



JESSICA SCRANTON | FHI 360

# OVERVIEW OF THE CAP MOZAMBIQUE PROJECT AND ITS ROLE IN THE FIGHT AGAINST HIV/AIDS

## Introduction

The Capable Partners Program (CAP) began work in Mozambique to strengthen Mozambican civil society organizations (CSOs) and networks in 2006. Funded by the U.S. Agency for International Development (USAID)/Mozambique and managed by FHI 360 through July of 2016, CAP was a pioneer in tackling the challenges of organizational capacity development to empower local organizations to contribute to the fight against HIV/AIDS—even before the launch of USAID Forward,<sup>1</sup> which built in part on CAP's global body of work (see box). CAP Mozambique pursued twin goals of increasing HIV/AIDS service delivery and quality and strengthening the organizational capacities of CSOs.

### **The Capable Partners Program: A Global Initiative, 2003–2018**

The Capable Partners Program (CAP) was a Leader with Associates Cooperative Agreement. Between 2003 and 2013, CAP implemented four Global Core Initiatives under the Leader Award, working with CSO leaders in 55 countries.

Between 2004 and 2018, CAP implemented 23 Associate Awards around the world—including CAP Mozambique—with a combined value of \$241,927,597.

This document includes:

- a discussion of the unique implementation context in Mozambique, the environment when the project began, and how that influenced the design of the project
- CAP's overall approach to capacity development, including principles, strategies, and interventions
- highlights of the results achieved in both service delivery and in developing the organizational capacities of Mozambican CSOs

<sup>1</sup> See: <https://www.usaid.gov/usaidforward>.

---

## HIV/AIDS in Mozambique

In 2009, an estimated 2.5 million people in Mozambique were living with HIV, and HIV prevalence was estimated at 11.5 percent—the eighth highest rate in the world.<sup>2</sup> The epidemic poses significant development challenges to this low-income country. Poverty, estimated at 55 percent in rural areas,<sup>3</sup> multiplies the impact of the epidemic because vulnerable families lack access to health care, nutritious food, education, and economic opportunities. The very individuals who have the greatest need for care often have limited knowledge of existing supportive resources and how to access them.

Poverty, cultural norms, and gender inequalities increase women's and children's vulnerability to HIV and gender-based violence (GBV). In the 2009 INSIDA survey conducted by the Ministry of Health with the National Institute of Statistics, HIV prevalence among women aged 15–24 was 11.1 percent, or three times the prevalence among men of the same age group (3.7 percent).<sup>4</sup> Cultural and social norms perpetuate stigma and discrimination against people living with HIV, making it difficult for youth in particular to seek HIV testing and access care.

The overburdened national health system has struggled to respond to the HIV/AIDS crisis and provide essential services. Limited resources have been stretched and capacity to reach into communities to educate people about HIV or provide follow-up care is severely constrained. The Ministry of Gender, Children, and Social Action (MGCAS) is also under-resourced to respond to the burgeoning number of orphans and children made vulnerable by HIV and other chronic illnesses.

---

## Civil Society in Mozambique

Civil society can play a much-needed role in providing services to complement those offered by the government, advocate for the needs of people living with HIV/AIDS (PLWHA), and develop innovations to increase effectiveness of strategies in fighting the epidemic. Civil society also engages and channels positive energy to support those least likely to be heard and to bring hope to those who need it most.

Non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), and networks are relatively new in Mozambique. The country gained independence from colonial rule by Portugal in 1975 but immediately found itself in a civil war that lasted until 1992. Legislation providing the framework for third-sector organizations was signed in 1991, and the first organizations were legally registered in 1992. Many organizations came into being in response to the nationwide floods in 2000 or in response to the sudden availability of funding to fight HIV/AIDS in the mid-2000s.<sup>5</sup>

---

<sup>2</sup> The 2009 National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS in Mozambique (INSIDA), carried out by the Instituto Nacional de Saúde of the Ministry of Health in collaboration with the Instituto Nacional de Estatística.

<sup>3</sup> <http://data.worldbank.org/country/mozambique>.

<sup>4</sup> INSIDA.

<sup>5</sup> The United States Agency for International Development (USAID) and other donors seeking to harness the potential of civil society made available billions of dollars in funding to fight HIV/AIDS. Between 2004 and 2014, USAID/PEPFAR funding planned for the country totaled \$2,117,300,000 cumulatively.

However, the relative youth and inexperience of Mozambican CSOs made it more challenging for them to assume a prominent role in the fight against HIV/AIDS compared to CSOs in other countries in the region.<sup>6</sup>

Few strong, experienced CSOs existed in Mozambique when the President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2004. Although the number of CSOs grew dramatically when PEPFAR and other emergency funds started to flow, there was a lack of models or mentors, and the pool of individuals with the skills and experience to lead these organizations (staff or Board members) was limited.

In the early 2000s, hundreds of thousands of people were desperate for assistance as a result of the floods as well as the HIV/AIDS epidemic, and donors and CSOs prioritized getting help to as many as possible as quickly as possible. Even in a more typical context where established CSOs deliver humanitarian assistance, verification of the proper use of funds and goods (by both CSOs and beneficiaries) is extremely challenging. In Mozambique, however, appropriate systems had not yet had a chance to develop; this led to a prevalence of substandard practices.

As the focus of HIV/AIDS funding shifted from relief efforts to providing longer-term development support for individuals, families, and communities affected by the disease—and as funding for other sectors expanded—many of the operational processes followed by CSOs during the country's crises persisted. Mozambican CSOs had not yet developed the systems or structures to account for project funds and quality implementation; yet their activities continued to be funded. Many donors erroneously assumed that since the organizations had managed donor funds before, they had the knowledge and systems necessary to do so. CBOs, while eager to help their communities, lacked fundamental skills and needed intensive support to open bank accounts, register with the government, manage outreach workers, and provide services.

CSOs as well as donors became frustrated when confronted with the reality that the sector as a whole was not sufficiently prepared to assume a critical role in Mozambique's development. Even so, Mozambican civil society continued to grow, partly due to the increased funding availability. Unfortunately, there was neither time nor support to develop the systems and experience necessary to manage this growth.



PARTICIPANTS IN LIFE-TRANSFORMING SAVINGS GROUPS INITIATED BY CAP PARTNERS. (MAURO VOMBE | FHI 360)

<sup>6</sup> The CIVICUS Civil Society Index (CSI) research project was conducted in Mozambique in 2007. The project concluded that overall Mozambican civil society was weak in its main dimensions, including its structure, environment, values, and the impact of its action. [http://www.civicus.org/media/CSI\\_Mozambique\\_Country\\_Report.pdf](http://www.civicus.org/media/CSI_Mozambique_Country_Report.pdf).

---

## The emergence of CAP Mozambique

In 2006, USAID/Mozambique took an important step in fostering the growth of civil society by funding the Capable Partners Program (CAP) in Mozambique to strengthen the capacity of leading Mozambican organizations and networks to play a more significant role in fighting HIV/AIDS. CAP Mozambique used a multi-pronged approach to simultaneously tackle technical implementation, organizational development, and project management—a strategy not commonly embraced by other international NGOs in country at the time.

**Vision of the role of CSOs.** The design of CAP Mozambique was shaped by a vision of local CSOs as partners, providers, and pioneers<sup>7</sup> in the HIV/AIDS sector. As partners, CSOs can play a unique role in advocating for their communities and designing/delivering better programming due to their experiences, linkages, and strengths as community liaisons. As providers, they have the capacity to access communities that the government cannot reach, deliver services directly targeting the needs of communities they know well, and provide culturally and contextually appropriate services. Local CSOs have the space and knowledge—through constant direct contact with their communities—to become pioneers that innovate the best ways to reach people in need. CAP Mozambique embraced this vision as the basis for its approach to strengthening civil society—engaging its CSO Partners as leaders with potential.

**Strategic focus.** CAP Mozambique made a strategic decision to target institutional strengthening and grant support toward growing Mozambican CSOs with documented experience in implementation and the potential to become leading organizations. At the inception of the project, donors and intermediary organizations (IOs) were already providing support to both emergent CBOs and a few advanced Mozambican CSOs (those already receiving or close to receiving USAID funding directly). But systematic support for “mid-level” organizations was missing.

Supporting this cadre of CSOs made sense for a number of reasons. These organizations were looked to as models by other organizations seeking to grow. As a group, they had the potential to exert significant influence on the evolution of civil society in Mozambique. While more developed than some, these CSOs had minimal staff and systems but a degree of capacity necessary to respond to CAP’s rigorous demands regarding grants management and compliance. They had a higher capacity to overcome the structural challenges and governance issues that many local organizations struggle with and to successfully manage the changes necessary for sustainability. They had already demonstrated the potential to achieve service-delivery results required by USAID/PEPFAR, and, therefore, had the potential to receive funding directly from USAID. With the introduction in 2010 of USAID Forward and its emphasis on local ownership of development priorities, CAP Mozambique’s focus on these organizations became even more relevant.

---

<sup>7</sup> Birdsall, K. and Kelly, K. (2007) *Pioneers, Partners, Providers: The Dynamics of Civil Society and AIDS Funding in Southern Africa*. CADRE/OSISA, Johannesburg.

Due to the reach of the epidemic and nature of the disease, HIV/AIDS directly or indirectly affects almost everyone in Mozambique. CAP made the decision to focus on developing an understanding of HIV/AIDS and stimulating a response across civil society. CAP reached beyond associations of PLWA to embrace other sector-based CSOs, including rural development associations, youth associations, FBOs, savings and loan groups, and others. CAP Mozambique introduced and integrated HIV/AIDS prevention (and later, prevention of gender-based violence) into their activities. CAP also helped these multi-sector organizations as well as associations of PLWA support orphans and vulnerable children (OVC) and promote other care and treatment interventions.

CAP Mozambique chose its Partners (CSOs that received grants and institutional strengthening from CAP) with great care. Potential Partners were assessed and CSOs were selected according to the following criteria: proven legitimacy in their communities, a track record of actively contributing to community development, ability to articulate how working on HIV/AIDS contributed to their organization's vision, existence of basic systems necessary to respond to grant requirements, and a clear interest in organizational strengthening.

CAP Mozambique helped its Partners design interventions based on formative research and data in their target communities,<sup>8</sup> creating tailored responses to the epidemic with greater potential for long-term impact. This strategy required a significant investment of human and financial resources, but the rewards for project beneficiaries, CSOs, and civil society as a whole were noteworthy.<sup>9</sup> CAP Mozambique and USAID/Mozambique fought hand in hand throughout the life of the project to protect support for Mozambican CSOs.

## Approach

### CSO capacity development: integrating three pillars

CAP Mozambique's approach to capacity development was built on three pillars: core organizational systems, implementation capacity, and connectedness with the larger system—including the health care system, other CSOs, donors, and the government. CAP Mozambique's operating theory was that the integration of these three pillars was critical to enable CSOs to meet USAID/PEPFAR and their own objectives. This approach was novel in Mozambique, where donors and other implementing organizations typically focused support on technical implementation alone. USAID/Mozambique and CAP understood, however, that robust organizational systems would be the foundation for sustained and effective implementation and that strong linkages with other stakeholders would enhance credibility and efficiencies over the long term.

#### From 2006 to 2016, on behalf of USAID, CAP Mozambique provided:

- 58 grants to
- 40 grantees
- valued at \$15.4 million

#### And provided training and TA to:

- 52 QI clients
- 16 PCC clients
- 9 OD clients

<sup>8</sup> See also the CAP Mozambique technical brief, "Introducing Social and Behavior Change Communication to Mozambican CSOs."

<sup>9</sup> See also the CAP Mozambique technical briefs, "Harnessing Potential: Cap's Organizational Development Results," and "Summary Report on HIV Prevention End Line Evaluation."

## CAP Mozambique Capacity Development Interventions

### Partner meetings and workshops:

CAP facilitated regular Partner workshops to exchange best practices and lessons learned.

### Individualized training and technical assistance:

Initially, all Partners received monthly TA and training visits from CAP and then quarterly visits once projects were on track.

**Capacity building fund:** Each Partner had access to \$5,000 in capacity development funds as part of its overall budget to procure specialized expertise.

**Exchange visits:** CAP provided financial support and networking to encourage these visits.

**Dissemination of tools and best practices:** CAP shared tools and best practices with Partners and other USG implementers in-country through trainings, professional development exchanges, and on [www.NGOConnect.Net](http://www.NGOConnect.Net).

CAP Mozambique provided both grants and tailored capacity development to its Partners. While initially (and understandably) Partners saw the grants largely in terms of available funds, they quickly learned that CAP viewed the grants as an important tool for capacity development. The grants provided opportunities to try new approaches and ideas as well as for analysis and learning. And of course, grants provided organizations the opportunity to demonstrate their ability to deliver on results. CAP Mozambique did not implement any field activities directly and relied on Partners to achieve USAID/PEPFAR service-delivery results. Capacity development was integrated throughout the grant cycle—from the launch workshop, to project design and start-up, and throughout the implementation cycle.<sup>10</sup>

CAP Mozambique maintained a consistent focus on a long-term goal of organizational sustainability. This focus influenced numerous decisions throughout the project and the manner in which staff interacted with Partners. CAP Mozambique sought to promote organizational independence. In order to promote sustainability, CAP Mozambique designed approaches emphasizing the following characteristics:

- **Participatory**—Organizations were required to have a desire and willingness to develop their own capacity. CAP believed that organizations know best the challenges they face and can recognize whether solutions will be effective. CAP offered a framework for self-assessment and tools for improvement, engaged all levels of the organization from the Board to line staff, and worked with organizations in cohorts to promote participatory exchange and mutual learning.
- **Practical, relevant, and responsive**—CAP understood that, while capacity development support (including training, coaching visits, etc.) must be grounded in accepted theory, it must also be designed for realistic and immediate application. Partners more readily embraced new ways of working when they saw relevance of these processes to their own goals.
- **Rigorous**—Organizations can rise to the challenge of strict compliance with procedures if they have sufficient support to do so.
- **Integrated**—CAP’s overall approach of combining grants with capacity development was an integrated one. CAP also responded to organizational needs in an integrated fashion. For example, support for financial management began with assistance to accounting staff regarding reconciliation and accurate reporting on project funds. It extended to the involvement of program staff in budgeting and programming expenses and training for the organization’s Board to review and interpret financial reports to improve transparency

<sup>10</sup> See, for example, the CAP Mozambique case studies: “The CCM Sofala Story: Engaging Communities in Creating an AIDS-Free Generation,” “A Leap of Faith: Learning to Delegate Improves the Quality of Programs,” and “Ownership of Project Results: Niiwanane Case Study.”

and organizational accountability. The integration of CAP's service-delivery and organizational-development objectives contributed to successes in both.<sup>11</sup>

- **Results-oriented**—The drive to meet high but realistic targets challenged organizations to improve their structures and systems and to think of new ways of working to be more efficient.
- **Data-driven**—Capacity development plans were based on participatory and external capacity assessments. CAP involved Partners in repeated waves of a participatory organizational assessment process (POAP),<sup>12</sup> which frequently forces organizations to confront difficult truths. CAP Mozambique supported Partners to use data in designing, monitoring, and improving their projects.<sup>13</sup>

In addition to the standard menu of capacity development interventions (e.g., Partner meetings, workshops, customized training and technical assistance, capacity development line items in grant budgets, exchange visits, adaptation and dissemination of tools and resources), CAP's interventions also included the following, unique to the program in Mozambique:

- **Leadership and Mentoring Initiative**—To support organizational leaders in managing change—and to help develop a generation of forward-thinking, responsible and responsive NGO leaders in Mozambique's nascent civil society—CAP developed a special mentoring initiative for executive directors.
- **Intercambios**—CAP's Professional Development Exchanges and Trainings for Capacity Builders provided the opportunity for capacity development experts from Mozambican and international organizations to develop their skills and abilities to support local organizations.
- **Graduation**—Through intensive, tailored technical assistance (TA), and mentoring, all grantees were given the opportunity to become more competent, credible, and effective. However, only top-performing organizations were formally graduated by CAP to become eligible to receive direct funding from USAID (see figure on next page). Graduation meant that the organization performed well on its grant award and had the capacity to do so on other projects; the process recognized the hard work an organization undertook to meet CAP's rigorous standards.

### CAP's Intercambios: Lasting Effects

Participants in the *Intercambio* on CSO Sustainability drafted a vision for sustainability in Mozambique, which was officially captured as the *Report on the Sustainability of Civil Society Organizations* (May 25, 2015).

Malawian organizational development expert Chiku Malunga challenged participants at an *Intercambio* on Leadership to clarify the differences among governance, leadership, and management, and to understand the importance of separation of powers in the context of local laws. These important topics later became parts of CAP's core curricula.<sup>14</sup>

The *Intercambio* events themselves became models for productive learning, and participants continued the events after CAP concluded its financial support.

<sup>11</sup> Four of CAP's six objectives related to service delivery and two to organizational development. The six were: 1) Increase the capacity of Mozambican CBOs, FBOs, NGOs, networks, and associations to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment, and care services; 2) Expand HIV/AIDS prevention behaviors among most-at-risk populations (MARPs); 3) Increase youth, young adults, and adults in sexual relationships who avoid high-risk behaviors that make them vulnerable to HIV/AIDS infections; 4) Increase the number of OVC receiving quality, comprehensive care in their respective target areas; 5) Increase the quality and coverage of home-based care for PLWHA and their families; and 6) Increase the number of organizations that graduate from *Up-and-Coming* level to *Advanced* (according to CAP's categorization), and from *Advanced* to direct USAID funding.

<sup>12</sup> See also the CAP Mozambique technical brief, "Motivating Change: Mozambican Organizations Transform Themselves through the Participatory Organizational Assessment Process."

<sup>13</sup> See also the CAP Mozambique technical brief, "Promoting Quality Data Systems and the Value of Good Data."

<sup>14</sup> See also the CAP Mozambique technical brief, "Mozambican CSOs Rise to the Challenge: Good Governance in Practice."

FIGURE 1: CSO PARTNER GRADUATION CRITERIA AND DOCUMENTATION NEEDED TO GRADUATE

| Organizational Capacity Criteria                        |  | Data Sources Reviewed   |
|---|--|---|
| 1   | <p>The organization must be:</p> <ul style="list-style-type: none"> <li>a. not-for-profit and registered under Mozambican law;</li> <li>b. headquartered in Mozambique with an operational office in the targeted province; and</li> <li>c. managed by a governing body, of which the majority of members are citizens or lawful permanent residents of Mozambique.</li> </ul> <p>It must <i>not</i> be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.</p> | <ul style="list-style-type: none"> <li>• Copy of publication of the registration of the organization in the <i>Boletim de Republica</i>, which is the final step in the registration process</li> <li>• List of members of the governing bodies (Board)</li> <li>• Copies of IDs of members when the statutes do not specify that all members of governing bodies must be Mozambican</li> </ul>   |
| 2   | <p>The organization must demonstrate a clear separation of governance and executive functions.</p>   | <ul style="list-style-type: none"> <li>• Organogram and list of governing body and staff members</li> <li>• Minutes of governing body meetings</li> <li>• Reports of Participatory Organizational Assessment Processes (POAP)</li> <li>• Feedback from other donors, local authorities and others</li> </ul>  |
| 3   | <p>The organization must not have any pending disciplinary or legal actions against it from another funder or government agency.</p>   | <ul style="list-style-type: none"> <li>• Updated Excluded Parties List System database search</li> <li>• Updated Terrorism database search</li> <li>• Signature on certification of non-involvement in legal cases</li> </ul>   |
| Programmatic Capacity Criteria                          |  |   |
| 4   | <p>The organization must have experience implementing programs for more than two years.</p>  | <ul style="list-style-type: none"> <li>• CAP grant agreement</li> <li>• 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</li> </ul>  |
| 5   | <p>The organization must have satisfactory results from an external programmatic assessment conducted by CAP Mozambique or a third party.</p>  | <ul style="list-style-type: none"> <li>• Results of appropriate external technical assessments conducted by CAP staff</li> <li>• Results of report-writing assessments</li> <li>• Comparison of results achieved vs. targets</li> <li>• CAP tracker on submission of deliverables</li> <li>• Reports of data verification visits</li> <li>• Field-visit reports of CAP staff and their verbal reports in graduation assessment meetings</li> <li>• Quarterly reports submitted by partners</li> </ul> |
| Financial & Administrative Management Capacity Criteria |  |   |
| 6   | <p>The organization must have a successful record of managing funds from multiple sources, with an annual organizational budget of at least US\$150,000.</p>   | <ul style="list-style-type: none"> <li>• Report of site visit conducted during selection process</li> <li>• Notes from conversations with other donors</li> <li>• CAP tracker on financial performance</li> </ul>   |
| 7   | <p>The organization must have well-established accountability and financial management structures in place, including clearly documented financial management, personnel, and procurement, travel and asset management policies.</p>   | <ul style="list-style-type: none"> <li>• Financial Health Check assessment</li> <li>• Reports of prior audits where provided</li> <li>• CAP tracker on submission of deliverables</li> <li>• Review of policies and procedures manuals</li> <li>• Review of HR and finance files</li> <li>• Pre-award site visit notes</li> <li>• Negotiation memorandum</li> <li>• Written feedback from CAP staff on financial reports</li> <li>• Timesheets</li> <li>• Inventory</li> </ul>                        |



## Building technical capacity

CAP Mozambique was designed to support two primary technical areas: 1) social and behavior change communication (SBCC) for HIV/AIDS prevention and 2) services for OVC. Gender-based violence (GBV) prevention was integrated into SBCC strategies when the link with HIV became clear. Over time, as PEPFAR priorities shifted to address challenges and refine USG focus, Partners also were supported to strengthen HIV counseling and testing, improve linkages with clinics, and add new activities, such as tracing treatment defaulters.

**SBCC for HIV/AIDS prevention, gender norms, GBV, and health promotion.** CAP introduced SBCC concepts and approaches to Mozambican CSOs to enable them to carry out systematic and evidence-based programming. CAP Mozambique engaged its prevention Partners early in the project design process, supporting them to conduct formative research in their communities and to develop project proposals with appropriate communication strategies.<sup>15</sup>

CAP worked with CSOs to develop multi-level approaches targeting individuals, households, and leaders. Key intervention elements included small group community debate sessions for men and women, and information about available resources for addressing GBV. Structured debate sessions for groups of up to 25 people prompted reflection on specific issues identified in the formative research. Each organization developed a curriculum addressing barriers such as peer pressure, gender norms, power relationships, intergenerational sex, and so forth. CAP produced and distributed four high-quality provocative short films designed to complement the curricula.

Carefully selected and trained *activistas*<sup>16</sup> facilitated a series of 8–12 sessions that typically started with one of the films or a theatrical sketch to engage people in discussion. Partners learned the value of consulting the community in shaping their programs, identifying barriers at multiple levels to reduce HIV/AIDS prevalence, and working to overcome these barriers. Partners also learned that SBCC principles are applicable to their work promoting health and improved practices in other areas.

**HIV/AIDS counseling and testing, treatment, and retention.** Over time, CSOs were asked to support interventions directly linked to health services. For example, when Partners encouraged people in group discussions to be tested for HIV, they also collaborated with clinical service providers to bring testing to the community (with record-breaking results).<sup>17</sup>



CAP PARTNER ENGAGES COMMUNITY LEADERS. (MAURO VOMBE | FHI 360)

*“People were afraid to do [HIV] tests in the hospital. They like doing them in the community.”*

—District health representative, Ribaue, Nampula Province

<sup>15</sup> See also the CAP Mozambique technical brief, “Introducing Social and Behavior Change Communication to Mozambican CSOs.”

<sup>16</sup> See also the CAP Mozambique technical brief, “Improving Community HIV Prevention: Choosing the Right *Activistas*.”

<sup>17</sup> See also the CAP Mozambique case study, “CSOs Engage Communities for an AIDS-Free Generation *CCM Sofala Case Study*,” and the technical brief “CAP’s HIV/AIDS Prevention End Line Evaluation Results.”

### Collaboration between Partners and District Health Authorities

Partners brought to district health authorities' attention the fact that defaulters were "punished" when they returned to treatment and forced to wait longer, even though they may have been the first to arrive, and succeeded in changing the practice. This was done through community/ health unit co-management committees.

Other Partners visited defaulters multiple times who lived 20 kilometers away from the health facility, something health workers did not have the time to do.

Partners also helped find people who had defaulted on their AIDS treatment regimens. They received lists from the local health units of people who had not picked up their medications, sought and found these people, and encouraged them to return to treatment. When necessary, Partners effectively advocated with the health system to remove barriers that were keeping people away or developed alternative solutions to assist people in taking their medications. Several Provincial and District level health officials cited the valuable contributions of the CSOs.

**Care of orphans and vulnerable children.** CAP Mozambique's Partners provided care to OVC and their families. CAP strengthened the capacity of Partners to use a community consultation process to engage community leaders in identifying eligible families and assessing family and OVC needs. CAP helped Partners understand the importance of following the Government of Mozambique's orientation to serving the entire family (rather than the individual OVC).

Partners were trained to use the Child Status Index (CSI) to assess the needs of a child in the seven areas stipulated in the Ministry Gender, Children and Social Action (MGCAS) minimum guidelines and to measure change in needs over time. Under these guidelines, CSOs working with OVC were required to ensure that their beneficiaries had

access to all seven services required by MGCAS, either directly or through referrals. CSOs also worked with caregivers to reach desired outcomes for children. Partners provided basic services aligned with their organizational strengths and added new activities such as psychosocial support, prevention sessions with adolescents, and savings and loan groups. Where other services existed (supported by government or other resources), CSOs provided referrals to affected families. CAP effectively supported CSOs to operationalize these guidelines and comply with PEPFAR OVC requirements. This included teaching Partners to do case management, build referral networks, institute quality control systems, and more.<sup>18</sup>

A few Partners signed up to learn and implement an approach to employability training for vulnerable adolescents known as Programa para o Futuro. Partners adopted the problem-based learning approach (PBL) to engage youth as active participants and leaders in learning and transforming their lives. Coupled with complementary support, mentorship, and internships, the structured learning program helped over 300 vulnerable teens turn their lives around. This demonstration program also opened the eyes of the National Institute for Professional Training to an alternative approach to preparing youth for sustainable employment.

*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."*

—District health representative from Chemba, Sofala Province

<sup>18</sup> See also the CAP Mozambique technical brief, "Operationalizing Government Guidelines for OVCs."

---

## Project cycle management

Certain basic aspects of project cycle management were relevant for all Partners, no matter the content of their technical interventions. The first of these was the project design process mentioned above.<sup>19</sup> In addition, the effectiveness of community-level interventions depends on field staff who interact directly with beneficiaries. However, little or no attention was paid to the qualifications or supervision of these critical workers when CAP first worked with many of its Partners. CAP supported Partners to develop staff profiles including relevant qualifications and transparent recruiting systems. CAP staff subsequently observed a dramatic improvement in the quality of interventions.

This emphasis on selecting the right people for their respective roles in an organization became an important topic that CAP Mozambique addressed with all of its Partners. Partners learned to develop profiles and job descriptions for all staff and Board Members and to use these as guides in choosing the right candidates for jobs and in evaluating their performance.

Another important area of capacity development focused on Partner's monitoring and evaluation (M&E) systems. CAP Partners had little prior experience developing M&E plans to guide their projects, systematically monitor activities, use monitoring data to inform implementation, and meet complex reporting requirements such as those introduced through PEPFAR. CAP supported Partners in understanding USAID/PEPFAR indicators, developing M&E plans and tools to gather quality data, conducting data quality assessments to ensure data quality, strengthening monitoring and supervisory processes, using data to inform decisions, and accurately reporting project results.<sup>20</sup>

---

## Developing organizational capacity

CAP Mozambique made the strategic decision to craft institutional-strengthening support for organizations based on findings from participatory self-assessments conducted by Partners with CAP support. This process put responsibility for organizational growth into the hands of the Partners; they chose their own capacity-development priorities. CAP Mozambique provided funding, training, and TA; created tools and systems; and provided follow-up support in the areas included in each Partner's improvement plan.

Both staff and Board members were engaged in the assessment and learning processes. Common topics included: governance, leadership and management, the role and



CAP PARTNERS PROVIDE SCHOOL UNIFORMS FOR OVCS. (MAURO VOMBE | FHI 360)

---

<sup>19</sup> See also the CAP Mozambique technical brief, "Developing Capacity to Design Proposals and Budgets."

<sup>20</sup> See also the CAP Mozambique technical brief, "Making Data Real: Promoting Quality Data Systems and the Value of Quality Data."



CAP PARTNERS AND REPRESENTATIVES FROM MINISTRIES AFTER PARTNER GRADUATION CEREMONY. (MAURO VOMBE | FHI 360)

function of the Board of Directors and Fiscal Council (an oversight committee that monitors the Board and general assembly), financial management, human resource policies and procedures, and resource mobilization.

In 2010, USAID requested that CAP provide organizational development support to entities receiving funding from other U.S. government sources (such as the U.S. Embassy Quick Impact Fund and the Community Care Program, or PCC). CAP did not have the resources to provide its usual level of support to all of these organizations. Also, since CAP was not managing the grants, it did not have the same relationships with these organizations as with its Partners. In many cases, the organizations were also less mature than CAP Partners, so most of CAP's existing tools were inappropriate. This provided an opportunity for CAP to test a less intensive capacity-development approach.

CAP supported 52 Quick Impact Partners and 18 PCC Partners with tailored packages. Quick Impact wanted to see better reports, so support concentrated on how to prepare narrative and financial reports. CAP Mozambique provided 18 PCC partners with a core package based on simplified organizational assessments. The package included group sessions followed by two TA visits on three topics: associations in Mozambique, internal governance, and policies and procedures. For six PCC Partners that demonstrated commitment to organizational growth and two other USG-directed organizations, CAP provided the full organizational development package, including POAPs and tailored technical assistance.

## Results

### Stronger civil society organizations

A significant number of Mozambican CSOs now have the capacity to effectively manage project funds to implement technically sound interventions developed together with the communities they are targeting. These same organizations have created organizational structures and systems to ensure that project management is transparent and accountable.

CAP Mozambique achieved the following results in organizational development:

- Eight organizations met CAP Mozambique's rigorous organizational and performance standards for graduation and were recommended to USAID for direct funding
- 10,787 people were trained in at least one aspect of organizational capacity
- 82 meetings were facilitated to share experiences among CSOs

- 18 of 20 organizations surveyed had an updated strategic plan and statutes and Board-approved policy and procedure manuals (compared to 7 before CAP support)
- 19 of 20 organizations adopted transparent systems to manage and report on unrestricted funds (as opposed to 12 before CAP support)

### Stronger technical implementation

The project consistently exceeded its technical targets and did so with high standards of quality and integrity. Partners made significant contributions to HIV testing and counseling (HTC) and other health service targets. Partners integrated an emphasis on gender norms and GBV into their interventions. OVC Partners expanded the number of children reached with services or referrals and increased the variety and quality of interventions delivered.

CAP Mozambique impact was measured through two studies: a mid-term evaluation conducted in 2013 to assess the project’s capacity development work with 21 Partners,<sup>21</sup> and an end line evaluation of HIV prevention activities completed in 2015.<sup>22</sup> Both found positive impacts on gender inequality, GBV, and HIV prevention as a result of CAP’s CSO interventions.

Cumulative service delivery results of CAP Partners from 2006–2016 include:

- 356,948 people reached with messages about HIV/AIDS prevention through small group or individual communication
- 78,316 people reached with messages about GBV
- 8,703 community health workers trained to provide services
- 33,124 orphans and vulnerable children provided with services

Additional results since 2013, when some Partners added new activities in response to changes in PEPFAR priorities, include:

- 14,957 people tested for HIV
- 62,823 referrals made for health services
- 12,382 people that were referred and were confirmed to receive services (including health, education, legal, and other)

The end line evaluation interviewed males and females aged 15 to 59 years (1,531 total respondents) in four provinces about their HIV-related knowledge,

### Partner Organizations Leverage Additional Services for their Communities

Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) successfully engaged the District-level Education Department (SDEJT) to advocate for free access to secondary school for 15 adolescents, *cesta basicas* (basic baskets) for five families, and seeds and access to communal gardens for 20 OVC caregivers.

Liga dos direitos da Crianca da Zambezia (LDC) advocated for additional teachers, resulting in SDEJT seconding teachers to LDC-established and -managed kindergartens.

Several CSOs supported young girls who were victims of GBV to tell their stories, receive support, and prosecute the perpetrators.

<sup>21</sup> Blid N., D’Alessio O’Donnell C., Souto M., Parviainen R. (2013) External Evaluation for Capable Partners Program (CAP)–Mozambique Final Evaluation Report.

<sup>22</sup> CAP Mozambique HIV Prevention End Line Report. (March 2015) Johannesburg and Maputo: Health Info-Matrix Ltd. and FHI 360.

attitudes, practices and behavior, as well as exposure to the CAP program.<sup>23</sup> The impact of the CAP programs was assessed by comparing individuals who were exposed to CAP programs in the prior six months and those who were not exposed to any HIV-program in that same period.<sup>24</sup> Overall, the project was positively associated with key behaviors and attitudes linked to HIV prevention. Key results related to attitudes and beliefs about gender include the following:

- Eighty-one percent of CAP program participants correctly stated that it was possible for a healthy-looking person to be infected with HIV, compared to 53 percent of those not exposed to HIV programs.
- CAP participants were 25 percentage points more likely to seek HIV testing and counseling, 27 percentage points more likely to test with a sexual partner, and 34 percentage points more likely to seek testing in the subsequent six months than individuals unexposed to HIV programs.
- Twenty percent of CAP participants reported condom use at last sexual encounter, compared to 5 percent of the unexposed population.

Support to local organizations had a significant and positive impact on HIV knowledge, attitudes, and behaviors. These findings support the case for continued efforts to develop the capacity of local organizations to implement HIV prevention programs. In particular, they are evidence of an effective means to support increased testing—which is especially important in settings such as Mozambique where late enrollment in HIV care and treatment is common.

## Conclusion

It is not a stretch to say that over the decade-long program, CAP Mozambique and its Partners influenced the landscape of Mozambican civil society. While only a nascent sector in 2006, there is now a middle class of capacitated organizations that, not exclusively but at least in part because of CAP, are respected as models by other CSOs and government and by other donors. Through the *Intercambios*, CAP influenced how intermediary service organizations think about how to approach capacity development in the country. As a result of strict graduation criteria, public graduation events, and advocacy with ministries and donors, there has been a change in how CSOs are perceived.

Organizations changed at their own paces. CAP Mozambique facilitated, educated, informed, supported, provoked, persuaded, challenged,

### Government and Donors Take Notice

- In 2016, the Ministry of Children, Gender and Social Action (MCGAS) hosted its first-ever meeting with CSOs.
- Donors such as USAID and the European Union are now working with provincial Partners, not just those based in Maputo.

<sup>23</sup> To maximize the power of analysis the clearest groupings were used, and the study excluded individuals whose exposure status could not be determined. This resulted in a total of 963 individuals, 624 of whom were exposed to CAP interventions and 299 of whom were not exposed to any HIV intervention.

<sup>24</sup> Program impact was assessed using Propensity Score Matching—a statistical technique used to compare intervention vs. non-intervention populations in studies conducted post-intervention (i.e., without a baseline and a randomized control group).

encouraged, cajoled, and disciplined organizations when necessary; but at the end of the day, only the Boards and staff could make meaningful changes in their organizations. Program results are a testament to the impact of the significant up-front investment in proposal and budget design and technical assistance to build programmatic and organizational capacity. While the initial investment deferred implementation at the outset, the time was recouped in implementation quality. CAP Partners have proven themselves a flexible platform through which USAID and other donors can reach and engage communities in pursuit of development objectives.

This document described highlights of the CAP Mozambique project. However, none of these achievements would have been possible without the vision, commitment, and courage demonstrated by the organizations participating in the program. CAP Partners and OD Clients who completed the program include people with heart and skill who really care about their communities. They are the soul that seeks to maintain the honesty and grounding of development efforts. These are the people who inspired the CAP Mozambique team to persist and to innovate. The real test of CAP's legacy will be the degree to which organizations continue good practices after CAP support has ended.

Document written in 2016.

**[www.FHI360.org](http://www.FHI360.org)**  
**[www.NGOconnect.net](http://www.NGOconnect.net)**

This publication was made possible by the generous support of the American people through USAID under CAP Mozambique: Strengthening Leading Mozambican NGOs and Networks II, Award No. 656-A-00-09-00164-00. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.