of condom distribution sites	9	45

*No target was set for this activity.

In 2014, a CAP End line Prevention Survey was conducted to evaluate the impact of the Social Behavior Change Communication (SBCC) HIV prevention activities implemented by

CAP Partners, including Ophavela. This cross-sectional household survey interviewed 1,531 people in four provinces, including Nampula. Propensity Score Matching was used to assess program impact — comparing respondents who were exposed to CAP (n=624) to those not exposed (n=299) to any HIV programming the past 6-12 months. The results listed in the graphs below include contributions from Ophavela to specific behavior changes and gender beliefs. It was not possible to analyze data by organization.

Table 1: Percentage of individuals that respond positively to behavior change elements

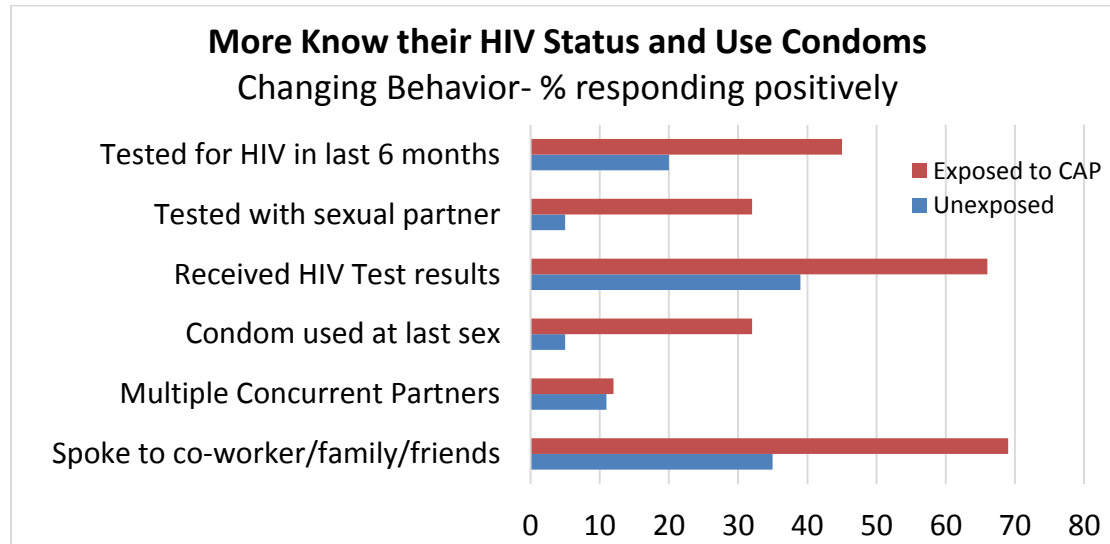
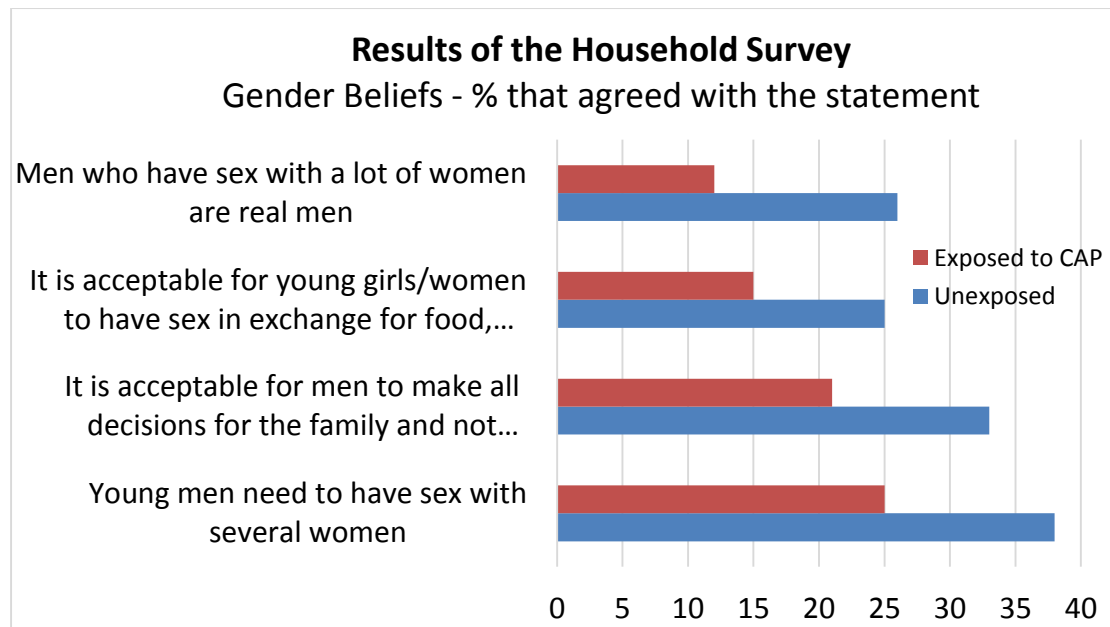


Table 2: Percentage of individuals that agreed with the statement about gender beliefs



V. Organizational Growth

Through CAP Mozambique, Ophavela received training/technical assistance/coaching in these areas: Governance & Leadership, Monitoring & Evaluation, Project Management, Project Cycle, Financial Management, Facilitation Techniques, Proposal Design, Formative Research, SBCC Strategies, Data Quality Assessments, Internal Controls, Code of Conduct, Policies & Procedures, Human Resources, Fiscal Council, Resource Mobilization, and others.

CAP Mozambique recognizes Ophavela's strong points and the progress they have made. They are a well-respected partner and appreciated for the following strengths:

- **Governance:** Ophavela has one of the strongest, most functional Board of Directors of all the organizations with whom CAP has worked. The organization has a clear separation of roles and responsibilities between the Board and its Executive, roles/responsibilities within the Board and Fiscal Council are clear, the Board has regular documented meetings, elections are regular, and Board members conduct field visits. In addition, the Fiscal Council conducts a comprehensive annual compliance check, conducts field visits, analyzes reports on a regular basis, and meets frequently to issue opinions on key issues. The compliance check report is presented at the annual General Assembly to complement the organization's external audit to demonstrate how well previous remarks on fiscal performance have been resolved.
- **Programmatic Performance:** Prior to receiving a grant from CAP Mozambique, Ophavela had neither implemented social behavior change communication interventions, nor HIV prevention interventions. Ophavela's capacity to implement HIV related SBCC activities increased with CAP support. It was also able to assume new activities, such as counseling and testing and ART defaulter tracing. The organization was responsive to technical assistance and restructured staffing patterns when gaps were identified in data collection and reporting.



Community leaders engaged in small group work during a training.

- **Financial & Administrative Management:** Ophavela has a strong track record in financial and administrative management, which was demonstrated through the implementation of their CAP grant. Ophavela conducts an organizational audit annually, and had no negative findings within the past three years. The organization's financial planning and budgeting capacity is high, but financial reports did illustrate higher than expected errors – which may have been a result of financial staff supporting multiple projects. Ophavela has a chart of accounts, multiple internal controls systems, and well organized archives.

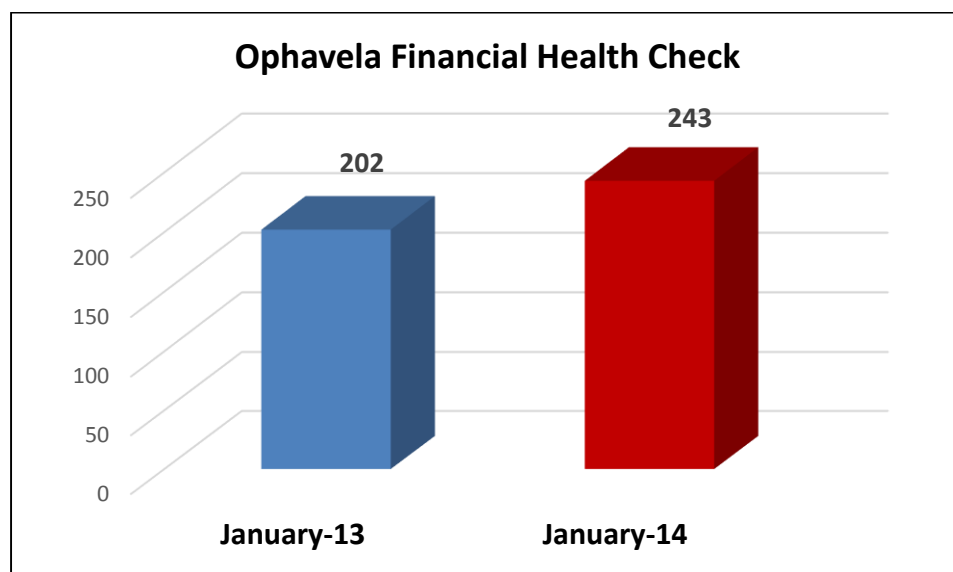
Ophavela’s policy and procedure manuals were recently updated to include USAID compliance policies.

- **Leadership:** Ophavela’s leadership is careful to initiate activities in new programmatic areas, reflecting first on whether these activities will be feasible and consistent with the organization’s mission prior to accepting the new challenge. Staff capacity is high – programmatic as well as financial – and yet it would be advisable for Ophavela’s senior staff to be more actively involved in the implementation of new endeavors.

To measure growth, CAP Mozambique conducted three assessments at intervals during the life of the project. These external assessments complement and add objectivity to the self-assessment data also included below. CAP Mozambique also conducts a graduation assessment for those organizations that have progressed sufficiently to be considered for direct funding by USAID. These results are discussed in Section VI.

Financial Health

The Financial Health Check¹ ranks organizations according to set criteria to gauge financial and administrative health of the organization. CAP Mozambique applied the Health Check to Ophavela two times (2013 and 2014). Ophavela’s score increased significantly between the two applications of the Financial Health, moving into the low risk category. Ophavela’s 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.

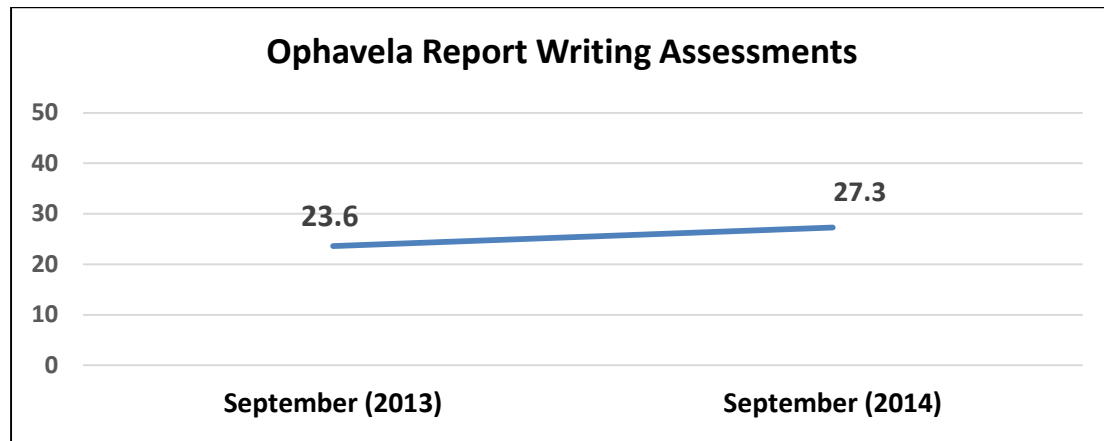


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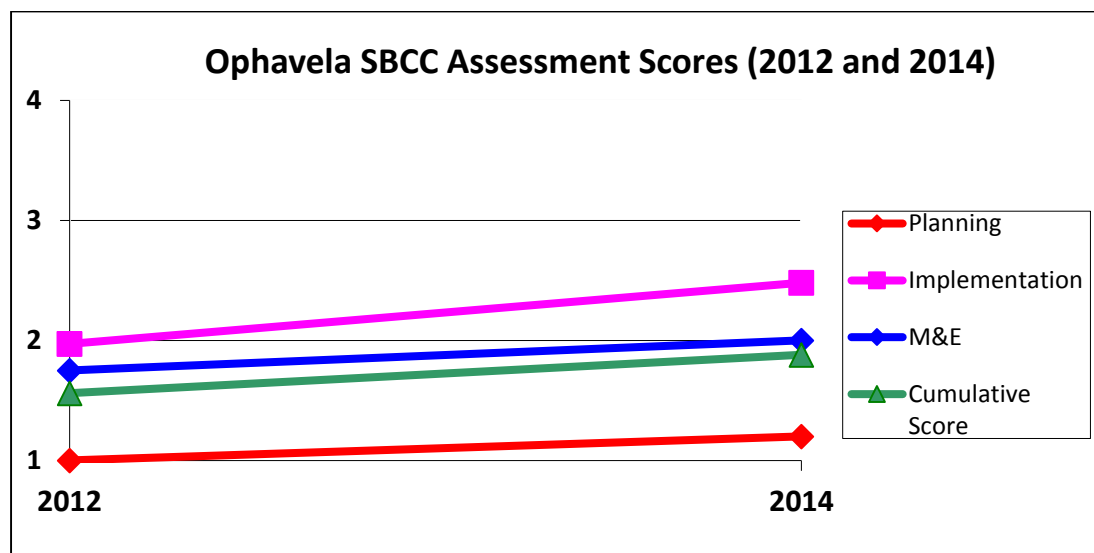
Report Writing

CAP Mozambique assessed Ophavela's capacity to produce quality narrative reports over time. The maximum score possible is 54. The reliability of OPHAVELA's data was confirmed through field visits by CAP staff (minimum quarterly), and an annual data quality verification exercise.



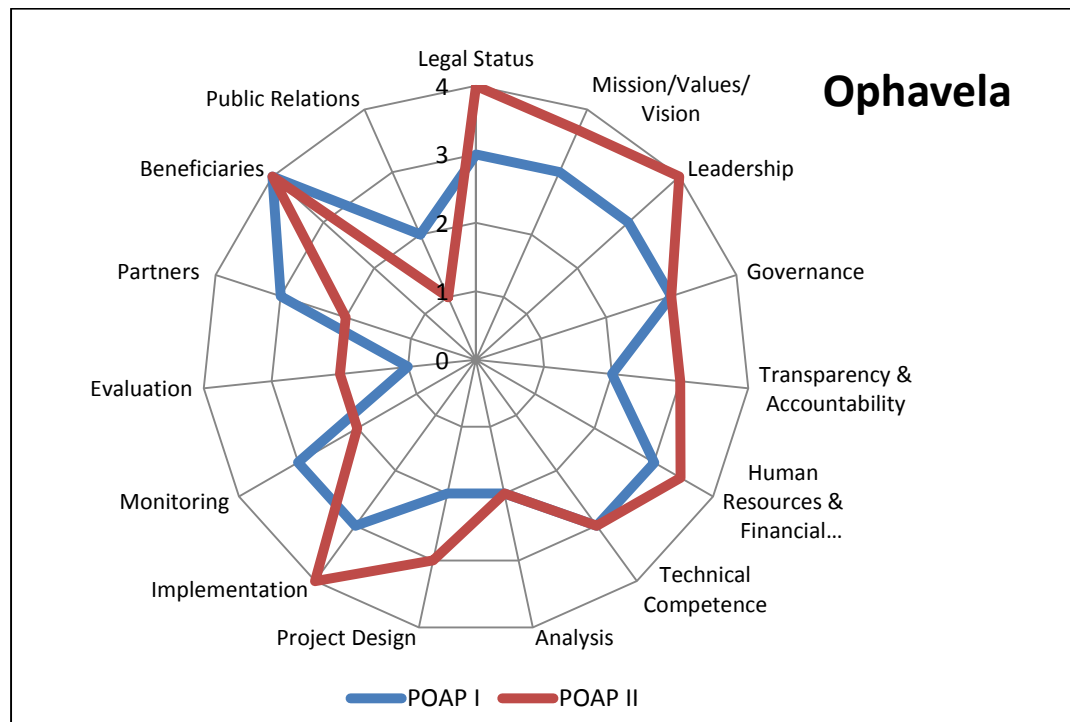
Social Behavior Change Communication

CAP Mozambique facilitated two SBCC Assessments with Ophavela (2012 and 2014). The SBCC assessment evaluates the organization's capacity to integrate SBCC concepts into project planning, implementation, and monitoring and evaluation. A maximum score of 4 in each category is possible. 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 organization struggled with data management and reporting.



Self-Reported Organizational Change

Ophavela participated in two Participatory Organizational Assessment Processes (POAP), through which the organization rated itself across multiple organizational development domains. The organization's growth is illustrated through the spider graph presented below. Ophavela's first POAP was conducted in 2013, and the second POAP was conducted in 2014. The POAP has four levels: 1 = Emerging, 2 = Growing, 3 = Consolidating, and 4 = Sustainable. As demonstrated below, Ophavela improved across multiple organizational development categories by 2014.



VI. Graduation Assessment

In July 2014, CAP Mozambique assessed Ophavela in its graduation process, which evaluated candidates to be recommended to USAID for a direct grant award. This intensive process included a desk review, interviews, field visits, and in-depth discussion within the CAP team about Ophavela's programmatic, financial, and organizational performance. In this process, CAP Mozambique determined that Ophavela had reached a level that merited recommendation to USAID. Ophavela is one of only 8 to graduate according to CAP's rigorous standards.

VII. Conclusion

Ophavela, with its current team and leadership, had some of the strongest organizational systems CAP Mozambique has experienced in providing institutional strengthening support in Mozambique. The organization improved programmatic performance over time to surpass the majority of its project targets, and took on new challenges in HIV testing/counseling and defaulter tracing. Ophavela responded well to capacity building efforts, as the organization continued to improve in HIV technical and organizational development areas over time. The organization is well respected by the community, the government, and donors.



The Positive Impact of a Capacity Development project on HIV prevention knowledge, attitudes and behaviors in Mozambique

Authors: E. Oliveras, M. Galindo-Schmith, E. Mirinda, H. Bryant

HIV/AIDS prevalence in Mozambique is 11.5% of the population 15-49 years old. It is a generalized epidemic.

Project Background

Formative research identified the following barriers to individual behavior change:

- attitudes around **gender norms**,
- peer pressure**,
- the appeal of **transactional sex**,
- intergenerational sex**,
- traditional practices**,
- low perceptions of risk** of transmission of HIV, and
- lack of **comfort talking about HIV**.

CAP provided grants and technical assistance and coaching to 9 community-based organizations in the following:

- Formative research
- Social and Behavior Change Communications (SBCC) project design
- Project management
- Data collection and data analysis
- Structured supervision and other management systems for improved quality
- Core organizational systems such as internal governance and finance for sustainability

These organizations implemented the following SBCC interventions:

Small group debates on specific barriers identified by the local organizations through formative research. Each session in a series of 8-12 sessions typically started with a short film or theatrical sketch to engage people in active discussion around the topic. Topics included: peer pressure, gender norms, intergenerational sex, multiple concurrent partners, living with HIV, HIV Counseling and Testing.

Engaging community leaders early, meaningfully and continuously in design and community mobilization.

Recruiting and carefully selecting activists (facilitators) from their own communities to organize and lead the discussion groups.

Community-based HIV testing and counseling and referrals to clinic-based testing.

Outputs achieved:

- Reached **244,342** people through small group debates
- Engaged **2,665** community and religious leaders

Purpose of Study

The Capable Partners Program (CAP) in Mozambique, implemented by FHI 360, aims to build the institutional capacity of Mozambican organizations to improve the delivery of HIV and AIDS treatment, care and prevention programs. This study aimed to determine the impact of the project on HIV prevention outcomes in communities served by CAP-supported community-based organizations. The interventions evaluated in this study began in 2009.

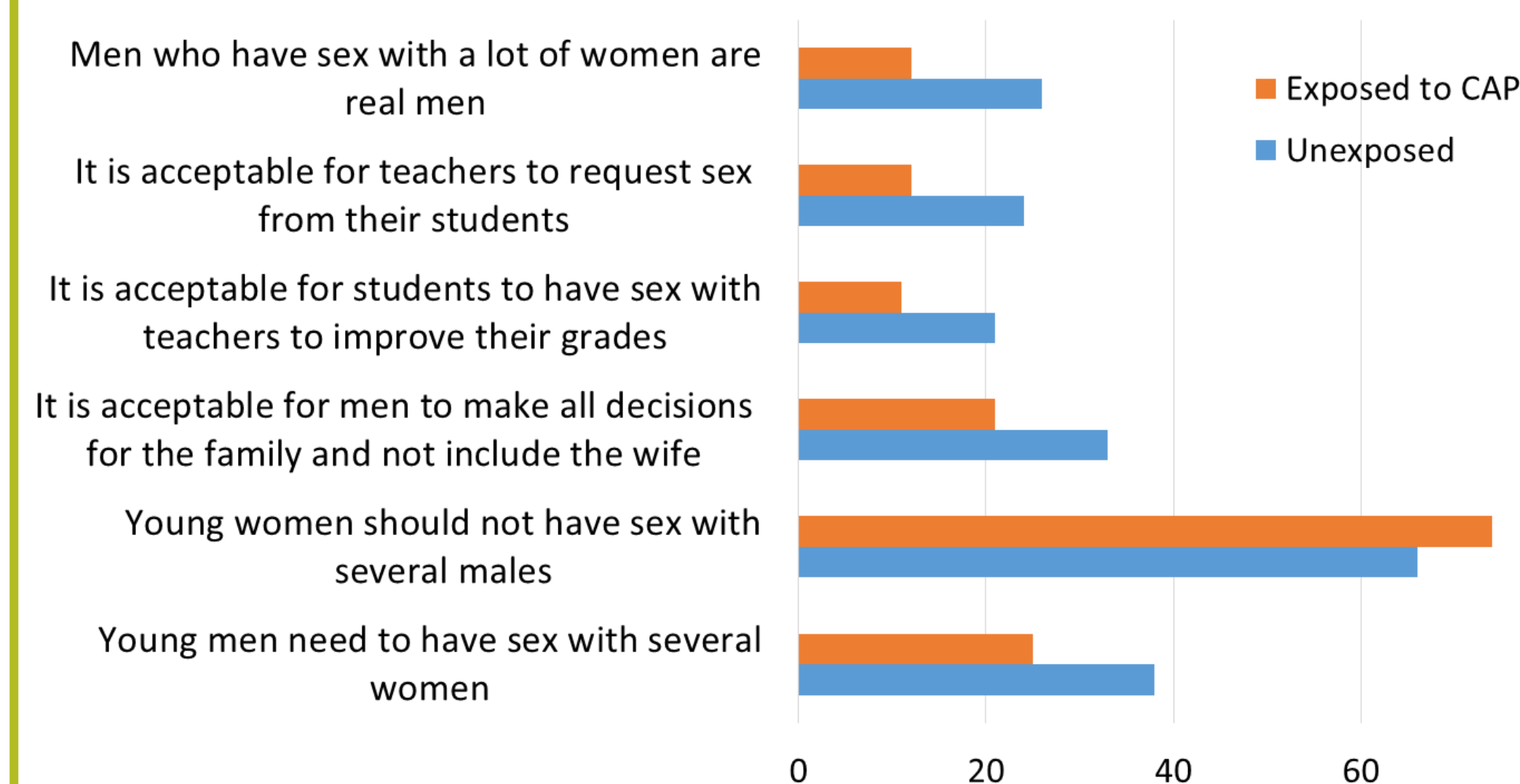
Methodology

A cross-sectional household survey conducted July-August 2014 assessed HIV knowledge, attitudes and behaviors at the end of the project. The survey was conducted in four provinces with 1,531 household members aged 15-59 (658 men and 873 women). Propensity Score Matching was used to assess program impact — comparing respondents who were exposed to CAP (n=624) to those not exposed (n=299) to any HIV programming the past 6-12 months.

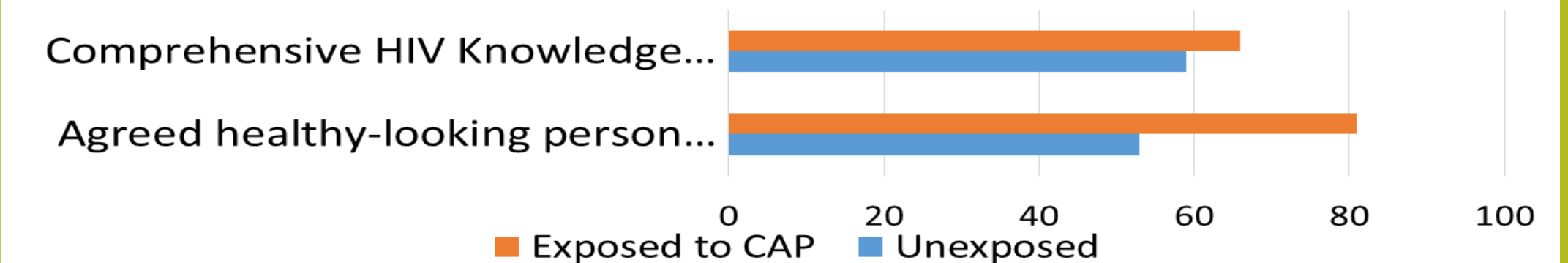
Results

Community Norms CAN change

% that agreed with the statement

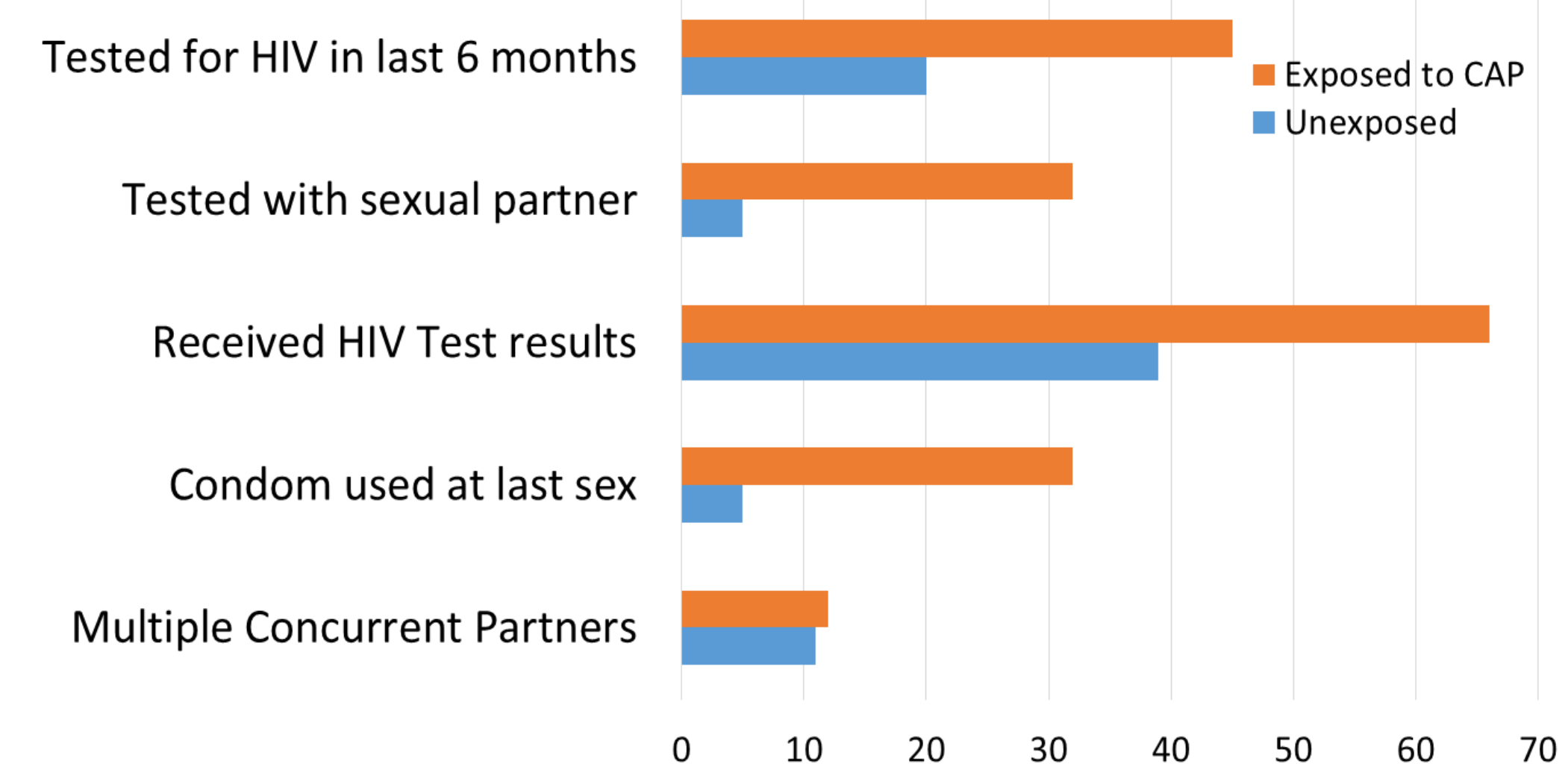


Program Participants Know More about HIV



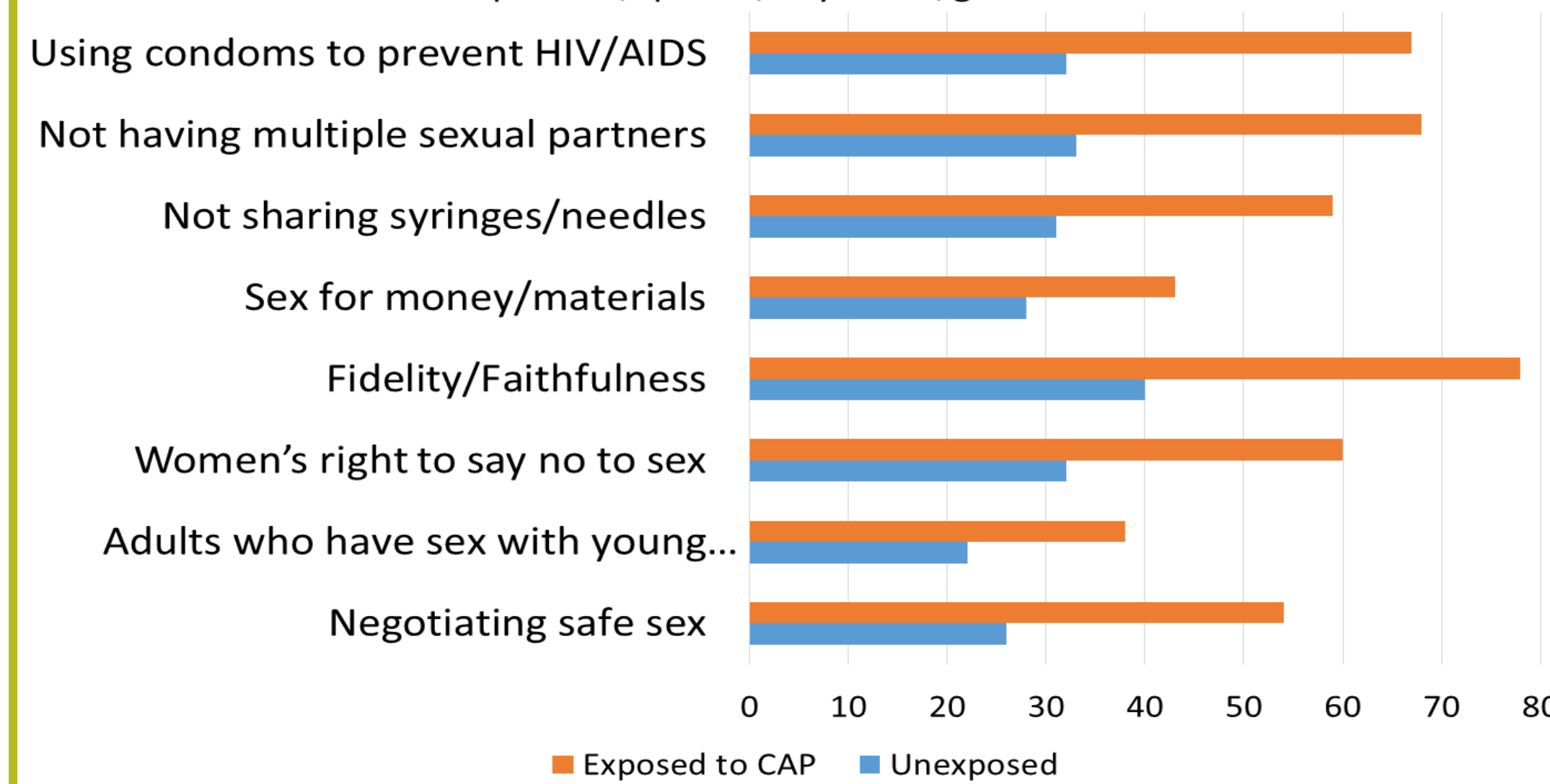
More participants know their HIV status and Use Condoms

Changing Behavior - % responding positively

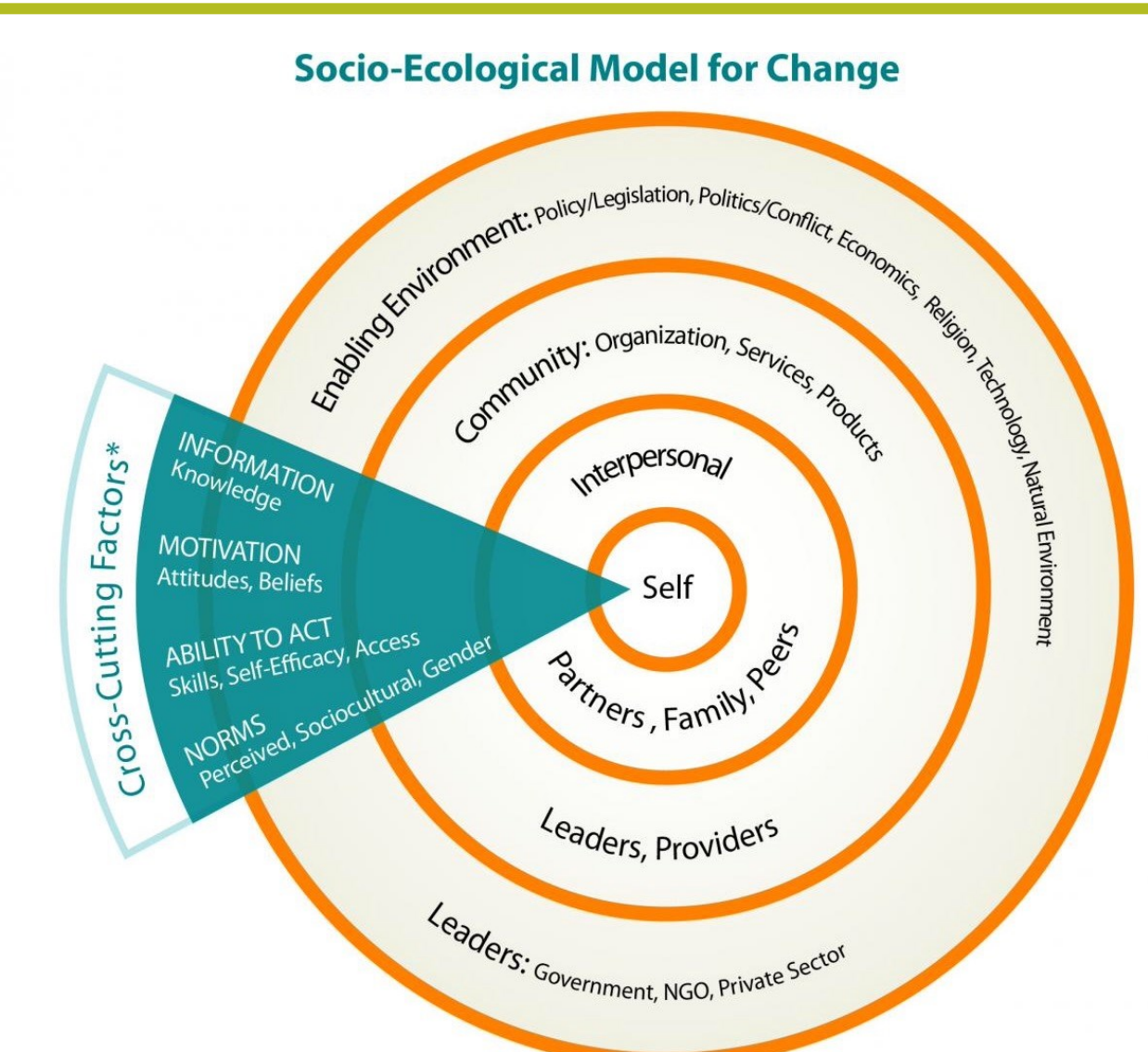


Finding Courage for Difficult Conversations

Percentage of participants who had a dialogue with partner/spouse/boyfriend/girlfriend



The Social Ecological Model, which describes factors for change was the basis for the design of these interventions.



For most outcomes, having attended a theater presentation or seeing a film followed by discussion had a bigger impact than did exposure to other interventions.

Conclusions

Support to local organizations had a significant positive impact on HIV knowledge, attitudes and behaviors. These findings support continued efforts to develop the capacity of local organizations to implement HIV prevention programs. They indicate a means to increase testing, an important strategy in settings like Mozambique where late enrolment in HIV care and treatment is common.

Reactions to a new social and behavior change strategy for HIV and GBV Prevention in Mozambique

Authors: E. Oliveras, M. Galindo-Schmith, J. Bauman and H. Bryant

HIV Prevalence in Mozambique is 11.5%, with a rate of 9.2% amongst males and 13.1% amongst females.

The Capable Partners Program (CAP) in Mozambique aims to build the institutional capacity of Mozambican organizations to improve the delivery of HIV and AIDS treatment, care and prevention programs. Through community consultations, partners identified the influence gender-based violence (GBV) had on HIV vulnerability, and GBV interventions were therefore integrated into prevention efforts. CAP began in 2009, and GBV activities started in 2012.

Methodology

A mixed-method evaluation was conducted in mid-2014. Focus group discussions were conducted with 54 groups of beneficiaries in four provinces, with groups disaggregated by sex and target group (e.g. students, community members). Perceptions about GBV and its link to HIV were one area of questioning in all discussions. Data were analysed through the ATLAS.ti qualitative data analysis software and coding was validated by another researcher. This qualitative evaluation aimed to understand the perspective of beneficiaries about the interventions delivered through CAP-supported organizations. Focus group participants noted the following:



A passionate *activista* speaks about gender-based violence during a debate facilitated by CAP Mozambique partner, NAFEZA.

GBV is perpetrated by partners, strangers and men in power such as teachers and employers

“The early rapes [rape of young girls] are from teachers who tell their students that they have low marks and if they want to improve on their marks they must sleep with them”- Female community member, 15-24 years

GBV increases vulnerability to HIV

“Violence makes spouses vulnerable to HIV/AIDS because either the woman or the husband may get fed up and end up creating extra marital relations due to the bad relationship between the couple.” - Community member, 15-24 years

“There are situations where the owner of a company will give you [women] a job if you sleep with them, you will succumb as you need the job and can get infected.” Male community member, 25-49 years

Knowledge of legal mechanisms, increased support options, and perpetrators’ fear is reducing GBV

“In my case, this touched me a lot because many people suffer violence in this district and they go to hospitals, then go back home and sit because they know nothing about violence. After we heard about violence, we can protect ourselves and report the person to get them punished. Female community member, 15-24 years

“They usually seek help from the community leaders....When the community leaders are unable to help, they take the matter to the police. But, before all, they seek help from the neighbour, and only later on do they take it to the [official] structures”- Male community member, 25-49 years

More women who were ready to report and their confidants now do so

“The interventions have helped a lot, because most women now know that in any case of violence, they must report it to the police or seek help from the leaders and many of them now know their rights”- Male community member, 15-24 years

There is still work to be done

“...for this [sexual harassment of girls by teachers] to stop happening, there should be more involvement in these types of discussions with students, community leaders, parents/ guardians and teachers, and leaders of the schools. It happens more in the schools, but it also happens in the community.” — Female learner, 15-24 years

Conclusion

Integrated HIV and GBV prevention efforts were viewed positively, particularly awareness raising about reporting, but have not yet had a pervasive effect. Directly addressing myths and showing the positive outcome of reporting — effective strategies in the HIV interventions — may strengthen GBV interventions.

Strategies that led to these results:

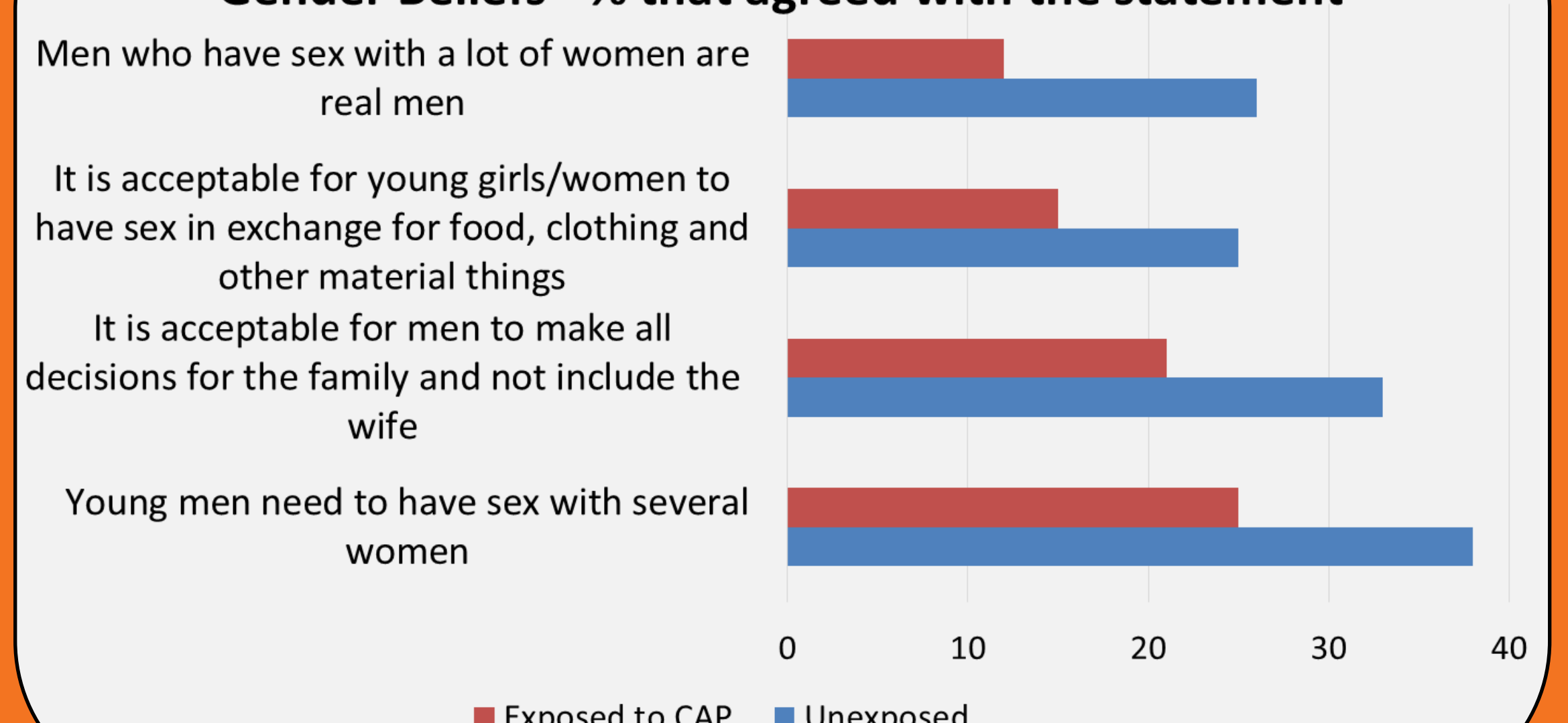
1. Integration of GBV and HIV social and behavior change interventions to address community level social norms, which included:

- a. Community-based series of debate sessions spurred by films and theater.
- b. Four high quality provocative short films — *Breaking Barriers* — produced to spur thoughtful analysis of viewers’ own vulnerability.

2. Engagement of community and religious leaders throughout the process.

3. Intensive, ongoing, and comprehensive technical assistance and coaching for community-based organizations to ensure quality and enhance sustainability.

Results of the household survey Gender Beliefs - % that agreed with the statement



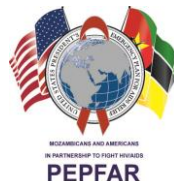
Resultados de grupos focais avaliando uma estrategia de mudança social e de comportamento para Prevenção de HIV e GBV em Moçambique

Septembro 2015, Maputo

Hayley Bryant² ; Marty Galindo Schmith³ ; Jennifer Baumann⁴ & Elizabeth Oliveiras¹ * 1. FHI 360; 2. FHI 360; 3. FHI 360; 4. Health Info Matrix



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Objectivos

Os objectivos desta apresentação são:

- Descrever o Projecto CAP Moçambique
- Descrever a metodologia da Avaliação Final de Prevenção do CAP
- Ilustrar o impacto positivo sobre conhecimento, atitudes e comportamentos de prevenção em relação ao HIV/SIDA nos distritos-alvo de Moçambique
- Partilhar os aspectos de programa que contribuirão para estes resultados

CAP Moçambique e os Parceiros

O CAP Moçambique desenvolve a capacidade institucional de organizações moçambicanas (ONGs), e as suas redes para melhorarem a prestação dos serviços dos programas de prevenção, cuidados e tratamento do HIV e SIDA.

- Implementado pela FHI 360 e financiado pela USAID/PEFPAR.
- Actividades de Prevenção de HIV/ COVs/ GBV
- 2009-2016



Integração de GBV nas intervenções de prevenção de HIV

- As comunidades identificaram a ligação forte entre HIV e GBV. E por isso que os CBOs quiseram responder nos projectos sobre Prevenção de HIV.



Metodologia de Avaliação do End Line

- Uma avaliação externa de métodos mistos foi conduzida pela Health Info-Matrix entre Julho e Agosto 2014 para avaliar o impacto das intervenções de prevenção dos parceiros do CAP.
- O estudo foi conduzido em 12 distritos nas Províncias de Sofala, Nampula, Zambézia e Manica.
- O estudo incluía componentes quantitativos e qualitativos. Grande parte desta apresentação está focada na componente qualitativa.



Metodologia de Avaliação End Line - Qualitativa

- Os grupos focais discutirem percepções de mudanças, especialmente sobre VGB.
- 49 grupos em 4 Províncias; grupos com estudantes (1), professores(2), trabalhadores(4), membros comunitários(42)—todos são beneficiários das intervenções dos parceiros do CAP.
- As discussões foram registadas e transcritas.
- Estas transcrições foram analisadas por um consultor externo.



Constatações-Chave – Género

- A maioria dos grupos de foco relatou que a violência baseada no género tinha diminuído como resultado das intervenções.
 - As sessões de prevenção apresentaram os tipos de mecanismos de apoio e legais que protegem os direitos humanos e como ter acesso aos serviços de protecção e jurídicos de líderes comunitários, polícia e outros órgãos competentes.
 - Os participantes de alguns grupos notaram que foram mais eficazes em conseguir que as mulheres que eram vítimas de abuso há já muito tempo tivessem acesso aos serviços.

A VBG aumenta a vulnerabilidade ao HIV

“A violência torna os cônjuges vulneráveis ao HIV/SIDA, porque quer a mulher quer o marido pode ficar farto e acabar por criar relações extraconjugais, devido ao mau relacionamento entre o casal.” – Membro da Comunidade, 15 a 24 anos

“Há situações em que o proprietário de uma empresa dará a si [mulheres] um emprego se dormir com ele, você vai sucumbir já que precisa do emprego e pode ficar infectado.” - Membro masculino da comunidade, 25 a 49 anos

O conhecimento dos mecanismos legais, o aumento de opções de apoio, e o medo dos autores .. estão a reduzir a VBG

*“No meu caso, isto me tocou muito porque muitas pessoas sofrem a violência neste distrito e elas vão ao hospital, em seguida, voltam para a casa e sentam-se porque eles não sabem nada da violência. Depois de ouvirmos falar de violência, podemos proteger -nos e denunciar a pessoa para ser punida.”-
Membro feminino da comunidade, 15 a 24 anos*

“Eles costumam procurar a ajuda de líderes comunitários... Quando os líderes comunitários são incapazes de ajudar, eles levam o caso à polícia. Mas, antes de tudo, eles procuram a ajuda do vizinho, e só mais tarde, é que eles levam-no às estruturas [oficiais]”- Membro masculino da comunidade, 25 a 49 anos

Mais mulheres e os seus confidentes estão prontas para denunciar agora

“As intervenções ajudaram muito porque a maioria das mulheres já sabe que, em qualquer caso de violência, elas devem denunciá-lo à polícia ou procurar a ajuda de líderes e muitas delas já conhecem os seus direitos” - Membro masculino da comunidade, 15 a 24 anos



Ainda há trabalho a ser feito

*“... Para isto [assédio sexual de raparigas pelos professores] parar de acontecer, deve haver um maior envolvimento neste tipo de discussões com os alunos, líderes comunitários, pais/ encarregados de educação e professores, e os líderes das escolas. Isto acontece mais nas escolas, mas também acontece na comunidade.”—
Aluna, 15 a 24 anos*

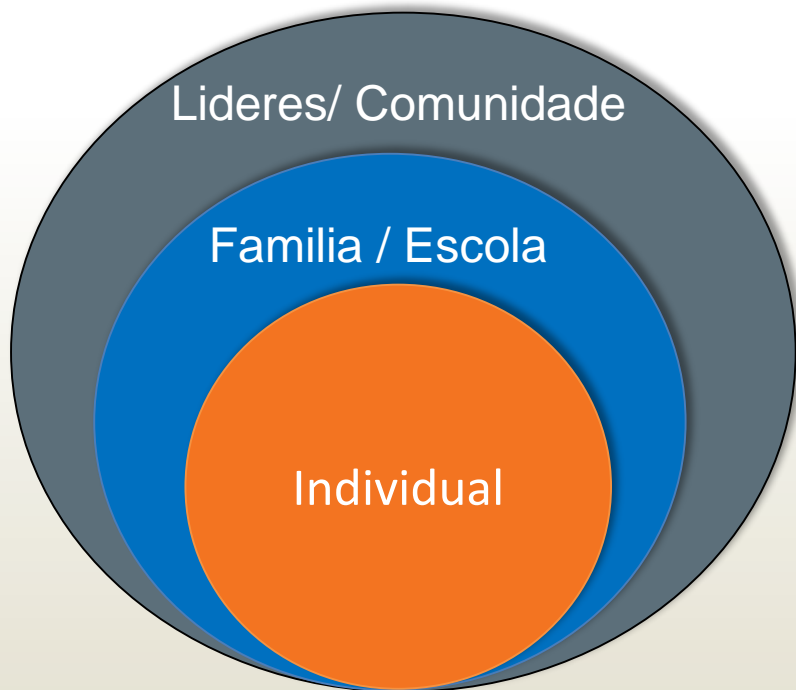


Conclusões

- Os esforços de prevenção integrada de HIV – VGB foram vistos positivamente, particularmente a consicencialização sobre denúncia, mas ainda não tiveram um efeito generalizado.
- Abordar directamente os mitos e mostrar o resultado positivo da denúncia, estratégias eficazes nas intervenções de HIV, podem fortalecer as intervenções de VGB.

Fatores: Estratégias a múltiplos níveis

- Série de sessões de debate baseados na comunidade estimulada por filmes e teatro.
- Engajamento de líderes comunitários



Fatores : Capacitação das Organizações

Para garantir a qualidade e reforçar a sustentabilidade, assistência técnica e *coaching* foi providenciada para as organizações. Este capacitação foi

- intensivo,
- contínuo e
- abrangente

Conclusões

- Os resultados desta avaliação qualitativa confirmam os resultados quantitativas também.
- Os resultados reforça que os parceiros comunitários tem capacidade para efectuar mudanças nas suas comunidades.
- Os sucessos destas organizações são resultado do esforço deles de partilhar informação específica e viável duma maneira acessível para as comunidades.

THANK YOU!
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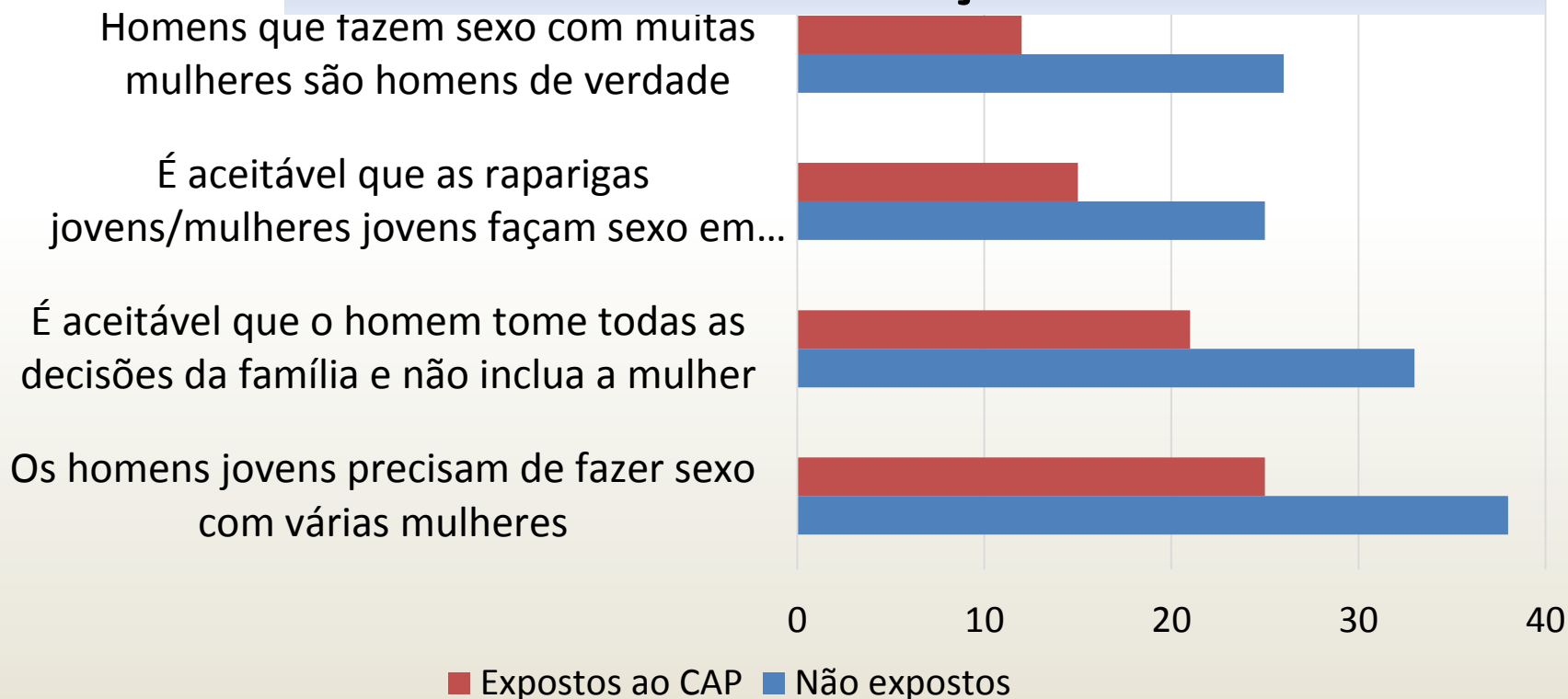
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Constatações-Chave – Género – resultados quantitativos

Crenças de Género - % dos que concordaram com a afirmação



Annex 27: Financial Health Check Results

Organization	Assessm #	Date	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change	
ACIDECO	#1	Dec 2013	28	34	15	51	33	23	184	-	Baseline
	#2	Apr 2015	25	39	14	60	35	24	197	+13	Improved
ASF	#1	Sep 2013	28	47	20	53	32	30	210	-	Baseline
	#2	Jul 2014	32	50	29	65	32	32	240	+30	Improved
Centro Aberto de Barué	#1	Feb 2014	25	30	17	39	25	23	159	-	Baseline
	#2	Jan 2015	29	40	24	56	27	28	204	+45	Improved
CONFHIC	#1	Dec 2013	34	50	25	67	31	39	246	-	Baseline
	#2	Mar 2015	29	50	17	59	31	34	220	-26	Declined
KUGARISSICA	#1	Jan 2014	22	37	15	41	26	20	161	-	Baseline
	#2	Apr 2015	27	48	22	61	28	26	212	+51	Improved

NAFEZA	#1	Jun 2012	31	39	15	57	27	26	195	-	Baseline
	#2	Jul 2013	22	42	30	74	34	37	239	+44	Improved
	#3	Jun 2014	33	44	28	74	33	35	247	+8	Improved
	#4	Jun 2015	44	59	37	74	35	37	286	+39	Improved
RUBATANO	#1	Feb 2014	26	41	22	48	30	29	196	-	Baseline
	#2	Jan 2015	32	45	30	60	33	28	228	+32	Improved
SHINGUIRIRAI	#1	Feb 2014	27	40	23	45	29	29	193	-	Baseline
	#2	Jan 2015	26	36	25	54	32	24	197	+4	Improved

Annex 28: Financial Information Worksheet

Quarterly Report - Financial Information

Implementing Partner: FHI360
Activity Name: CAP Mozambique
Implementation Period: April - September 2015

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-December 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	11,652,787.00			452,105.00	10,370,098.79	299,358.78	10,669,457.57	(0.34)		372,641.00
Benefits & Fringe	4,702,546.00			143,247.00	3,396,586.84	99,669.79	3,496,256.63	(0.30)		114,815.00
Travel	3,774,268.00			159,095.00	2,582,540.45	74,098.79	2,656,639.24	(0.53)		89,640.00
Equipment >\$5K	190,059.00			-	170,059.06	-	170,059.06	-		-
Supplies				-	-	-	-	-		-
Training	565,268.00			-	315,935.59	7,765.95	323,701.54	#DIV/0!		10,000.00
Sub grants*	16,508,616.00			462,955.00	13,567,376.09	415,005.15	13,982,381.24	(0.10)		452,889.00
Consultancy	366,086.00			1,899.00	215,994.64	19,520.75	235,515.39	9.28		42,291.00
Other Direct Costs	7,031,806.00			205,117.00	5,397,444.28	74,034.57	5,471,478.85	(0.64)		304,391.00
Total Direct Costs	44,791,436.00			1,424,418.00	36,016,035.74	989,453.78	37,005,489.52	(0.31)		1,386,667.00
Indirect Costs	10,208,564.00			388,152.00	7,952,492.16	232,139.26	8,184,631.42	(0.40)		380,086.00
Grand Total	55,000,000.00	49,606,788.00	5,393,212.00	1,812,570.00	43,968,527.90	1,221,593.03	45,190,120.93	(0.33)	4,416,667.07	1,766,753.00

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.

Annex 29: GBV Quarterly Financial Report

Quarterly Report - Financial Information

Implementing Partner: FHI360

Activity Name: CAP Mozambique

Implementation Period: July-September 2015

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 (next quarter)
					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	413,453		413,453	53,877	277,041	44,424	321,465		(321,465)	46,351.73
Benefits & Fringe	62,643		62,643	10,167	39,321	11,946	51,267		(51,267)	10,275.74
Travel	88,476		88,476	35,890	36,988	10,303	47,291		(47,291)	5,411.67
Equipment >\$5K	-		-	-	-	-	-		-	-
Supplies	4,139		4,139	914	3,004	358	3,362		(3,362)	331.93
Training	196,829		196,829	17,494	146,420	15,770	162,190		(162,190)	13,816.10
Sub grants*	1,381		1,381	-	1,381	-	1,381		(1,381)	-
Consultancy	54,351		54,351	34,923	8,950	16,820	25,770		(25,770)	20,300.00
Other Direct Costs	86,589		86,589	19,380	54,711	5,991	60,702		(60,702)	7,980.39
Total Direct Costs	907,860		907,860	172,645	567,817	105,612	673,429		(673,429)	104,467.57
Indirect Costs	192,140		192,140	51,422	77,977	26,568	104,545		(104,545)	30,067.50
Grand Total	1,100,000	1,100,000.00	0	224,067	529,534	132,180	777,974		322,026	134,535.07

* items to check

GBV in eportfolio and make sure any corrections are done

* check spending and line items

* run subawards for quarter