



STAKEHOLDERS FROM MAHUBU 10

# OVC STAKEHOLDER FEEDBACK REPORT

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# OVC STAKEHOLDER FEEDBACK REPORT

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Mozambique Monitoring and Evaluation Mechanism and Services

## **DISCLAIMER**

The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## I ACRONYMS

COVida	Service Delivery and Support for Orphans and Vulnerable Children
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
HIV	Human Immunodeficiency Virus
INAS	National Institute for Social Action
MMEMS	Mozambique Monitoring and Evaluation Mechanism and Services
OVC	Orphans and Vulnerable Children
PPA	Primary Prevention for Adolescents
SAAJ	Youth and Adolescent Friendly Services
SANTAC	Southern African Network Against Child Traffic and Abuse

## 2 INTRODUCTION

The USAID/Mozambique Health Office intended to engage participants of the Service Delivery and Support for Orphans and Vulnerable Children (COVida) project to understand the efficacy of services, the strengths and weaknesses of service provision, and recommendations for how OVC services can be improved in future USAID project designs.

In line with its role of providing support to USAID in MEL activities, the Mozambique Monitoring and Evaluation Mechanism and Services (MMEMS) project supported the Mission to conduct stakeholder feedback sessions to inform the design of the new Orphans and Vulnerable Children (OVC) activity. This is not expected to be a comprehensive assessment, but an activity to engage project stakeholders in a meaningful way, and in accordance with the USAID Youth in Development Policy to inform design of a new OVC project.

Engagement with stakeholders included participants from the three modules of the COVida Project: Case management, Primary Prevention for Adolescents and the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) project.

Engagements were carried out in Boane in Maputo province and Nampula City in Nampula province to reach beneficiaries of all three modules and in differing geographic areas to capture a range of experiences. These engagements were planned to target the following stakeholders:

- Caregivers of OVCs in the Case Management module;
- Cohort of children aged 12 to 14 years of the Primary Prevention for Adolescent module with consultations divided by sex;
- Girls in DREAMS module, divided into girls who have benefited from school subsidy or employment and the girls who have benefited from other services provided by the module.

Overall, the objectives of these engagements were to gather opinions from the beneficiaries on how the project served them<sup>1</sup>, what they liked and disliked about the services and what they would like to see done differently in future programming in the context of COVida's overall objective to improve the health, nutritional status and well-being of OVCs.

### 2.1 METHODS

This intervention used qualitative participatory methods in focus group sessions by capitalizing on the program model of delivering activities in group sessions. The engagement sessions were conducted through feedback sessions lasting between 60 to 90 minutes, with 10 to 14 target stakeholders participating and following a discussion script moderated by COVida or MMEMS and USAID staff members.

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<sup>1</sup> COVida staff reflected on the methods of selecting participants and stated that for future exercises, it would be important to select groups of beneficiaries at 75% or more session attendance. In their experience, adolescents become more confident and open to share information after attending 50% or more of the sessions. Not all of the beneficiaries in the PPA groups that were interviewed had attended at least half of the sessions due to the timing of this exercise in the project calendar.

Each feedback session began with an explanation of the objective of the session and a request for oral confirmation of consent to participate and inform all attendees that the session will be recorded for consultation purposes.

Moderators started discussions following the scripted guide, allowing participants to give their feedback freely but taking care to steer the conversation towards the guided questions. If participants misunderstood the question or went off topic the moderators redirected the participant(s) and probed specific topics that would reveal further insight.

A co-moderator present in all engagement sessions took notes during the sessions and revisited the recording afterwards to add in important details that were missed during the in-session note taking. The notes captured the main aspects of the discussion as well as important quotations. Flow and context of discussions were also noted.

All the notes from consultation meetings were sent to MMEMS. Qualitative content analysis was conducted which produced this summary findings document.

This intervention was not designed to follow the methodological rigor of an evaluation, therefore being limited in terms of generalizations, comparability between provinces and reaching out a wider geographical representation having only collected data close to provincial capitals. Another limitation was that due to availability of participants, the DREAMS beneficiaries of all other services except school subsidy and PPA participants in Maputo had the sampling criteria modified. More on this will be covered in those specific sections of this report.

### 3 CAREGIVER FROM CASE MANAGEMENT ENGAGEMENT SESSIONS

The group was made up of caregivers of OVCs who have been in some way affected by HIV or domestic violence. In both provinces the groups were balanced in terms of participants’ genders and all opinions given by individual participants were met with reactions of agreement from the rest of the group.

In Maputo Province the conversation was held with a group from the Mahubu 10 neighborhood in Boane under implementation by Southern African Network Against Child Traffic and Abuse (SANTAC), while in Nampula it was with a group from Mutotope neighborhood in Nampula City being implemented by Niwanane. At the beginning of the session the moderators stated that the objective of the session was to hear from them what services they received from the project, what aspects of the services they liked and didn't like, as well as to hear from them what future projects should consider in order to better contribute to the wellbeing of OVCs under their care.



**Table I: Participants in the sessions for Case Management module**

Group	Maputo	Nampula
OVC Caregivers	Caregivers of OVCs under the case management module, all adults well into middle age, a well-balanced mix of men and women.	

#### 3.1 SERVICES RECEIVED BY THE PROJECT

This engagement group consisted of caregivers selected for being part of the case management module of the project, and it was therefore not surprising that all of them mentioned receiving home visits from the activists as one of the services they received from the project. It was unanimous that through these visits they received nutritional advice to improve the children’s diets and advice about seeking health services if there were any health-related worries in the household. An example of this was a participant who narrated the case of a neighbor who had a child that was not gaining weight until an activist conducted a home visit and suggested that the child get HIV tested and follow treatment if the result is positive. Participants from Nampula also mentioned getting support from activists to register children’s birth, and support from some activists in gathering subsidies to help in the purchase of school material for the most vulnerable children.

Being part of loans and savings groups was very well lauded by participants in both provinces. The group in Maputo spoke extensively about the implementation modules that are pro self-sustainability and felt these were particularly useful. Sustainability of caregivers is seen as an important part of the project intervention, as described in a project report “By strengthening the capacity of the family and community to protect and care for the children, COVida aims to enhance overall community resilience.”

While savings groups were thought to be helpful overall, participants stated they often use the loans to cover for basic goods and services and not for income generating activities. Since the loans include interest, this makes basic goods (as mentioned in Nampula) or cost of transportation to hospital (as mentioned in Maputo) more expensive. Additionally, since the loan was not taken for an activity that would generate income, paying back the loan is more difficult and can create an additional burden to families. After discussing with COVida staff, it was reported that there are two different types of savings groups within the project: some that only charge interest to loanees from outside the groups and others that charge interest to all loanees, even the ones from within the group. Loan structures and qualifications for receiving a loan should be looked into for future programming.

Another common service that all of the participants in the Maputo group mentioned was receiving the *sesta básica*<sup>2</sup>/social emergency fund. One participant stated, “(with the kits) at least we can move around” in reference to the ability they have to focus on other needs and other life tasks. Paradoxically the kit was only handed out to the caregivers once and this came up commonly as a service beneficiaries received that had great impact as well as something they disliked from the project because it was not well explained. Participants stated they did not know why they received the kits, and one participant said, “we were just called one day by the padrinho telling us to go to Boane to pick up the kits.”

In Nampula instead of the *sesta básica* as an emergency kit, participants received money (ranging from 500 to 1000 meticais), which was used to start small businesses, buy necessity products or join savings groups.

Although this report had mentioned the need for some attention in the usage of loaned money to cover basic needs and emergencies, both groups noted improvements in the ability to care for their children through access to loan money.

Participants were asked if there were other ways to access the services that COVida provides in their communities. Almost all the participants in Maputo said that there have been other projects with different names that promised to offer what COVida offered, but they just took people's names and never did any actual implementation, so several participants praised the project for following through on implementing the project activities. In Maputo, the participants stated there were no other institutions offering the services implemented by COVida. In Nampula only after probing, some of the women in the group mentioned that they knew that the National Institute for Social Action (INAS) gives out money to the elderly and there are government staff who facilitate birth registration.

### **3.2 HOW PARTICIPATION IN THE PROJECT WAS VIEWED BY OTHERS**

An important eligibility criteria to receive case management services was a household where a child was in some way affected by HIV or victim of domestic violence. It is important, when eligibility criteria include sensitive and confidential information, to understand how beneficiaries feel about the services they receive, since this sensitive information might be known to people within the organization and within the community group.

Participants were asked if they or a member of their family experienced negative consequences of being part of the project to understand if they faced stigmatization for HIV status. However, participants' testimonials demonstrated that their participation in the project was a mechanism to counter

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<sup>2</sup> Basic goods package including sugar, flour, oil, rice and soap.

stigmatization. One participant in Nampula mentioned that her HIV positive status made her a victim of discrimination when she first learned of her status, but a project activist encouraged her to join the project and helped her deal with the situation. A participant also suggested the stigma against people with HIV comes from lack of knowledge, which can be overcome by COVida activists conducting more awareness campaigns and encouraging people to get tested.

In both provinces there were mentions about neighbors' curiosity about the house visits, and that some of the neighbors questioned how to become beneficiaries as they too wanted to be part of the project. Additionally, participants in Maputo reported that some of their neighbors missed out on participating in the project because when advised to get an HIV test they denied the result if it was positive: "Some will say 'They are lying (about the results), I don't have this disease,'" which seems to be a worry shared by the participants in Nampula who suggested that there needs to be more awareness campaigns for people to not fear getting tested and to explain more about the tests and their accuracy levels.

### 3.3 VISION FOR FUTURE PROJECTS

Participants were asked "what possible future projects could do differently to improve knowledge and retention in HIV services," the group from Maputo were unanimous with their stance on pro self-sustainable activities by suggesting that future projects should look at the employment opportunities for caregivers or activities that would improve their income generating opportunities. One respondent stated "If we are to take care of the children, we must be able to sustain ourselves first" and later adding "it is shameful to be always asking for handouts," which then led to various participants suggesting some vocational courses for caregivers and children over 15 years of age that could be made available either in Boane or Mahubu because going to Namaacha is too far (over 40 Km away).

In Nampula the suggestions were more focused on increasing awareness activities by activists. These activities should target community members to encourage them to get tested and not fear stigma in the case they are HIV positive and with the health facility staff to not divulge HIV status of patients.

#### SUMMARY OF FINDINGS FOR CAREGIVERS

FINDING	EVIDENCE
Work of activists is very valued	The benefits brought by activists in teaching caregivers about health and nutrition, advocacy for education and awareness about HIV status were brought up very frequently. It was even mentioned that the work of activists helps with removing the fear of stigma that HIV patients may have. Caregivers from both provinces even see activists as key to expand the benefits of the project to other people.
Caregivers want to be self-sustainable by having more opportunities to improve their ability to earn a living	The project envisions that the strengthening the capacity of the family and community will help to protect and care for the children. One participant said, "it is shameful to always be asking for handouts". Participants in Nampula invested money they got from project and from rotational lending groups called <i>xitique</i> and savings groups to invest in small businesses.

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Usage of loans to cover basic expenses needs to be looked into and consider a more investment-based approach to implementation of these groups

Participants from both provinces mentioned that they used money from loans from their savings groups to cover basic expenses, which can be damaging in the long-term if these loans are charged an interest.

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Increase community awareness about project eligibility

There are community members who are curious about home visits.

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**“IF WE ARE TO TAKE CARE OF THE CHILDREN, WE MUST BE ABLE TO SUSTAIN OURSELVES FIRST... IT IS SHAMEFUL TO BE ALWAYS ASKING FOR HANDOUTS.”**

## 4 DREAMS

For DREAMS beneficiaries we intended to interact with girls between 10-17 years old who were in two different subgroups of the module: the girls that have received the school subsidy and girls who have only received the other services on the DREAMS module but not the school subsidy. In Boane this module is implemented by Coalizão and in Nampula it is implemented by Niwanane. There was one modification to this plan in Maputo, as the DREAMS group that was originally planned to be exclusive for DREAMS beneficiaries receiving all other services except school subsidy ended up including some school subsidiary beneficiaries, but this group differed from the other group by being composed of older girls (15-17 years old). This does not negatively affect the analysis conducted, in fact it offered us the possibility to hear from two different age groups separately and we did not find any evidence that being a beneficiary of the school subsidy was a factor in having different opinions.

To start these sessions the moderators stated that the objective of the session was to hear from them what services they received from the project, what aspects of the services they liked and didn't like, as well as hear from them how future projects can better support them in staying healthy and having better chances to reach their dreams.

**Table 2: Participants in the sessions for DREAMS modules**

<b>Group</b>	<b>Maputo</b>	<b>Nampula</b>
DREAMS' school subsidy beneficiaries	School subsidy beneficiaries aged around 10 to 13 years	School subsidy beneficiaries aged 14 to 17 years
DREAMS' beneficiaries of other services except school subsidy	Mix of school subsidy and other services' beneficiaries aged 14 to 17 years	Other services' beneficiaries aged 14 to 17 years

### 4.1 SERVICES RECEIVED BY THE PROJECT

Amongst the school subsidy beneficiaries, it was interesting that the participants from Maputo only mentioned the subsidy after prompting from the moderators. Not even the school subsidy beneficiaries that were integrated into the general group of older girls mentioned it. They mentioned being part of the group and learning about gender differences, sexuality, changes in their bodies and menstruation.

In Nampula the first thing that was mentioned by the school subsidy group was that the project created means for them to acquire school material, mentioning in a later topic that without the school subsidy the opportunities for girls would have been even more limited with many probably ending up in early marriages, working on the family farm (*machamba*) with their parents or selling coal. Both the school subsidy group and non-school subsidy beneficiaries mentioned that the project developed their interest to attend school, as well as giving them counseling about HIV and safe sex.

In Maputo after some prompting, school subsidies recipients mentioned this as a benefit, but one of the participants said that this came more as an added support, and it did not dictate whether she went to school or not. During the group that was a mix of subsidy and non-subsidy beneficiaries, none of the

participants who are non-subsidy beneficiaries made any comments about wishing to become a beneficiary.

The non-subsidy beneficiaries from both provinces mentioned receiving counseling on issues related to sexual health, early and unwanted pregnancies and forced underage marriages/unions. In addition to the topics mentioned in both provinces, the group in Nampula mentioned that the mentor helped them develop the ability to negotiate with their family members about when they should have a romantic partner.

Even though learning about reproductive health was a common theme in the discussion on the benefits of the DREAM project, only one participant from the groups in Maputo was aware of what Youth and Adolescent Friendly Services (SAAJ)<sup>3</sup> are, and in a conversation with the group moderator after the session she said that the local health post had SAAJ services.

## **4.2 HOW PARTICIPATION IN THE PROJECT WAS VIEWED BY OTHERS**

Subsidy recipients from Nampula strongly requested that the amount given as the subsidy should not be given to their caregivers, as they tend to use some of the money for other purposes, including purchase of alcohol. After some discussion amongst the participants, it was consensually decided that the project should purchase the school material and give it to the girls<sup>4</sup>. Another change the girls wanted to see was increased participation of girls in the decision-making process in the community and school.

Some participants from both provinces expressed desire to have the sessions be more frequent, which led to an interesting exchange of views between participants from the school subsidy group in Maputo:

Girl 1: I wish we had sessions every day.

Girl 2: I wouldn't want that, because I am in 7<sup>th</sup> grade and have school notes to read and resolve.

Girl 1: But we are not going to school now! We could come here every day to learn more.

Participants from both groups in Maputo mentioned that a few caregivers prohibit their children from participating in the program because they are not getting the subsidy that other parents got, but this was the only instance of reported drawback from caregivers.

## **4.3 VISION FOR FUTURE PROJECTS**

One of the most participative topics of discussion in all groups was about what dreams they had and how the project could help them access these dreams. Most of the dreams mentioned related to

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<sup>3</sup> COVida staff offered a possible explanation to this as it maybe being one of the limitations related to timing of beneficiaries in project given that both Boane and Nampula City are new DREAMS' sites with direct services to beneficiaries only starting in April (meaning there was only 3-4 months of this activity before the engagement sessions were held). As part of the curriculum referrals to SAAJ are made after they have attended the 10<sup>th</sup> session, which covers HIV prevention. So, most of these girls may not been referred to clinical services at SAAJ by the time of these consultation groups. However, the SAAJ is not a new service in the health facility, so it would be expected that adolescents would know about even if a project did not exist to link them to the SAAJ.

<sup>4</sup> A suggestion from COVida is that future projects give the AGYW the choice to choose receiving money or school materials directly. Programs/mentors also should help the girls assess if it is safe to receive monetary support vs material, based on the behavior of their parents or husbands.

professions the girls wanted to have some day including becoming doctors to help people suffering from corona, teachers to be able to teach useful things to other girls, businesswomen to help their mothers' existing businesses, among other professions. All the participants recognized that for them to achieve their dreams they must maintain a healthy lifestyle which includes family planning, but there seems to be a lack of knowledge about the pathway to achieve those dreams, as only one of the participants in both groups in Maputo was aware of what a *licenciatura*<sup>5</sup> is, or the importance of university.

When asked what future projects should address or how implementation could have been different, none of the groups were able to give any suggestion right away. Even with extensive and careful prompting done without inducing answers, most groups remained quiet except the mixed group in Maputo who turned the discussion into whether the amount given as a subsidy was enough with all the participants stating that it was not enough to cover all expenses: “If you buy uniform, you won't be able to buy the other material needed. Or you can also just use the money for transport for those who study far away.”

## SUMMARY OF FINDINGS FOR DREAMS

FINDING	EVIDENCE
Some work can be done in improving the understanding of the non-subsidiary components of the project and the selection criteria as well as the overall project ownership amongst these stakeholders	DREAMS school subsidy beneficiaries in Maputo were not able to mention the school subsidy as a service/benefit they get from the project straight away. Subsidy beneficiaries did not request to be part of the subsidy program, but it was mentioned that some caregivers refuse to let their children be part of the project if it not to be part of the subsidy program.
School subsidy in Nampula is used for other means	Subsidy recipients from Nampula strongly requested that the amount given as the subsidy should not be given to their caregivers, as they tend to use some of the money for other purposes, including purchase of alcohol.
Health messaging saturation	This was not an evaluation, but there is evidence that the health messaging given by the project has been successful as all groups were able to mention a lot of positive health behaviors.
Some thought to be put into the project theory of change to consider pathways to reach their “DREAMS” <sup>6</sup>	The project has done a good job with the health prevention messages, as all groups mentioned and even understand the link between income generation and better ability to take healthier decision is still lacking in the messaging. But there seems to be a gap in knowledge about how their income generation dreams can be achieved. This was evidenced by children wanting to have careers that require tertiary education, but they are not able to recognize that.

<sup>5</sup> First degree obtained in a university

<sup>6</sup> During the revision of this document, it was informed to us by COVida staff that DREAMS Mozambique just launched the comprehensive economic intervention, with include employability, entrepreneurship and income generating activities this fiscal year, with MUVA support. Unfortunately, neither Boane nor Nampula were included in this pilot phase. For COVida, only Namaacha and Boane benefited from this intervention, but MUVA will expand to all DREAMS sites in FY22.

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Matching with Government (SAAJ, higher education and vocational training awareness)

Participants in Maputo did not show awareness of SAAJ.

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Increase community awareness about project eligibility and benefits

A few caregivers prohibit their children from participating in the program because they are not getting the subsidy that other parents got, but this was the only instance of reported drawback from caregivers.

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## 5 PRIMARY PREVENTION FOR ADOLESCENTS (PPA)

In Maputo the Primary Prevention for Adolescents (PPA) is implemented by Santac and by Ovalelana in Nampula. The plan was to have one group of girls and one of boys in each province, however there was just one group that had both girls and boys conducted in Maputo because the implementation is done in mixed sex groups and was easier for moderators of the engagement session to conduct a session with boys and girls together.

The moderators explained the objectives of the session to the children which were: giving feedback on the services they received from the project, what aspects of the services they liked and didn't like, and to explain what they would like to see in future projects that would help them live healthy lives.

**Table 3: Participants in the sessions for PPA module**

Group	Maputo	Nampula
PPA boys	In Maputo mixed group with boys and girls aged 9 to 12 years	Boys that participate in the PPA module aged 9 to 12
PPA girls		Girls that participate in the PPA module aged 9 to 12 years

In the two provinces this group was very challenging to elicit responses from participants. To aid greater participation, the moderators switched to local languages, but that did not yield better participation. Eliciting responses was thought to be a challenge because of the young age of the participants, who were as young as 9 years and not because of other factors such as mixed sex groups or language of the facilitation.

### 5.1 SERVICES RECEIVED BY THE PROJECT

Participants were asked about their participation in the PPA project and what was useful about their participation. All groups mentioned the positive health behaviors they were taught in the groups and the changes that will occur in their bodies. The group in Nampula mentioned avoiding alcohol and cigarette consumption and the group in Maputo mentioned (repeatedly by various participants) that they learn about respecting their parents and that they also learn some “aspects about school” in the group, but when prompted to detail what school topics they learn in the group the participants were not able to mention any.

### 5.2 HOW PARTICIPATION IN THE PROJECT WAS VIEWED BY OTHERS

Both groups in Nampula suggested that the space where activities are conducted should be changed. The girls requested that this space should not be close to the school so that the “other kids that are not part of the project do not watch our activities” and the boys want a space that is safe and is not the school classrooms or an open space. This is in line with participants from Maputo stating that other kids in the neighborhood make fun of their participation in the project by calling it kindergarten or by saying that they are wasting their time in the groups when they could be out playing. These accounts from participants indicate that these groups want more private spaces for their sessions for the fear of being bullied because of their participation. It also indicates how important it is for the community to

understand the importance of the project and the value of the sessions so that participants are not discouraged, but rather encouraged to participate.

After some prompting the group in Maputo mentioned that the sessions that are held in the mornings will need to be changed once school restarts, as most of them go to school in the morning (the later ones finishing school at 1PM) and they have household chores that need to be done during the mornings.

### 5.3 VISION FOR FUTURE PROJECTS

As mentioned before, participants from this module were not very talkative and the topics about their vision of future programming was even less participative. The little that was mentioned in Maputo during the session was on their wish to learn more about health and about respecting the elders, which may indicate that they view the end goal of the project as simply knowing the health messages and learning how to respect elders.

We did get some insight on the groups' needs through other topics of discussion, such as the group of boys in Nampula who asked to get support to purchase school material in future projects. The group in Maputo suggested that the sessions should be held later in the day around 3PM when probed about what they didn't like about the project.

One of the boys in the group in Nampula mentioned that his dream is to become an electrician, while in Maputo, after a lot of probing (and when we had even turned the voice recorder off as we had considered the session to be finished) a couple of children voiced their wish to learn some vocational skills (electricity, mechanics and cake making were mentioned). Since the need for vocational training/mentorship was brought up in the DREAMS and PPA engagement sessions this could be a recommendation for an added component in future programming.

#### SUMMARY OF FINDINGS FOR PRIMARY PREVENTION FOR ADOLESCENTS

FINDING	EVIDENCE
Behavioral messaging saturation (?)	Similar to the DREAMS groups, the behavioral messages seem to have reached the target as the children could repeat the messages even without much prompting. It was almost the only thing the children mentioned during the sessions that did not need prompting. The question is if they are view knowing the message as the end goal of the project. When asked about future projects the children repeatedly mentioned that they want to learn more about health prevention and respecting elders.
Conduct some early work of exposing children to pathways to professions	Children mentioned dreams of carrying out various professions in the future (electrician, mechanic, baker etc.),

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Create more confidential spaces for project activities<sup>7</sup> or scale up message about project benefits to remove stigma of participation.

Conduct sessions in the afternoon

In Nampula children asked for more private spaces to attend the project activities, while in Maputo children mentioned that other children make fun of their participation in the project. Future projects could re-think space where activities are implemented or work to generate more positives about project participation.

Children have domestic duties in the mornings and once school re-starts many of them attend school in the morning period, so project sessions in the afternoon may be more suitable.

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## 6 CONCLUSION

There is evidence that the project has had a positive impact in the lives of the participants in this intervention, the value of activists is recognized, messages promoted by the project have been attained and there is generally good feedback about the project. Some of the findings that were prevalent across provinces and modules is the need to look at increasing opportunities for self-sufficiency and need to increase community awareness about eligibility and project benefits of the project. There was also a clear gap in knowledge of children on the process needed to achieve their dreams and the connection between their involvement in project activities and their future. Participants also gave helpful guidance on where and how they would like to receive project support.

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<sup>7</sup> This had been considered and done in the past by COVida, but due to COVIDA-19 this had to be adapted to be held outdoors.

## 7 ANNEXES

### 7.1 SUMMARY OF FINDINGS

SUMMARY OF FINDINGS		
GROUP	FINDING	EVIDENCE
Case Management Caregivers	Work of activists is very valued	The benefits brought by activists in teaching caregivers about health and nutrition, advocacy for education and awareness about HIV status were brought up very frequently. It was even mentioned that the work of activists helps with removing the fear of stigma that HIV patients may have. Caregivers from both provinces even see activists as key to expand the benefits of the project to other people.
	Caregivers want to be self-sustainable by having more opportunities to improve their ability to earn a living	The project envisions that the strengthening the capacity of the family and community will help to protect and care for the children. One participant said, "it is shameful to always be asking for handouts".  Participants in Nampula invested money they got from project and from xitique and savings groups to invest in small businesses.
	Usage of loans to cover basic expenses needs to be looked into and consider a more investment-based approach to implementation of these groups	Participants from both provinces mentioned that they used money from loans from their savings groups to cover basic expenses, which can be damaging in the long-term if these loans are charged an interest. There are two different types of savings groups within the project, some that only charge interest to loanees from outside the groups and others that charge interest to all loanees even the ones from within the group.
	Increase community awareness about project eligibility	There are community members who are curious about home visits.
DREAMS	Some work can be done in improving the understanding of the non-subsidiary components of the project and the selection criteria as well as the overall project ownership amongst these stakeholders	DREAMS school subsidy beneficiaries in Maputo were not able to mention the school subsidy as a service/benefit they get from the project straight away. Non-subsidy beneficiaries did not request to be part of the subsidy program, but it was mentioned that some caregivers refuse to let their children be part of the project if it not to be part of the subsidy program.

## Primary prevention for adolescents

School subsidy in Nampula is used for other means	Subsidy recipients from Nampula strongly requested that the amount given as the subsidy should not be given to their caregivers, as they tend to use some of the money for other purposes, including purchase of alcohol.
Health messaging saturation (?)	This was not an evaluation, but there is evidence that the health messaging given by the project has been successful as all groups were able to mention a lot of positive health behaviors.
Some thought to be put into the project theory of change to consider pathways to reach their "DREAMS"	The project has done a good job with the health prevention messages, as all groups mentioned and even understand the link between income generation and better ability to take healthier decision is still lacking in the messaging. But there seems to be a gap in knowledge about how their income generation dreams can be achieved. This was evidenced by children wanting to have careers that require tertiary education, but they are not able to recognize that.
Matching with Government (SAAJ, higher education and vocational training awareness)	Participants in Maputo did not show awareness of SAAJ.
Increase community awareness about project eligibility and benefits	A few caregivers prohibit their children from participating in the program because they are not getting the subsidy that other parents got, but this was the only instance of reported drawback from caregivers.
Behavioral messaging saturation (?)	Similarly, to the DREAMS groups, the behavioral messages seem to have reached the target as the children could repeat the messages even without much prompting. It was almost the only thing the children mentioned during the sessions that did not need prompting. The question is if they are view knowing the message as the end goal of the project. When asked about future projects the children repeatedly mentioned that they want to learn more about health prevention and respecting elders.
Conduct some early work of exposing children to pathways to professions	Children mentioned dreams of carrying out various professions in the future (electrician, mechanic, baker etc.),

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Create more confidential spaces for project activities or scale up message about project benefits to remove stigma of participation

In Nampula children asked for more private spaces to attend the project activities, while in Maputo children mentioned that other children make fun of their participation in the project. Future projects could re-think space where activities are implemented or work to generate more positives about project participation.

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## 7.2 DATA COLLECTION TOOLS

### COVida Feedback Session guides

#### Participant selection criteria

- All participants must be residents in the administrative post where this session will be held.
- Participants must have participated in the specific module during this calendar year.
- All group members must be participants of activities from the same facilitator.
- Participants under 18 must have signed consent from caregiver to participate in COVida activities.

*Bom dia/boa tarde,*

*Estamos aqui para ouvir sobre as vossas experiência como beneficiários do projecto e colher as vossas opiniões sobre como futuros projectos podem responder melhor às vossas expectativas.*

*Estejam livres para falar à vontade, pois a vossa opinião não poderá, de forma alguma, influenciar a vossa participação neste projecto. Queremos ouvir a sua honesta opinião.*

*A participação neste encontro é voluntária, todos que estão aqui o fazem por livre vontade? Quem não estiver por livre vontade, sinta-se livre de se retirar.*

*Vamos gravar estas sessões, só para depois voltarmos a ouvir e colhermos as vossas opiniões de forma honesta. Alguém não se sente confortável com a sessão ser gravada?*

#### Case management caregivers

1. Which services did the households of the people here in this session receive?
2. What were the benefits to you, as a caregiver in the case management module of the project?
3. Are the services offered by COVida offered by other organizations or by the government in your community?
4. How did the assistance you received through COVida case management help your child/the child you care for?
5. Did you or any other family member feel discomfort or fear stigma through your participation in the project? explain why and the follow up with this question of what could have been done. If no, ask what was done to make them feel comfortable?)
6. In your opinion, how could the services have been improved? Was there anything you did not like about the project? Are there any needs for you as a caregiver that the project has not met?
  - a. Did the project help you or your family with HIV status disclosure or retention in treatment HIV treatment? If so, how?
  - b. What would help you even more with disclosure and treatment retention?
7. If you could decide, what would you change in future projects to help your child stay healthy and in HIV treatment? Is there anything you as a caregiver need to better help your child stay healthy?
  - a. What would you think would help to increase the knowledge of yourself and other OVC caregivers on HIV status knowledge and retention in treatment?

*DREAMS school subsidy recipient*

1. Can you explain how the subsidy worked and what impact it had on your success in school and overall wellbeing?
  - a. If you could change future projects, what would you change about how the subsidy worked? (i.e., What did you like and what didn't you like?)
2. Were there any disadvantages of being a beneficiary of this project?
3. What would have happened if you had not received the subsidy?
4. Do you think that going to school has helped you to stay healthy or improve your wellbeing? having access to education reduced your exposure to HIV infection? (prompt for things that are known risk factors for HIV).
5. What were the most valuable aspects of being involved in this project?

*DREAMS non-subsidy beneficiary*

1. How were you involved in the project or what services did you receive from the DREAMS project?
2. How did this activity/service work (for the different services mentioned in the group)? For example, timing, location, frequency. Ask if the participants liked or disliked the way the activities or services were delivered and ask why.
  - a. If you could change future projects, what would you change about how (services mentioned) work?
3. Were there any disadvantages of being a beneficiary of this project or things that could be changed to make the activities or services better?
4. Do you think that receiving these services improved your health and wellbeing? How? Do you think they reduced your exposure to HIV infection? Why or why not?
5. What were the most valuable aspects of being involved in this project?

*Primary Prevention for Adolescents (Girls)*

1. What were the benefits of being a beneficiary of the project? What aspects of the project did you like?
2. Are the services offered by COVida offered by other organizations or by the government in your community?
3. Do you feel better equipped to reduce your risk of HIV infection because of project intervention? Why or why not? What has helped you to reduce your HIV risk?
4. What would you have changed about the project activities (time, location, facilitation methods etc.)? Are there other people in your community that you feel did not participate because they were limited by time, location facilitation methods or other reasons.? If yes, please explain why they were not able or did not want to participate.
5. When you grow up and have the chance to design a project for girls like you, what would you do in that project?

*Primary Prevention for Adolescents (Boys)*

1. What were the benefits of being a beneficiary of the project? What aspects of the project did you like?
2. Are the services offered by COVida offered by other organizations or by the government in your community?
3. Do you feel better equipped to reduce your risk of HIV infection because of project intervention? Why or why not? What has helped you to reduce your HIV risk?
4. What would you have changed about the project activities (time, location, facilitation methods etc.)? Are there other people in your community that you feel did not participate because they were limited by time, location facilitation methods or other reasons.? If yes, please explain why they were not able or did not want to participate.
5. When you grow up and have the chance to design a project for boys like you, what would you do in that project?