



ASSESSMENT OF UNICEF NGO-GOVERNMENT PARTNERSHIP PROGRAMME

Final Report

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AUSTRALCOWI

EXECUTIVE SUMMARY

The HIV/AIDS epidemic is the major contributor to the increasing numbers of orphaned and vulnerable children. According to the preliminary report of Multiple Indicator Cluster Survey (2008), 17.2% of Mozambican children between 0-17 years are orphans or vulnerable because of AIDS. According to UNAIDS data, there are some 100,000 [87 000 - 120 000] children (0-14 years) living with HIV in Mozambique. It is expected that the number of HIV/AIDS orphans will reach 630.000 by 2010.

The Mozambican Plan of Action on Orphans and Vulnerable Children (PACOV) recognizes that the needs of the orphaned and vulnerable children are inter-dependent and that various and coordinated interventions are required if they are to make a significant difference to the children's lives. In this context the Action Plan identifies six areas of the most fundamental needs: i) health, ii) education, iii) nutritional and food support, iv) financial support, v) legal and vi) psycho-social support. The Government of Mozambique has decided that at least three of these basic needs must be satisfied by any given programme or project aiming at supporting orphaned and vulnerable children.

As part of its support to the implementation of the PACOV, UNICEF is running a Partnership Programme with the Government of Mozambique and 12 non-governmental organizations (NGOs) since 2007 with an objective to increase access to basic services for orphans and vulnerable children (OVCs) and to decrease the burden on families and communities taking care of OVCs. The target of the Programme is to bring support to some 165,000 OVCs. The NGOs are in charge of the implementation of activities at provincial, district and community levels. Their activities consist of i) community capacity development; ii) institutional training; iii) direct assistance to children; and/or iv) technical support to Provincial Directorates of Women and Social Action (DPMAS). The implementation of the Programme activities is under the framework of UNICEF's Child Protection section's co-operation agreement with the Ministry of Women and Social Affairs (MMAS).

The Programme Cooperation Agreements that were signed with the implementing NGOs are coming to the end in December 2009. In order to take stock of the achievements of the Programme and to provide a broader perspective to help informing the Programme planning for the next 2 years, or until the end of UNICEF's extended Country Programme (2010-2011), UNICEF decided to undertake a systematic assessment of the Programme. The assessment mainly focuses on relevance, effectiveness, efficiency, sustainability and the impact of the Programme. This report presents the main findings of the assessment that was based on qualitative and quantitative information obtained through UNICEF, its NGO partners, MMAS and some beneficiaries.

The ultimate objective of the interventions of UNICEF's 12 NGO Partners is to enhance the access of OVCs to the basic services. The approaches that the NGOs employ while seeking to materialize their ultimate objective vary greatly. 4 of the 12 NGOs provide direct material support (Action Aid, Colegio Infantil, DSF and RENSIDA) mainly in form of school materials but some also in form of food, clothes, support to housing, etc. Most of the NGOs are involved in the provision of

direct non-material support e.g. promoting OVCs' rights to the basic services. 6 of the 12 interviewed NGOs mobilize target communities to form some kind of self-help groups (Africare, Aga Khan, DSF, FDC, Handicap and HelpAge). Furthermore, there are 4 NGOs who build partnerships with local community based organizations (CBOs) reinforcing their technical capacities (Action Aid, DSF, HAI and International HIV/AIDS Alliance). Most of these beneficiary CBOs conduct direct material and/or non-material support at community levels and the technical support provided by the NGOs seeks to improve the quality of their service provision. Also Africare and Handicap support CBOs, but they normally start the work with grass-root level community groups which they seek to support and develop until they take more formal structures and turn out as CBOs.

RENSIDA, which is a network of associations of PLHA, could in itself be considered as some kind of self-help group. However, the activities they are implementing in the context of the UNICEF supported NGO-Government Partnership Programme are focused on co-ordinating the work of affiliate CBOs in their network in mobilizing target communities to reduce their vulnerability to HIV and AIDS, reducing stigma and discrimination, and supporting OVC affected by HIV. For the purpose of this evaluation, the work done by the CBOs will be included under RENSIDA.

In addition, 7 of the 12 NGOs are involved in provision of technical assistance to the Provincial Directorates of Women and Social Action (Action Aid, Aga Khan, ESTAMOS, FDC, HIV/AIDS Alliance, Handicap and HelpAge). As indicated by the NGOs, this area of support has been strongly influenced by UNICEF who provided both the terms of references and the budget for the task.

Relevance of Programme Interventions

In general, many efforts are made by the NGOs to ensure that the assistance is relevant to the target groups. Practically all the NGOs involve local community members or representatives of local CBOs in the process of identifying those children/families who are most in need and in defining the type of assistance needed. Through the involvement of local leaders and community members, the NGOs seek to ensure that the assistance – be it material or non-material – obtains wider acceptance among the community members and responds to the most acute needs of the most vulnerable people. In order to better understand the necessities of the local communities, some NGOs carried out a situation assessment in their target communities prior to the commencement of the activities. Some other NGOs initially identify the potential beneficiaries with the help of CBOs or local community leaders. Thereafter, they interview all the identified people so as to assess their level of vulnerability and to define their individual needs, case by case.

As stated above, 7 NGOs are involved in the provision of technical assistance to DPMAS. The nature of the technical assistance to DPMAS was initially defined jointly by UNICEF and the MMAS. Both the terms of reference and the budget related to the technical assistance to DPMAS were defined by UNICEF, although one UNICEF key informant affirms that the NGOs and DPMAS were given freedom to adapt the TORs into their local context. However considering the somewhat uniform approach to this component, it can be concluded that the NGOs did not significantly modify the TORs but started to implement them as they were. All the NGOs provide one Technical Adviser who works at the DPMAS side by side with the OVC Focal Point. The main responsibility of the Adviser jointly with the Focal Point is to create and support a provincial level Multisectoral Nucleus for OVCs

(NUMCOVs) and a Technical OVC Group (GT-COV). The former is a political entity while the latter is an executive organ.

While the structure of technical assistance was to some extent defined at a national level, the importance of strengthening the provincial level coordination and boosting commitment for caring of OVC is widely recognized by both NGOs and the MMAS key informants. "I believe we have responded to the most critical needs" affirmed one NGO key informant but continued stating that much more support is still needed especially at district level where both the material working conditions and the technical knowledge of the Technicians of Social Assistance are very weak. In some cases, however, where the DPMAS has not prioritized the NUMCOV agenda and has participated very little in its management, the provision of technical assistance has become a source of frustration for the NGOs.

All the NGOs operating at community level affirm that their interventions are based on active reflection of the different needs of women and men, or girls and boys. The most common approach to gender integration appears to be prioritization of women and girls as the primary target groups. The quantitative results indicate that the Programme has indeed benefited slightly more girls than boys. However, the difference is so narrow (50.35% girls vs. 49.65% boys) that one can by no means speak of specific targeting of girls. Hence, it was concluded that the Programme as whole and the NGOs individually have failed to systematically prioritize them.

Effectiveness of Programme Interventions

The main objective of the NGO-Government Partnership Programme was to provide access to basic services and social protection to at least 165,000 OVCs and their families. This target was common both to DPMAS and the implementing partners (NGOs and CBOs).

Overall, the Programme has generated several positive results. Over the last three years, it is estimated that the NGOs have supported some 60,000 children in accessing at least three of six basic services, thereby contributing to the overarching goals of the PACOV and UNICEF in supporting OVC. The NGOs have strengthened the technical and financial capacities of community based organizations and community groups across the seven provinces. Finally, the Programme has managed to foster the creation of provincial level coordination mechanisms through the provision of technical assistance.

However, there are also a few serious shortcomings which limit its effectiveness. The overall monitoring system of the programme is not functional, with room for improvements in terms of data collection, validation and analysis. All the NGOs appear to have just one indicator in common: the number of services provided. Keeping track of the different types of support required by and provided to each child is a major challenge to all OVC stakeholders which will need to be addressed urgently. While in general the DPMAS staff are aware of the Programme, it appears that the role of central level MMAS in the context of the Programme is not quite clear. It appears that the Ministry has greater expectations in relation to its participation than what has happened so far. Although, this may not be quite appropriate, the roles and responsibilities of the Ministry should be clarified to all the parties. Moreover, the oversight of the functioning of the provincial and district level GTCOVs and NUMCOVs should be strengthened.

Efficiency of Programme Interventions

Calculating on the basis of the data provided by UNICEF, the original budget of the Programme was nearly USD 9.9 million. The average budget of each NGO was approximately USD 822,000, but there are significant variations between the NGOs. By the end of 2009, the NGO partners have executed in average 69% of the budgeted funds. While there are great differences in the level of disbursements between the NGOs, all of the NGOs who provided financial data have spent the largest proportion of their funds either on salaries and other personnel related expenses or on training costs. Considering that a large part of the NGO interventions consists of provision of technical assistance and of capacity building, it is natural that the personnel expenses are high.

With an average of USD 16.37, the NGO partners have provided over 409,000 basic services to OVCs during a period of 3 years. With this level of efficiency, it has cost in average USD 49.11 to provide one child with three basic services. Assuming that the combination of these services has mitigated the situation of vulnerability, this may be deemed a small price to pay. However, without a baseline assessing the initial level of vulnerability, it is difficult to fully validate such a conclusion.

Sustainability of Programme Interventions

Sustainability is the Achilles' heel of the UNICEF NGO-Government Partnership. In order to avoid creating a circle of dependency, most of the NGOs are training either CBOs or community groups to find solutions and respond to the most basic needs of their communities. This is very time-consuming process. Usually, NGOs who provide direct material support produce fast results as they can easily reach their target groups. However, direct support hardly contributes to lessening the vulnerability of people. For the NGOs involved in community mobilization, the beginning is often painstakingly slow and it can easily take a year or two before any concrete results can actually be seen. However, the results of the latter group are likely to be much more sustainable than those of the former group.

Ultimately, all the NGOs seem to agree that the communities will continue requiring external assistance for quite some time. Hence, more money and more time will be needed to truly lessen the vulnerability of the communities. Some NGOs, such as Africare, have funds from other donors with which they can continue supporting OVCs, albeit at lesser scale.

Most of the NGO key informants affirmed that some results have been achieved at the level of coordination but at the same time many of them express reservations in relation to the extent to which the capacities really have improved. The local DPMAS do not show sufficient competence or commitment to carry on alone. According to one NGO representative "More time is needed for technical assistance in order for the NUMCOV to be consolidated at provincial as well as at district levels". It seems that MMAS does not supervise the provincial or district level NUMCOVs and the DPMAS are not held accountable for the process of creation or functioning of the local level coordination mechanisms.

Impact of Programme Interventions

In the context of UNICEF NGO-Government Partnership Programme, the consultant team came across with some elements that indicate that direct material support may generate also counter effects and render people passive reducing their own initiatives. Non-material support appears to have less of such negative side effects. The interviewed beneficiaries did not even mention non-material

support when asked about the benefits of the NGOs' interventions. Undoubtedly, improved access to basic services, such as education and health, is likely to have greater and longer lasting impact which may, at its best, change the level of well-being of a whole family. What comes to community mobilization, it tends to have very empowering effect as it builds people's awareness of their rights and teaches people to help themselves.

The changes that have been achieved through technical assistance, the key informants mentioned most often i) improved knowledge base related to children's needs and rights among the OVC Focal Points, ii) reinforced political commitment for the cause of OVCs, and iii) the creation of local level mechanisms to enhance the coordination of interventions targeting OVCs (NUMCOVs and GT-COVs). However, each of these achievements continues presenting major challenges.

Conclusions and Recommendations

The UNICEF NGO Government Partnership Programme has been run for 3 years and it has generated many positive results. If the Programme were to be concluded in 2009, many of the achievements so far would most likely die out within a relatively short period of time, as the obtained results are still not solid enough. This would be the likely destination of the community self-help groups as well as many provincial NUMCOVs. The achieved changes require further consolidation. And considering the still prevailing scope of vulnerability, extension of the Programme would seem well justified. On this basis, it is found necessary to extend the Programme at least until 2011 when the current UNICEF Country Programme ends. The main conclusions and recommendations of the consultant team for the forthcoming period include the following:

Reinforce the Programme management

Thus far, the 12 NGOs have operated very independently and their management tools – work plans, reports or monitoring mechanisms – vary significantly. Consequently, it is very difficult to form a proper overview of the Programme and the achieved results. In the new programme cycle, UNICEF should establish a common system of programme requirements and rationalize the programme process based on the experiences of the past 3 years. During the coming 3 years, UNICEF should make the following improvements:

- UNICEF should harmonize and rationalize the Programme administration ensuring that all the core documents, such as project cooperation agreements, amendments, etc. are shared with all the involved partners. Also, UNICEF should maintain its database updated on the disbursed funds, accounted monies and the number of children attended. These results should also be shared with the implementing NGOs and with MMAS.
- UNICEF needs to review what type of data it requires in relation to the NGO interventions and then determine what indicators the NGOs need to gather, and to what level the indicators should be disaggregated. Ideally, this process should be done jointly with MMAS and the NGOs so as to ensure that the indicators are both useful and feasible at implementation level and at national level. It is recommended to use existing guidelines that have been designed specifically for OVC interventions, such as the "Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS". In particular, key issues this revised monitoring system should address include how to avoid either over-reporting through double counting or under-reporting by not capturing

children who do not need support in accessing a particular basic service. In order to overcome the apparent impasse around the monitoring mechanism, UNICEF and MMAS could consider contracting external specialized assistance to that end.

- In order to ensure the consistence of gathered information and to facilitate the future documentation of the lessons learnt, UNICEF should consider defining a uniform structure of the progress reports, perhaps based on logframes. Furthermore, UNICEF should condition the funding against performance and against regular provision of information. In order to ensure that the NGOs will be prepared to phase out their activities by the end of 2012, UNICEF together with the NGOs should prepare an exit strategy already at the beginning of the next 3-year period. This process should also be used for generating discussion about the sustainability of the interventions. The exit strategy should be incorporated into the NGO work plans so that they will have time enough to prepare the ground and phase out gradually without compromising the achieved results.
- UNICEF and the NGOs should consider further strengthening their programme activities vis-à-vis ECD, gender and holistic community support as discussed in the lessons learned.

Strengthen the national leadership

Despite many efforts, MMAS still operates with limited human resources and competences. The MMAS key informants acknowledge that coordination of the actors and interventions remains a critical challenge and yet MMAS as an institution needs to embrace the urgency of that challenge. In order to reinforce the national leadership, UNICEF should support MMAS at least in the following areas:

- MMAS needs to be held accountable for the functioning of the provincial and district level coordination mechanisms. UNICEF should improve the accountability and motivate greater sense of responsibility at local and central levels of MMAS by applying performance based funding mechanism on MMAS.
- Both UNICEF and MMAS should maintain the contact with grass root level through periodic visits to the project sites in the provinces. Such visits are likely to enhance the commitment of all Programme parties and facilitate open dialogue between the stakeholders. Furthermore, supervision missions and visits are generally found highly motivating among the implementing organizations
- UNICEF together with other MMAS partners should support the revision of the PACOV, which expires in March 2010, and ensure that in the future the objectives of the next version of the National Action Plan will be truly 'SMART': specific, measurable, achievable, relevant and time-bound. Ultimately, the objective of the national level action plan should seek to reduce the vulnerability. Since there appears to be consensus about greater vulnerability of girls, the PACOV objectives should be geared especially to the reduction of their vulnerability. While the plan can establish a principle that calls for providing three or more services for each vulnerable child, this should not be considered a requirement as long as there is no mechanism in place to effectively monitor its implementation.
- Still, in the context of the revision of PACOV, UNICEF together with the implementing NGOs should advocate for truly multisectoral response to OVCs and identify responsibilities of the different sectors in addressing the diverse needs of vulnerable children.

- In order to be able to effectively monitor the number of children who have received three or more services, there needs to be a national OVC database that tracks down each person who receives some type of assistance. In order to avoid duplications, the coding of each case should be based on the ID number of the beneficiary. Further, such database should also include information on the actual needs of each child so as to enable measuring the extent to which the provided support has alleviated the child's vulnerability. While supporting the establishment of the provincial level OVC databases, UNICEF should ensure that they are all synchronized and based on such recording system that enables effective counting of the beneficiaries and not only of the service provision events.
- UNICEF should assist MMAS in identifying the most essential training needs of its staff at central level and provincial levels. Subsequently, UNICEF could facilitate the identification of either financial or technical resources among the MMAS partners so as to adequately respond to the identified needs.

Improve knowledge management

The interventions of the 12 NGOs have generated plenty of knowledge and experience of dealing with OVCs but that is not currently been capitalized. UNICEF runs a risk of missing a great opportunity of increasing the understanding of good practices related to OVC response in Mozambique. It is therefore recommended that:

- UNICEF should facilitate joint activity planning with the NGOs and MMAS in order to contribute to greater information sharing and coordination between these Programme partners. It is strongly recommended that once a year these partners also make a joint assessment of the achieved results and the main challenges. It is likely that one outcome of these forums will be reinforced commitment for the common objective.
- UNICEF should facilitate a regular exchange of experiences between the NGOs. as part of the regular Programme meetings or through thematic working groups / seminar that get together periodically.
- UNICEF should involve the NGOs in a process of systematic gathering of lessons learnt in different programmatic areas. UNICEF should also ensure that these lessons are properly documented for the benefit of future programmes. The accumulated insights should also inform the forthcoming revision of the National OVC Action Plan. Hence, the documentation process should get started as soon as possible.
- The 12 NGOs target their beneficiaries through different approaches – direct support, community mobilization, capacity building of CBOs and technical assistance to DPMAS. In order to increase the understanding and to guide the future investments, UNICEF should conduct a comparative evaluation of the different approaches, looking into the results, outcomes and, to the extent possible, the impact of different approaches. UNICEF and the implementing organizations should also consider possibilities of conducting a vulnerability analysis at the beneficiary level. Such an analysis would ultimately reveal the real impact of the Program.

The Partnership Programme was designed in 2006 as a short-term response to a near emergency situation – that of the rising numbers of children orphaned due to HIV/AIDS. The goal at that time was to contribute to the objectives of the PACOV in terms of stabilising these households and ensuring they had access to basic services while setting up more effective, longer term community supports. As this

report has demonstrated, the Programme has generated many positive results in this context, though specific recommendations for its improvements have also been identified. Given these findings, as well as the continued impact of HIV/AIDS in Mozambique, UNICEF would do well to continue the Programme, while also improving it as suggested. As we enter not only a new decade but also potentially a new National Plan of Action for Children, the continued partnerships between the Government of Mozambique, UNICEF and civil society organizations will be key to fulfilling the rights of orphans and vulnerable children.

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INTRODUCTION

As part of its support to the implementation of the 2006-2010 Plan of Action for Orphaned and Vulnerable Children (PACOV), UNICEF has supported a Partnership Programme with the Government of Mozambique and non-governmental organizations (NGOs) since 2007. The principle objective of this support is to increase access to basic services for orphans and vulnerable children (OVCs) and to decrease the burden on families and communities taking care of OVCs. The target of the Programme is to bring support to some 165,000 OVCs.

The NGO-Government OVC Partnership Programme is managed by UNICEF's Child Protection Section. The implementation of the activities related to the protection and care of OVCs is coordinated by the Ministry of Women and Social Affairs (MMAS). The Programme has established partnerships with 12 NGOs who are responsible for the implementation of activities at provincial, district and community levels. The NGO activities mainly consist of i) community capacity development; ii) institutional training; iii) direct assistance to children; and/or iv) technical support to Provincial Directorates of Women and Social Action (DPMAS).

The identification of the NGO partners was done in collaboration with Provincial and district level government authorities based on their capacity and programming initiatives in the priority provinces. In some cases, UNICEF had had previous positive experience with the NGOs. All the NGOs were already carrying out activities with OVCs in the provinces where they came to implement the UNICEF funded activities. Although initially the aim was to support interventions only in UNICEF's seven priority provinces (Gaza, Sofala, Manica, Tete, Zambézia, Nampula and Cabo Delgado), by 2009 the Programme had also extended the provision of technical assistance to DPMAS to the remaining 4 provinces.

The Programme Cooperation Agreements that were signed with the implementing NGOs are coming to the end in December 2009. In order to take stock of the achievements of the Programme and to provide a broader perspective to help inform Programme planning for the next two years, or until the end of UNICEF's extended Country Programme¹, UNICEF decided to undertake a systematic assessment of the Programme. In this context, in August 2009 UNICEF contracted AustralCOWI, a Mozambican consultancy company, to conduct an assessment of the NGO-Government Partnership Programme. As defined in the Terms of Reference², the assessment mainly focuses on relevance, effectiveness, efficiency, sustainability and the impact of the Programme. It is expected that the assessment will also inform the forthcoming revision of the National Action Plan for OVCs (PACOV).

This report presents the main findings of the assessment. The report is based on qualitative and quantitative information obtained through UNICEF, its NGO partners, MMAS and some beneficiaries.

¹ The Government and UNICEF have agreed to extend the present Country Programme Action Plan 2007-2009 for the period 2010-2011.

² The full Terms of Reference are included in Annex 1. It should be noted that while the original Terms of Reference also included an assessment of the support provided to the National Institute for Social Action, and in particular the basic kits provided to vulnerable households, it was decided to focus this particular evaluation on the NGO partnership programme as a separate review of support to INAS is being undertaken together with WFP.

1 RESEARCH METHODOLOGY

The evaluation assignment took place between August 2009 and January 2010. The evaluation has been mainly conducted using qualitative research methods, comprising of:

- Literature review;
- Key informant interviews with NGO representatives, involved government institutions and with UNICEF representatives;
- Focus group discussions with beneficiaries of the NGO's interventions and with other community members

In addition, the consultant team has gathered quantitative data related to the achieved results and to the financial execution by each NGO.

The **literature review** covered UNICEF and NGO documentation related to the Programme but also selected published and grey literature related to the situation of OVCs in Mozambique and in the region. The review enabled the consultant team to become familiar with the UNICEF Country Programme and the NGO Programme.

Through the **key informant interviews**, the consultant team obtained information related to the Programme activities, management mechanisms, monitoring and evaluation systems, observed results and challenges. The consultant team interviewed central level representatives of the Ministry of Women and Social Action, National Institute of Social Action (INAS), UNICEF and all the NGOs who are part of the UNICEF Programme.³ In addition, the consultant team conducted a more detailed assessment of selected NGO partners in Manica, Sofala and Cabo Delgado Provinces, i.e. Handicap International, Africare, International HIV/AIDS Alliance and Aga Khan Foundation. The field work took place in early November 2009 and lasted for two weeks.

While in the provinces, the consultants also conducted **focus group discussions** with NGOs' beneficiaries (adults and children separately) so as to assess the impacts of the interventions. In order to measure the potential changes that the Programme may have generated in the lives of the local people, the team also formed control groups with local community members who have not directly benefited from the Programme. The **Table 1** presents the composition of the focus groups in each province.

³ Representatives of two NGOs who do not have offices in Maputo (ESTAMOS and Colegio Infantil) were interviewed by telephone.

Table 1: Composition of focus groups

FOCUS GROUPS	
1.	Mixed group (6-11 years) who have received assistance
2.	Boys (12-17 years) who have received assistance
3.	Boys (12-17 years) who have not received assistance
4.	Girls (12-17 years) who have received assistance
5.	Girls (12-17 years) who have not received assistance
6.	Male household heads / caregivers who have received assistance
7.	Male household heads / caregivers who have not received assistance
8.	Female household heads / caregivers who have received assistance
9.	Female household heads / caregivers who have not received assistance

In order to systematically gather **quantitative data** related to the NGO Programme outputs (number of children and families who have benefitted from the Programme, disaggregated by type of support and by sex and age) and the financial execution of the Programme, the research team elaborated a self-administered questionnaire, which was presented and handed to the NGO representatives at the time of the key informant interviews (see annex 4). The self-administered questionnaire however proved more challenging than expected. Only 5 of the 12 NGOs returned the requested information within agreed time frame. The others either submitted incomplete data or they took much longer than agreed to submit it.

The gathered information has been analyzed mainly using qualitative content analysis. Also quantitative content analysis was applied to limited extent to the results of the focus group discussions. Because the analysis was largely based on qualitative data, the results are sensitive to interpretation. This is particularly the case when classifying the implementation approaches of different NGOs as these were not stated explicitly in the NGO documents and therefore required interpretation. It is thus possible that some aspects have been misunderstood or overlooked.

It should also be noted that there was no baseline study done at the beginning of the project and therefore it is difficult to reconstruct the situation from where the project started off. Hence, the consultant team may overlook some of the efforts that were made by the NGOs or by UNICEF and not give due credit to all the achievements. However, the attempt has been to make an as objective as possible evaluation of the Programme on the basis of the available information.

2 OVERVIEW OF THE SITUATION OF ORPHANS AND VULNERABLE CHILDREN IN MOZAMBIQUE

Mozambique is one of the countries worst affected by HIV epidemic in the world. The adult prevalence of HIV is estimated at 16% (14%-17%) in 2007.⁴ Some 57% of the Mozambicans living with HIV are women and girls.⁵ In Mozambique, HIV transmits mainly through unprotected sexual relations. It is estimated that in 2005, some 24.6% of infants who were born to HIV infected mothers were also themselves infected. It is further estimated that in 2007, some 29.8% of HIV positive pregnant women obtained ARV treatment to reduce the risk of mother to child transmission.⁶

The HIV/AIDS epidemic is the major reason for the increasing numbers of orphaned and vulnerable children. According to the recent MICS preliminary report, 17.2% of Mozambican children between 0-17 years are orphans or vulnerable because of AIDS. According to UNAIDS data, there are some 100,000 [87 000 - 120 000] children (0-14 years) living with HIV in Mozambique.⁷ It is expected that the number of HIV/AIDS orphans will reach 630.000 by 2010.⁸

There are two main tools guiding the national response to OVCs in Mozambique: the National Action Plan for Children (PNAC) and Action Plan for Orphaned and Vulnerable Children (PACOV). The latter document defines ‘vulnerable children’ as including:

- Children affected or infected by HIV/AIDS
- Children living in households headed by other children, youth, women or elderly persons
- Children living in households headed by a chronically ill adult
- Children living on the street
- Children living in institutions (orphanages, prisons, mental health institutions)
- Children in conflict with the law (children being prosecuted under law for minor crimes)
- Children with disabilities
- Children victims of violence
- Children who are the victims of abuse and sexual exploitation
- Children who are victims of trafficking
- Children who are victims of the worst form of child labour (ILO 1999)
- Children married before the legal age
- Child refugees or children who have been internally displaced

The PACOV recognizes that the needs of the orphaned and vulnerable children are inter-dependent and that various and coordinated interventions are required if they are to make a significant difference to the children’s lives. In this context the Action Plan identifies six areas of the most fundamental needs: i) health, ii) education, iii) nutritional and food support, iv) financial support, v) legal and vi) psycho-social support. The Government of Mozambique has decided that at least three of these

⁴ Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS. 2006-2007. January, 2008.

⁵ Report on the Millennium Development Goals. Mozambique 2008.

⁶ Mozambique Progress Report for the United Nations General Assembly Special Session on HIV and AIDS. 2006-2007. January, 2008.

⁷ UNAIDS website: www.unaids.org/en/CountryResponses/Countries/mozambique.asp

⁸ UNICEF Mozambique website:

basic needs must be satisfied by any given programme or project aiming at supporting orphaned and vulnerable children. UNICEF among other development partners is committed to support this aim.

3 LESSONS LEARNT FROM OTHER INTERVENTIONS

Orphans and vulnerable children bear the heaviest burden of the HIV epidemic. Long-term illness of a parent is a traumatic experience not least because it cuts shorter the childhood period as the children are increasingly requested to take on responsibilities normally carried out by adults. Facing the death of a parent is inevitably a devastating experience that leaves permanent marks on young minds and souls. Furthermore, the death of the mother especially increases the risk of deteriorating the wellbeing of the child. Children who are infected themselves suffer twice as they see their caregivers losing strength and at the same time face the symptoms of the illness themselves. Responding to the needs of OVCs requires good insight of their specific needs. In this section we will go through some of the key lessons that have been learnt and documented by earlier OVC interventions.

The loss of a parent through death or desertion is an important aspect of vulnerability. Additional factors leading to vulnerability include severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness⁹. There have been a growing number of programmes, in the recent years, geared towards OVCs and many programmes and initiatives have been put in place throughout Sub-Saharan Africa and in Mozambique in particular. Despite growing concern and mobilization, the lessons learnt show that the response to OVCs has fallen short of its goals mainly due to: focusing support only on OVC and not all vulnerable children; providing support for school aged children and ignoring the younger ones; supporting children as individuals ignoring the family context; insufficient strengthening of community action and finally due to deficient role of the government in developing adequate strategies to respond holistically to the needs of vulnerable children. We will below discuss each of these aspects separately in more detail.

Focus on vulnerability

Substantial literature suggests that the response to date has primarily been focused on orphans and have overlooked other children who are also vulnerable. Assistance frequently targets individual orphan children rather than households containing vulnerable children. This sometimes results in inequalities as other children living in the same household are neglected. However, experience proves that “it makes neither ethical nor political sense to try and alleviate the poverty only of those households that have been directly affected”¹⁰. In countries like Mozambique where poverty is widespread and therefore many children face hardships, there needs to be a focus on the most vulnerable children in the communities; not only on those that are orphans. It is important to look at the situation from a broader perspective.

⁹ Skinner et al., 2006

¹⁰ JLICA, 2009

“Children’s needs, not their orphan status, must be the primary focus when designing and implementing policies”¹¹.

Caring for children before school age

The majority of literature showed that programmes for OVCs all include some form of support for children in schools, and little attention has been paid to younger children who are not yet old enough to go to school. This pattern persists even despite the fact that strong evidence suggests “investments made in early childhood have a critical long-term impact on human health and potential”¹².

Preschool children are particularly vulnerable to the effects of malnutrition, which stunts growth, reduces children’s resistance to disease and slows their cognitive development. This would suggest that nutritional assistance programmes needs to be a priority for these young children who are at risk of becoming malnourished. Literature points to the fact that “infants and toddlers are especially vulnerable to health risks and to the negative effects of group care. Preschool children are especially vulnerable to nutritional deficiencies, abuse and neglect and to loss of stimulation and opportunities for schooling. Children in their pre-teen and teen years are vulnerable to dropping out of school, to overwork and to sexual exploitation. Children of all ages are vulnerable to the emotional stresses of losing caregivers, and of being dislocated from home and community”¹³.

The most important years for a child’s survival, growth and development are during the prenatal period through the first years of school. During the first three years of life, the basic circuitry of a child’s brain is being “hard-wired” at a rapid pace¹⁴. During these years, the child’s rapidly developing brain is sensitive to risk of malnutrition, lack of nutrition and lack of brain stimulation. Such disruptions often signify a permanent reduction in the child’s learning ability, with negative consequences for later school performance and earning potential. Gaps in cognitive ability emerge early in life cycle and they persist. Stunting by age 5 affects later cognitive development. Studies confirm that poverty and nutritional deficiencies lead to poor childhood health; compromised educational attainment; and reduced economic potential in adulthood. Poor, stunted children can expect to see their annual adult incomes reduced by more than 30% from the level they would otherwise have attained¹⁵.

To address younger children, early childhood development (ECD) programmes need to be initiated to increase family caring capacity and also build children’s human capital at a crucial life stage. There is substantial literature that shows that it is “most cost-effective to invest in children’s well-being during their early years”¹⁶. Early childhood development programmes include a range of services for children from the time they are born until through the early primary school years, for example feeding programmes that ensure that the child receives at least one meal a day. Early intervention programmes for vulnerable children have shown “to prevent irreversible deficits in cognitive ability and socio-emotive development, which have lasting effects through the life-course”¹⁷. There is a growing body of global evidence that shows that

¹¹ Richer, Sheer & Desmond, 2008

¹² Adato & Bassett, 2008; Chandan & Richter, 2008

¹³ Richer L., Manegold J., & Pather R., 2004

¹⁴ Kim et al., 2008a; Shonkoff & Philips, 2000

¹⁵ Adato & Bassett, 2008; Chandan & Richter, 2008

¹⁶ Magome K., 2006

¹⁷ UNICEF, 2007

such programmes can foster language, cognitive and social development and that they promote the well-being of the whole child¹⁸.

Involvement of the families

A large and well established body of research shows that nurturing family environments are associated with positive outcomes for children across a broad range of indicators¹⁹. Family structure and function is changing and emerging family forms include: elderly household heads with young children; large families with biologically unrelated children; child-headed households; single-parent households; formal or informal cluster foster care; and homeless families²⁰. Extended families, kin and communities remain the principle support for vulnerable children. Traditionally programmes have attempted to reach OVCs with food support, school support, school uniforms, but have paid little attention to children's social context and relational networks, including their family ties²¹. Across sub-Saharan Africa, families have provided the bulk of care, support, and protection to OVCs. This suggests that programmes should “strengthen the capacity of caregivers by enhancing traditional care and support systems based on family, kinship, or community ties²²”. “Individualistic strategies are poorly adapted to the realities of African societies and are inappropriate for meeting the needs of children²³”. Increasing the resources of families that are already providing for OVCs, is a more efficient, effective, and sustainable response to the OVC situation.

In addressing OVCs, adult caregivers, parents, guardians, and family needs have been ignored. Their needs must be addressed in order for them to continue to support and prolong their capacity to care for OVC²⁴. Poor families cannot be expected to continue caring for additional children without support.

Grounding the response on communities

In countries like Mozambique with weak social protection services, informal networks of kin, friends and neighbors have been and remain the primary source of support to affected children and their families²⁵. Community initiatives vary widely in capacity and scope, but their proximity to the people they serve affords them the advantage of knowing, adapting and responding quickly to changing needs and priorities of OVC, particularly if they are complemented by functioning child welfare systems.

In order to be successful these community initiatives need to be self-sufficient and self-reliant through income-generating activities such as “vegetable gardens, farming projects, sewing and embroidery projects and the recycling of waste²⁶”. Another example of a successful community project is “Africa KidSAFE”. They encourage the use of community mobilization, partnerships, and the inclusion of volunteers and local organizations. Projects such as a pig or chicken-raising initiatives serve as both a source of income and as food for OVCs in the communities. A growing number of international donors have sought out opportunities to partner with community initiatives, but there is a lack of understanding about how best to support community action. A 2007-2008 JLICA study in four Ugandan sub-counties, for example found

¹⁸ UNICEF, 2007

¹⁹ JLICA, 2009

²⁰ Hunter, 2000

²¹ JLICA, 2009

²² Schenk, 2008

²³ JLICA, 2009

²⁴ Gilborn et al. 2001

²⁵ JLICA, 2009

²⁶ Dlamini P., 2004

widespread dissatisfaction among community groups towards externally funded projects that were characterized by disbursement delays, unrealistically tight timeframes, and inflexibility on the part of donors. External agencies do not have the full trust of communities “due to delays in the provision of promised resources, limitations in how resources can be used, lack of consultation with community elders, and reliance on agents who do not have confidence of community members”²⁷.

The challenge with external donors is that they tend to alter the way in which local community organizations function: “in best cases, increasing community effectiveness in addressing the needs of...children and their families, and in worst cases, introducing unintended distortion.”²⁸ To avoid this it is recommended that communities be involved in decision-making process, they should have a voice on how resources will be allocated in their community. These resources need to be channeled to communities in appropriate ways, in ways that make sense to them and under conditions they agree to. Mechanisms and timelines for the project implementation need to respect the community processes and enable community groups to increase their effectiveness and expand the scale of their response in their own terms, OVC should also participate. All successful OVC-centered programmes should strengthen the family and community efforts while creating a sense of ownership, long-term commitment and sustainability.

Reinforced government leadership

Extended family networks play an important role in the care of orphans and vulnerable children, but many of these families live in extreme poverty, which, from a human rights perspective, is where government needs to step in. Government participation is essential to ensure the sustainability of programmes. “Governments bear responsibility for ensuring universal provisions of support and services to all children based on need”²⁹. By forming partnerships with both external donors and the local communities, the government needs to lead the process and establish ground rules for the interaction of international institutions with communities.

The vast majority of efforts are funded, managed and staffed with the assistance of international and national NGO’s. It needs to be noted that if donors change their agendas or exhaust their funds, the aid for OVCs will cease unless the Government makes provisions for programme support within their budget. Literature suggests that programmes that are monitored by the government have the greatest chance of sustainability. Regional bodies, alliances and forums are vital platforms for surfacing additional opportunities and building a sense of shared commitment among political leaders.

In sum, there are many recommendations and best practices that can be learnt from previous programmes directed towards OVC. Some of the most important ones include the following:

- Recognize that children are vulnerable even before they become orphans.
- Provide benefits to families and children based on need, not orphan status.
- Ensure support to preschool children who are in need.
- Strengthen the implementation of family-centered service delivery structures (integrating health, education, and social support).
- Use family centered programme models to expand access to and support of OVCs.

²⁷ JLICA, 2009

²⁸ Foster, Deshmukh & Adams, 2008

²⁹ JLICA, 2009

- Promote the care of children within extended families and communities.
- Reduce external support and encourage effective community-led responses.
- Governments and international partners should take deliberate steps to ensure that programme models and resources match community needs.
- It is critical to have more effective coordination among different stakeholders.
- Harness national social protection for vulnerable families

4 FINDINGS

As mentioned above, the UNICEF NGO-Government Partnership Programme involves in total 12 NGOs. Overall, the NGOs cover the provinces of Sofala, Manica, Gaza, Tete, Zambezia, Nampula, Cabo Delgado and Maputo and the districts of Beira, Dondo, Nhamatanda, Caia, Gorongosa, Cheringoma, Marromeu, Maringue, Gondola, Chimoio, Manica, Barue, Guro, Tete, Moatize, Changara, Chokwe, Chibuto, Xai-Xai, Sussundenga, Mossurize, Machaze, Macossa. Pebane, Maganha da Costa, Mocuba, Namarroi, Rapale, Meconta, Nacala Porto, Monapo, Erati, Angoche, Mogovolas, Moma, Ilha de Moçambique, Mossuril, Quissanga, Ibo, Macomia, Meluco, Pemba and Metuge.

The ultimate objective of each NGO intervention is to enhance the access of OVCs to basic services. PACOV defined the 6 most basic services that all the children should have access to. Table 2 presents the reported involvement of the NGOs in the provision of these services.

Table 2: Basic services provided by the NGOs³⁰

Priority support area/ NGO	Access to education	Access to health	Nutrition support	Legal support	Psycho- social support	Financial support
Action Aid	X	X	X	X	X	X
Africare	X	X	X	X	X	X
Aga Khan	X	X	X			X
Colegio Infantil	X	X	X	X	X	
DSF	X	X		X	X	
FDC	X	X	X	X	X	
HACI ³¹	X	X	X	X	X	X
Handicap	X	X	X	X	X	X
HelpAge	X	X	X	X	X	X
HIV/AIDS Alliance ³²	X	X		X	X	
RENSIDA ³³	X	X	---	X	X	---

³⁰ This table was put together on the basis of information provided by the NGOs who filled in data sheets specifically designed for the present assessment. It should be noted that RENSIDA and HACI never returned their data sheets and therefore the related information was filled in on the basis of the records provided by UNICEF. The information on ESTAMOS is not included because the Project Co-operation Agreement only involved the provision of technical assistance to DPMAS.

³¹ HACI only focuses on capacity building of CBOs; it does not provide directly any services at community level. The service areas marked in the table refer to the basic services provided by the CBOs supported by HACI.

³² HIV/AIDS Alliance only focuses on capacity building of CBOs and provision of technical assistance to DPMAS; it does not provide directly any services at community level. The service areas marked in the table refer to the basic services provided by the CBOs supported by HIV/AIDS Alliance.

³³ RENSIDA focuses on coordination of the CBOs affiliated in their Network. The service areas marked in the table refer to the basic services provided by the CBOs in the field.

The approaches that the NGOs employ while seeking to materialize their ultimate objective vary greatly. In general, each NGO combines several different implementation strategies (see the Table 3: Methodological approach of the NGOs). 4 of the 12 NGOs provide direct material support (Action Aid, Colegio Infantil, DSF and RENSIDA) mainly in form of school materials but some also in form of food, clothes, support to housing, etc. In addition, there are a few NGOs, such as Handicap International and Africare who do not normally provide any direct support but accept to do so in ‘emergency situations’, e.g. when a child has just lost his/her parents.

Table 3: Methodological approach of the NGOs

Approach / NGO	Direct material support	Direct non-material support	Mobilization of Community groups	TA to CBOs	TA to DPMAS
Action Aid	x	x		x	x
Africare	x	x	x	x	
Aga Khan		x	x		x
Colegio Infantil	x	x			
DSF	x	x	x	x	
Estamos					x
FDC			x		x
HACI				x	
Handicap	x	x	x	x	x
HelpAge			x		x
HIV/AIDS Alliance				x	x
Rensida	x	x	x		

Most of the NGOs are involved in the provision of direct non-material support e.g. promoting OVCs’ rights and referrals to the basic services. Often this implies that the NGOs on behalf of their beneficiaries go through a bureaucratic process with local authorities so as to obtain free access to education or health services to OVCs or their care takers, for example. Most of the NGOs also provide legal support, which normally consists of helping the beneficiaries to obtain official documents such as birth registration or poverty certificate. Quite a few NGOs also say they provide psycho-social support although it should be noted that the content of such support varies from home visits to counseling. Only DSF provides psychological support with technical specialists. DSF does this through its infant and youth rehabilitation centers but also through home visits. As per NGO reports, only very few are involved in providing financial support to the families.

6 of the 12 interviewed NGOs mobilize target communities to form some kind of self-help groups (Africare, Aga Khan, DSF, FDC, Handicap and HelpAge). In these cases, the NGOs’ own role is limited mainly to training and guiding of the community groups in addition to the initial mobilization. The mobilization is typically a time-consuming but critical process as it builds the readiness of the target populations to become active in reducing their own vulnerability. For example, HelpAge sensitizes communities about their rights but also trains selected community members as

activists who are to act as local resource persons. Hence, HelpAge has trained paralegal activists who help community members to access their legal entitlements, such as inheritances; nutritionists who are to teach healthier cooking methods; and 'godmothers' who are to provide reproductive health related counseling to young girls.

RENSIDA, which is a network of associations of PLHA, could in itself be considered as some kind of self-help group. However, the activities they are implementing in the context of the UNICEF supported NGO-Government Partnership Programme are focused on coordinating the work of affiliate CBOs in their network in mobilizing target communities to reduce their vulnerability to HIV and AIDS, reducing stigma and discrimination, and supporting OVCs affected by HIV. In particular, they train community activists who also act as local resource persons for counseling and referral of OVC and their caregivers.³⁴ Consequently, in this analysis they are not classified among the organizations who mobilize communities to form self-help groups.

FDC created a strategy of identifying 'reference families' for the most vulnerable families, who are either headed by children or elderly people. A reference family is one that lives nearby and that agrees to help out in day-to-day tasks which require greater resources than what the vulnerable family has available. The implementation of the 'reference family' strategy has proved more challenging than expected as local populations often relate superstition with single elderly women and are therefore reluctant to get involved as 'reference families'. The strategy will thus require some fine-tuning but it has good potential and would therefore deserve further investments.

In most cases, these NGOs also make available some monetary support to the community groups either for supporting the most vulnerable members of the community or for starting up some income generating activities. HelpAge has created social assistance committees who run income generating activities so as to maintain a social fund, which is to help out vulnerable people in need.

There are 4 NGOs who build partnerships with local community based organizations (CBOs) reinforcing their technical capacities (Action Aid, DSF, HACI and International HIV/AIDS Alliance). Most of these beneficiary CBOs conduct direct material and/or non-material support at community levels and the technical support provided by the NGOs seeks to improve the quality of their service provision.

It is noted that the division between the NGOs working with CBOs and those working with community groups is sometimes rather artificial as the concepts of CBO and community group are not mutually exclusive. However, in this report we use the concept of community group for more loose community structures that are formed at community level and that do not have formally recognized institutional structures. On the other hand, we speak about CBOs referring to organizations who have somewhat defined institutional structures, who may have some office facilities, and who seek to operate as a formally recognized organization.

On this basis, it is noted that among the UNICEF NGO partners there are two who actually work with both community groups and CBOs: Africare and Handicap. These NGOs normally start working with grass-root level community groups but they seek to support and develop these groups until they take more formal structures and turn out as CBOs. Hence, in the context of the present report, Africare and Handicap are

³⁴For the purpose of this evaluation, the work done by the CBOs will be included under RENSIDA.

included in both categories of community group development and CBO strengthening, as deemed relevant.

7 of the 12 NGOs are involved in provision of technical assistance to the Provincial Directorates of Women and Social Action (Action Aid, Aga Khan, ESTAMOS, FDC, HIV/AIDS Alliance, Handicap and HelpAge). As indicated by the NGOs, this area of support has been strongly influenced by UNICEF who provided both the terms of references and the budget for the task.

In sum, UNICEF's NGO partners present a wide array of approaches in dealing with orphans and vulnerable children. In this chapter, we present the main findings of the evaluation of the UNICEF's NGO-Government Partnership Programme. The structure of the chapter follows the main evaluation themes: relevance, effectiveness, efficiency and sustainability. It is assumed that the different nature of interventions produces different results and therefore, when deemed relevant we analyze separately the results of community level interventions and the technical assistance of the entities delivering social assistance. The report concludes with a discussion of the impact of the Programme, a review of lessons learned and recommendations for the future.

4.1 Relevance of programme interventions

To discuss about the relevance of an intervention, one needs to assess the extent to which the set objectives and undertaken activities are consistent with the priorities of the project target groups. In line with what was stated above, we will first explore the relevance of community level support and thereafter the relevance of technical assistance. At the end of this section, we will also look into the different gender considerations of the implementing NGOs.

4.1.1 Relevance of community level support

Identification of the target groups

One of the central issues that the NGOs have been faced with is the identification of their target groups, i.e. orphans and vulnerable children and their care takers.

Practically all UNICEF's NGO partners are committed to work with the most vulnerable children, orphaned or not, and their families. However, as expressed by many of the interviewed NGOs the measurement of the extent of vulnerability is hard to fix in a country as poor as Mozambique. "The problem is vulnerability and not orphanhood. [...] The question is how thin you can spread the butter", exclaimed one NGO key informant. Especially in remote communities, hardly any children could be classified as non-vulnerable. Therefore, while conducting school based distribution of materials, HelpAge had decided to give the same form of support to all the children in the school, as it would have been pointless to try to separate the few who were somewhat less vulnerable than the others. According to the background literature, similar conclusions have been drawn by other actors in the region. "Children's needs, not their orphan status, must be the primary focus when designing and implementing policies" is affirmed in a JLICA report that compiles lessons from various

interventions targeting children in the context of HIV.³⁵ However, although there is plenty of literature that emphasizes the importance of satisfying the basic needs of children during their first years of life, only very few of UNICEF's NGO partners address children's early childhood development.

In general, the NGOs and the communities assess vulnerability in relative terms, with the "most vulnerable people" being those who have less than all the other vulnerable people rather than having absolute fixed criteria. "We try to identify the most vulnerable of the vulnerable children, those who live with elderly people, who live without minimum conditions, families without strength or capacity to cultivate a *machamba*", stated one NGO representative. While some NGOs prioritize children who have lost both parents, it appears however that incapacity of producing food is usually considered as the most critical factor of vulnerability.

Identification of the needs

In general, many efforts are made by the NGOs to ensure that the assistance is relevant to the target groups. Practically all the NGOs involve local community members or representatives of local CBOs in the process of identifying those children/families who are most in need and in defining the type of assistance needed. While many NGOs also involve local leaders, *Secretários de Bairro* or even *Chefes do Posto Administrativo*, only very few NGOs seek to involve the district level representatives of Ministry of Women and Social Assistance. In general, it seems that the involvement of the lowest level formal authorities is considered relevant and they are naturally invited to participate, whereas district level authorities, not to talk about provincial authorities, are felt to be too distant from the communities' day-to-day lives.

One NGO representative stated that "Government entities are contacted locally to provide services for registration, poverty certificate, access to rights but they are not involved [in the identification of the beneficiaries]". One NGO key informant explained that the district level services are not involved in the identification of the beneficiaries "although they should be" because of their insufficient human and financial resources. At the district level, the representation of Social Assistance services normally consists of only one person who should respond for the entire district. In response to this situation, this latter NGO has trained community activists to carry out the responsibilities that the local authorities should fulfill. In order to keep the authorities in loop of the provided services, the activists were said to report to them.

Some key informants in Cabo Delgado indicated that beneficiaries themselves often contact local authorities of INAS and DPMAS. However, the key informants affirmed that the responsibilities of these two entities are not clear and there is no coordination of the response in between them.

Through the involvement of local leaders and community members, the NGOs seek to ensure that the assistance – be it material or non-material – obtains wider acceptance among the community members and responds to the most acute needs of the most vulnerable people. In order to better understand the necessities of the local communities, some NGOs, such as Aga Khan, Africare and Handicap carried out a situation assessment in their target communities prior to the commencement of

³⁵ Home truths. Facing the facts on Children, AIDS and Poverty. Final report of the Joint Learning Initiative on Children and HIV/AIDS. JLICA, 2009.

the activities. This way, the NGO could obtain an overview of the average level of wellbeing in the community and of the most acute needs, in general. Some other NGOs, such as Action Aid and RENSIDA, initially identify the potential beneficiaries with the help of CBOs or local community leaders. Thereafter, they interview all the identified people so as to assess their level of vulnerability and to define their individual needs, case by case.

Although local leaders and CBOs participate in the decision making, the ultimate beneficiaries of the direct support are seldom actively involved in the NGO interventions that provide direct support. “The [beneficiary] families are not directly involved; only to receive the benefits” declared one NGO key informant. However, there are few examples of an opposite approach. Aga Khan, HelpAge and FDC mobilize and train community groups or groups of families among the most vulnerable population. With time, these groups have become rather independent in identifying the most urgent needs of the most vulnerable members of their communities, and they also rather independently respond to the identified needs. Handicap and Africare involve their beneficiaries through the CBOs whom they support and whose members represent their direct beneficiaries.

Several NGOs recognized that when entering into a new community there are often attempts of involving family members of local leaders among the beneficiaries. However, it was felt that the process of community sensitization and mobilization contributes to greater level of consciousness of the importance of gearing the assistance to the most vulnerable families and lessen the risk of elite capture. In general, it is likely that power abuse can be avoided or at least reduced through larger participation of community members who control the distribution of goods. Nevertheless, the participants of one focus group in Cabo Delgado alleged that the leaders of one community group had recently stolen mosquito nets that were supposed to be distributed to the most vulnerable populations in the communities. This was however the only allegation of theft that was reported by the interviewed beneficiaries and despite several attempts to follow up the case, no evidence was found that would have proven such an act.

Type of support received

During the field work period, the consultant team held group discussions with beneficiary adults, youth and children about the type and the relevance of the received support. According to these discussions, the type of support varies greatly between the provinces and between the NGOs. The most common form of support in Sofala and in Manica included clothes, school materials and school uniforms. In Manica, all the interviewed beneficiary groups had also received food stuff and soap. In Cabo Delgado, women and young boys reported having received clothes, school uniforms, kitchen utensils, mosquito nets, blankets and *esteiras*. Here, the interviewed young girls were new beneficiaries and had thus far only received mosquito nets. Adult men had equally received mosquito nets and once a financial donation of Mt 100. The Table 4 presents a summary of these discussions.

Table 4: Type of support received by beneficiaries

Type of support received / Beneficiary groups		Clothes	School material	School uniform	Kitchen utensils	Food stuff	Mosquito nets	Seeds	Soap	Blankets	Body cream	Esteira	Water purific. drops	Grant ('100 Mt)
HIV/AIDS Alliance / Sofala	Adult women	x	x	x										
	Adult men	x	x	x										
	Young girls	x	x	x										
	Young boys	x	x	x										
Handicap / Manica	Adult women	x	x	x	x	x	x		x	x	x			
	Adult men	x	x	x	x	x	x		x					
	Young girls	x	x			x			x					
	Young boys	x	x			x		x	x					
Aga Khan / C. Delgado	Adult women	x		x	x		x			x		x		
	Adult men						x							x
	Young girls													
	Young boys	x		x	x		x			x		x	x	

The regularity with which the direct support is provided varies. School materials are received always at the beginning of the school year but school uniforms are received less regularly. Only in Manica, uniforms were said to be received at the beginning of every school year, whereas in Sofala and Cabo Delgado, the beneficiaries had received uniforms only one time. In Cabo Delgado and Sofala also clothes had been received only once but in Manica the beneficiaries reported receiving clothes every now and then. Non-consumable items, such as mosquito nets, kitchen utensils, or blankets were normally received only once, but at the same time in Manica and Cabo Delgado several groups reported having received pots in one month, plates the next month, and cups in another month. Food items were said to be received every now and then.

The items that the participants in the focus groups had complaints about were the quality of clothes (mentioned by one fourth of the interviewees), the kitchen utensils (mentioned by one third of the people interviewed) and the blankets (mentioned by one fourth of the interviewed people).

Practically all the focus group participants affirmed that the received support was relevant and useful. Although this unexceptional unanimity across all the groups may indeed reflect ideal adequacy of the provided support, it is likely to also tell of politeness and unwillingness of ruling out any possible future donations.

When asked about primary necessities where they would like assistance, the focus group participants mentioned food items, school materials and uniforms, mosquito nets, tools (axes, knives, *catanas*, hoes, etc.), beds, blankets, mattresses, *esteiras*, bicycles, domestic animals (hens, goats) and access to credit. There are striking similarities between many of the mentioned necessities with those items that had been distributed by the NGOs to beneficiaries of the programme. This again may indicate that the provided direct support has been very relevant but should be recurring instead of one off. On the other hand, it may also be that some people had heard of the type of support that others had received and they expressed their wishful thoughts to benefit from a similar support.

It is interesting to note that when asked about the different forms of support, all interviewed beneficiaries only referred to direct material support. However, most of UNICEF’s NGO partners provide families with direct non-material support or indirect support (i.e. facilitating access to services) through community groups. Nevertheless, when asked about the types of support received, these forms of support were not mentioned by any focus group participant.

Several NGO representatives expressed their concern for the fact that they could by no means satisfy all the basic needs of their beneficiaries. For example, the DSF key informant affirmed his conviction about the adequacy of the support his organization provides. Yet, he stated “for cases of malnutrition, we have nothing to respond with”. Although DSF has attempted to build partnerships with other organizations receiving food support through the World Food Programme (WFP), the key informant felt that this type of partnership has not truly taken off. It should be noted here that the very objective of creating local OVC coordination mechanisms was precisely to facilitate pooling of resources and matching them with identified needs.

4.1.2 Relevance of technical assistance

As stated above, 7 NGOs are involved in the provision of technical assistance to DPMAS – see the Table 5. The objective of their assistance is to strengthen the provincial level capacity to plan and coordinate the interventions targeting OVCs. Many NGOs also see as their task to bolster political commitment for care of OVCs and to reinforce knowledge about children’s rights at local government level.

Table 5: Provincial distribution of the NGO partners supporting DPMAS

Province	Organization
Maputo Cidade ³⁶	FDC
Maputo Provincia	FDC
Gaza	FDC
Inhambane	FDC
Sofala	International HIV/AIDS Alliance
Manica	Handicap International
Tete	HelpAge
Nampula	Action Aid
Cabo Delgado	Aga Khan
Niassa	ESTAMOS

The nature of the technical assistance to DPMAS was initially defined jointly by UNICEF and the MMAS. UNICEF then requested selected NGOs to respond for the delivery of such assistance at provincial level. Both the terms of reference and the budget related to the technical assistance to DPMAS were defined by UNICEF, although one UNICEF key informant affirms that the NGOs and DPMAS were given freedom to adapt the TORs into their local context. However considering the somewhat uniform approach to this component, it can be concluded that the NGOs did not significantly modify the TORs but started to implement them as they were. All

³⁶ The technical assistance provided by FDC in Maputo City is not funded by UNICEF but by FDC itself.

the NGOs provide one Technical Adviser who works at the DPMAS side by side with the OVC Focal Point. The main responsibility of the Adviser jointly with the Focal Point is to create and support a provincial level Multisectoral Nucleus for OVCs (NUMCOVs) and a Technical OVC Group (GT-COV). The former is a political entity while the latter is an executive organ.

Once the coordination structure is put in place at provincial level the Adviser and the Focal Point should start supporting the replication of it at district level. It is expected that alongside with the improved coordination mechanisms also conscience related to children's rights is strengthened, and subsequently more funds are allocated at district and provincial levels to protect children and their rights.

While the structure of technical assistance was to some extent defined at a national level, the importance of strengthening the provincial level coordination and boosting commitment for caring of OVC is widely recognized by both NGOs and the MMAS key informants. "I believe we have responded to the most critical needs" affirmed one NGO key informant but continued stating that much more support is still needed especially at district level where both the material working conditions and the technical knowledge of the Technicians of Social Assistance are very weak. Another NGO key informant declared that "technical assistance is an added value; it creates dynamism; it supports the Focal Point; it motivates; it stirs interest and commitment".

Interviews with the OVC Focal Points at DPMAS confirm their satisfaction with received technical assistance. In Sofala Province, the Focal Point declared that the Technical Assistant could continue providing assistance for many more years as "he has not only supported the area of social assistance but all the areas that contribute to a healthy development of OVCs".

In some cases, however, where the DPMAS has not prioritized the NUMCOV agenda and has participated very little in its management, the provision of technical assistance has become a source of frustration for the NGOs. Such feelings were expressed by four NGOs working in different provinces. In such a situation, the influence of the NGO is very limited. DPMASs were said to show greater commitment to political interests than to OVCs. Furthermore, one NGO indicated that the consolidation of the NUMCOVs will require greater clarity on the terms of references and roles of different members.

In addition to the predetermined form of technical assistance, nearly all of the involved NGOs also seek to respond to the day-to-day needs of the local authorities. This can imply provision of transport or office materials, but it can also imply strengthening the knowledge of the local authorities about children's rights and about the key policies guiding the national response to vulnerable children, as is done by FDC, for example.

Several NGO representatives expressed their concern for not possessing sufficient information about the support provided directly by UNICEF to DPMAS. According to one key informant, uncomfortable situations have emerged when representatives of DPMAS have requested the NGOs to provide support that was assumed to be covered by UNICEF's direct support to DPMAS. Since the NGOs have not had adequate information about the support provided by UNICEF to DPMAS, they have not been able to validate the true relevance of such requests. One Technical Adviser to DPMAS suggested that UNICEF should strengthen the supervision of the use of funds provided to DPMAS so as to clarify "why they need so much support if they already receive assistance from UNICEF". According to one UNICEF key informant,

there had been an attempt in the past to clarify with the NGOs and DPMAS what type of support could be provided in this context. In particular, UNICEF employed a Technical Advisor at a national level who was supposed to meet with the provincial-level Technical Advisors on a quarterly basis to provide support, training and address any concerns. Thus, while UNICEF had conceived of a mechanism to address issues of this nature, it would appear that it could be strengthened further.

In addition to the technical assistance to DPMAS, 3 NGOs strengthen capacities of CBOs who work with OVCs and their families (Action Aid, HAI and International HIV/AIDS Alliance). At the beginning, each of these NGOs has conducted a needs assessment with their beneficiary CBOs. Thereafter an individual training plan is developed for each CBO. Usually, training is required for financial and administrative management skills but also for dealing with OVCs and for defending their rights. International HIV/AIDS Alliance and Handicap also build their partners' capacities to elaborate project proposals, calculate budgets, and prepare financial reports and to obtain a formal statute for the organization – all in line with the needs that each partner CBO manifest.

4.1.3 Gender considerations in programme planning and implementation

All the NGOs operating at community level affirm that their interventions are based on active reflection of the different needs of women and men, or girls and boys. In general, these NGOs show high level of awareness of greater risks of vulnerability that affect girls and therefore they say they actively target girls and women. “What comes to girls, they suffer more from AIDS. The one who takes care of the mother when she gets ill and stays in bed, is the daughter. She has to travel with the mother [to seek assistance], so she drops out of school. When the mother passes away, the daughter returns home but she is affected psychologically. When children live alone, they can be raped or they may be exposed to sexual abuse. And sometimes, they have sex in order to earn money. [...] We don't have a clear strategy but the idea is to reinforce girls' education and we seek to talk with the families orienting them that it is not just the boys who should go to school, but also the girls”, explained one NGO representative. Another NGO key informant affirmed that “The gender balance is different among old people. Old women are more likely to be alone than old men who tend to re-marry. They have care-taking responsibilities and less access to resources. We make sure that they benefit from our project.”

According to the statements made by the NGO key informants, the most common approach to gender integration appears to be prioritization of women and girls as the primary target groups. Several NGOs also stated that they work together with the Police department dealing specifically with cases of gender based violence. A few NGOs develop activities targeting specifically girls. “What comes to the beneficiaries, the children between 6 and 11 years are all treated equally. [...] From 12 years onwards, we make a difference. For example, sewing is more oriented for girls” explained the representative of Handicap. HelpAge is also keen on involving women in community groups and tries actively to remove any possible barriers (e.g. requirement for certain level of literacy) that could hinder elder women's participation as community activists.

Most of the NGO interventions work within existing gender norms. Only few NGOs have taken the gender integration further and challenged the existing gender roles and responsibilities. FDC is one of them. It seeks to actively engage women in the

community groups and the FDC team consciously shows example of female leadership before the male community leaders. “The discourse before the local leaders is to show that it is women who decide in FDC”.

Gender awareness is less apparent among the NGOs who focus on the provision of technical assistance to DPMAS or capacity building of CBOs. “Gender is not our area” declared one NGO key informant. “The project is not very clear about it [i.e. gender focus]. It’s missing,” admitted another NGO representative. Clearly, NGOs focusing on technical assistance or capacity building do not consider gender perspective relevant for their work. And yet, it is difficult to see how the beneficiary institutions of these NGOs can ever carry out their work satisfactorily unless they are aware of and sensitive about the different needs and circumstances of girls and boys, or women and men. One good example is the International HIV/AIDS Alliance who actively nurtures gender sensitivity among the CBOs they partner with. “All the training contains gender perspective”, affirmed the respective NGO representative.

While there are problems with counting the total number of beneficiaries of the Programme (see more under the chapter 4.2.1), we will here make a rough estimate and sum up the beneficiaries of different services for the sake of gender analysis. As shown in the Table 6, the result of the calculation indicates that the Programme has indeed benefited slightly more girls than boys. However, the difference is so narrow (50.35% girls vs. 49.65% boys) that one can by no means speak of specific targeting of girls. Besides, considering that many children have been double counted in these records, the interval of error must be wide here. Only three of the NGOs benefited clearly more girls than boys (i.e. girls represented 55% or more of their beneficiaries): FDC, HelpAge International and HIV/AIDS Alliance.

Table 6: Programme beneficiaries disaggregated by sex³⁷

	Organization	Beneficiaries		Total	% of females
		Male	Female		
1	Action Aid	19,134	20,430	39,564	52
2	Africare	22,520	19,670	42,190	47
3	Aga Khan	41,469	41,800	83,269	50
4	Colegio Infantil	2,346	2,559	4,905	52
5	Douleurs Sans Frontie	6,431	7,360	13,791	53
6	FDC	7,898	10,884	18,782	58
7	HACI	6,762	6,653	13,415	50
8	Help Age International	18,528	22,923	41,451	55
9	Handicap International	30,158	19,171	49,329	39
10	International HIV/AIDS	8,690	10,491	19,181	55
11	RENSIDA	39,170	44,060	83,230	53
	Total	203,106	206,001	409,107	50

Looking into the different types of service, one can note that while there are somewhat more girls who have benefited from legal support, health services and psycho-social support, there are more boys who have benefited from food, education and financial support - see Table 7. However, analyzing the results individually NGO

³⁷ ESTAMOS is not included in this table, as it only provides technical assistance to DPMAS and does not operate at community level.

by NGO, no clear tendencies can be distinguished in terms of targeting between the different types of services.

Table 7: Beneficiaries of basic services disaggregated by sex

Organization	Food		Education		Financial Support		Legal Support		Health		Psycho-Social Support	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 ActionAid	1,026	928	1,947	1,185	211	156	623	672	9,200	11,273	6,127	6,216
2 Africare	4,119	3,524	4,383	4,917	660	645	3,927	2,490	4,167	3,582	5,264	4,512
3 Aga Khan	480	571	30,261	26,560	253	219			10,475	14,450		
4 Colegio Infantil Dolours Sans	234	198	626	721	0	0	626	721	234	198	626	721
5 Frontieres	35	49	344	377	333	314	854	1025	996	1289	3,869	4,306
6 FDC	752	1,987	2,212	2,772	0	0	326	729	2,304	2,698	2,304	2,698
7 HACI	1047	1,027	2,204	1,965	291	292	352	398	1,412	1,347	1,456	1,624
8 Help Age International	4,491	5,078	2,652	2,055	2,085	1,820	1,442	3,685	4,338	4,740	3520	5,545
9 Handicap International	5,042	3,503	6,996	4,608	966	645	4,208	2,821	5,462	3,696	7,484	3,898
10 International HIV/AIDS Alliance	0	0	1,230	1,208	0	0	824	836	57	78	6,579	8,368
11 RENSIDA	0	0	10,437	12,428	0	0	9,218	9,493	6,886	7,996	12,629	14,143
Total	17,226	16,865	63,292	58,796	4,799	4,091	22,400	22,870	45,531	51,347	49,858	52,032

In sum, despite the positive discourse, the quantitative results reveal that the Programme as a whole and the NGOs individually have reached an equal number of girls and boys. While most of the NGO Partners acknowledge the greater vulnerability of women and girls, in practice they have not been able to systematically demonstrate this recognition through their programming approaches.

4.1.4 Conclusions

In general, the NGOs make many efforts to ensure that the assistance provided by them is relevant and appropriate to their beneficiaries. Mostly they do this through the involvement of community members in decision making. At least three NGOs have carried out baseline situation assessments so as to better understand the prevailing needs in the target communities. Consequently, the NGOs working at community level present good understanding of the context in which they work in.

NGOs who work on the capacity building of the CBOs start their interventions with a needs assessment so as to tailor an adequate training package for each organization. Also, the technical assistance to DPMAS is generally found pertinent both by the interviewed NGOs and representatives of DPMAS and MMAS even though this modality was defined at central level. However, technical assistance that does not actively develop the gender sensitivity of CBOs or DPMAS can hardly be adequate to the local context where social values and norms sustain and reinforce the vulnerability of women and girls. In general, the NGO interventions have not integrated a gender sensitive approach.

4.2 Effectiveness of programme interventions

4.2.1 Achieving the main objective

To assess the effectiveness, one needs to compare the set objectives with the achieved results and define the extent to which the objectives have been fulfilled. According to the terms of reference of the present assessment, the main objective of the NGO-Government Partnership Programme was to contribute towards the provision of access to basic services and social protection to at least 165,000 OVCs and their families. It should be noted that this target was not limited to coverage achieved by NGOs only but also included support provided by DPMAS and by CBOs directly to OVC.

What comes to the achieved results of the Programme, there is one important shortcoming in most of the NGOs' monitoring mechanisms: they are not case sensitive in a sense that children who have received assistance more than once are counted each time as a new beneficiary. Hence, the NGO records actually overrate the achieved results and fail to establish the real number of children that have received adequate level of support through the Programme.³⁸ Consequently, it is currently impossible to calculate exactly the number of OVCs whom the Programme has benefited.

The Table 8 presents the results of each NGO, as they were reported to the consultant team in the context of the present assignment.

Table 8: Programme results reported by the NGOs

Organization	Number of children supported (2007-2009)											
	Food		Education		Financial Support		Legal Support		Health		Psycho-Social Support	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1 ActionAid	1,026	928	1,947	1,185	211	156	623	672	9,200	11,273	6,127	6,216
2 Africare	4,119	3,524	4,383	4,917	660	645	3,927	2,480	4,167	3,582	5,264	4,512
3 Aga Khan	480	571	30,261	26,560	253	219			10,475	14,450		
4 Colegio Infantil	234	198	626	721	0	0	626	721	234	198	626	721
5 Douleurs Sans Frontieres	35	49	344	377	333	314	854	1025	996	1288	3,869	4,306
6 FDC	752	1,987	2,212	2,772	0	0	326	729	2,304	2,698	2,304	2,698
7 HAC	1047	1,027	2,204	1,966	291	292	352	398	1,412	1,347	1,456	1,624
8 Help Age International	4,491	5,078	2,652	2,055	2,065	1,820	1,442	3,685	4,338	4,740	3,520	5,545
9 International Handicap	5,042	3,503	6,996	4,608	966	645	4,208	2,821	5,462	3,696	7,484	3,898
10 International HIV/AIDS Alliance	0	0	1,230	1,208	0	0	824	896	57	78	6,579	8,368
11 RENSIDA	0	0	10,437	12,428	0	0	9,218	9,493	6,886	7,966	12,629	14,143

If one sums up the number of the beneficiaries, it appears that the Programme has benefited more than 409,000 OVCs. However, on the basis of what was said above, this would produce an incorrect result as there are children who have benefited from several services and are therefore counted several times within these records. To be

³⁸ PACOV defines that the OVCs should be provided with at least three different types of basic services.

precise, these NGO records indicate the number of service provision events and not the number of children. Having said all this, it needs to be noted that both UNICEF and the NGOs are aware of the problem and at least some of the NGOs, such as HelpAge and Handicap, consciously seek to avoid the double counting. Yet, they admit that it is challenging, especially given that this information is collected at a community level, so data collection tools cannot be too complex.

In order to be able to roughly estimate the number of children who have received 3 basic services (as appealed in PACOV), UNICEF has adopted a formula that considers the highest common denominator among the results of each NGO as the proxy for the beneficiaries who have received 3 or more types of basic services. This means that under the different types of basic services, UNICEF considers the highest number of beneficiaries who could possibly have obtained three services. Thus, this formula actually produces the most optimistic result possible.³⁹

Applying the formula of highest common denominator, the result indicates that over 60,000 OVCs have benefited from 3 basic services through the Programme - see the Table 9.

Table 9: Estimated number of OVCs who could have benefited from 3 services

Organization		Highest common denominators		
		Male	Female	Total
1	<i>Action Aid</i>	1,947	1,185	3,132
2	<i>Africare</i>	4,167	3,582	7,749
3	<i>Aga Khan</i>	480	571	1,051
4	<i>Colegio Infantil</i>	626	721	1,347
	<i>Douleurs Sans</i>			
5	<i>Frontieres</i>	854	1,025	1,879
6	<i>FDC</i>	2,212	2,698	4,910
7	<i>HACI</i>	1,412	1,347	2,759
	<i>Help Age</i>			
8	<i>International</i>	3,520	4,740	8,260
	<i>Handicap</i>			
9	<i>International</i>	5,462	3,696	9,158
	<i>International</i>			
10	<i>HIV/AIDS Alliance</i>	824	836	1,660
11	<i>RENSIDA</i>	9,218	9,493	18,711
	Total	30,722	29,894	60,616

In addition, based on the same formula of the highest common denominator, the DPMAS directorates from the seven priority provinces reported having supported between 70,000 to just over 100,000 OVCs during the period of 2007-2009.⁴⁰

³⁹ In theory, it is possible that there are OVCs who require less than 3 types of services and whose needs could be satisfied through the provision of just one or two basic services. Calculating the result of the Programme on the basis of OVCs who could have received 3 services ignores such cases and, it could be argued, may underestimate the number of children whose basic needs have been satisfied. Yet, the very same argument could also be used on the OVCs who require more than 3 types of basic services. Hence, it can be assumed that these two theoretical scenarios counterbalance the effect of each other. Further, considering the level of vulnerability of the most vulnerable OVCs, the latter scenario is likely to be a more realistic one.

⁴⁰ Source of information: UNICEF

Combining the figures from the NGOs and DPMAS indicate that the Programme has nearly reached its target.

4.2.2 Achieving other objectives of the Programme

One of the main focus areas of the Programme has been the strengthening of MMAS coordination mechanisms at provincial and district levels. Unlike the other Programme components, the format for strengthening of the coordination was pre-designed by UNICEF and MMAS due to its paramount importance. In practice, 7 NGOs have worked on this component providing a Technical Adviser to 10 DPMAS in total. Only the DPMAS in Zambezia does not receive technical assistance directly from UNICEF, although it is one of UNICEF's priority provinces, as the assistance there is supported by another organisation⁴¹. As a result, in each of the 10 provinces, a NUMCOV has been created and the process of replicating it at district level has been initiated in many provinces. However, as stated by the NGOs, the organization of district level coordination mechanisms is mostly still in the early stages.

The objective of the provincial and district level NUMCOVs was to ensure pooling of resources and ensure greater commitment from different sectors of the government. However, one OVC Focal Point at DPMAS declared: "Neither the Governor helps everybody assigns the responsibility over OVCs for Social Action. When we send the requests of the OVCs [to access free services] with poverty certificates, [Provincial Directorate of Education and other government sectors] always return them to INAS. This shows lack of coordination between different Government institutions".

It was expected that the technical assistance provided to DPMAS and to District Services of Social Action would inspire more attention and funds for the cause of vulnerable children. One positive outcome attested to by several NGOs is that the local authorities do indeed demonstrate greater concern and commitment for children's rights. "The government itself starts to be more interested in the situation of children. Administrators, DPMAS and others are now involved. But we have not yet succeeded influencing that the district budgets would include something specifically related to children", acknowledged one NGO representative. Similar statements were expressed by several other NGO key informants. While this has not yet led to financial commitments in any of the provinces, it should be noted that sectoral budget allocations are decided at a national level and that this awareness-raising at a provincial level is a first step towards increased budgets for children.

With regards to the strengthening of the capacities of the CBOs, 5 of the 12 NGOs work directly with CBOs attempting to strengthen their institutional structures and build their technical and management skills with the view of them providing better services to OVCs (Action Aid, HACL, International HIV/AIDS Alliance, Africare and Handicap). All the five NGOs also provide financial resources for the CBO interventions. In total, the five NGOs have managed to reach 241 CBOs/FBOs.

According to the NGOs' own assessment, the results have been mainly positive. "The results are obvious in the areas of administrative and financial management. Also, the [CBOs] now have in their plans and strategies a clear component for promotion and protection of children's rights", announced one NGO key informant. "The volume of funds for the [CBOs] has increased, the support to the communities

⁴¹ According to one UNICEF key informant, the DPMAS in Zambezia Province is technically supported by World Vision. This division of labor is one result achieved through GT-COV.

present better quality, improved service provision”, reported another NGO representative.

The Table 10 below presents a synthesis of the level of achievement of the Programme objectives. Although, the status of achievement of the objective 2 can be considered positive due to the creation of the provincial level NUMCOVs, the process is far from being concluded due to slow take off of the district level coordination mechanisms.

4.2.3 Monitoring the results

Flux of information

At the implementation level, all NGOs have mechanisms put in place so as to ensure regular flow of information from the communities to the NGOs. Mostly, community level activists keep the basic records related to the provided inputs. Often this level of information is channeled to the local office of the NGO on a weekly or monthly basis. From there the data is normally aggregated once a month and passed on to the NGO headquarters.

The flux of information from the NGOs to UNICEF was defined in the Project Cooperation Agreements (PCAs) signed individually with each NGO. Here, the periodicity of both financial and programmatic reporting is defined as every 6 months. However, in practice there seems to be confusion amongst some of the NGOs as to the reporting requirements (both financial and programmatic), with some thinking they need to submit reports once a month or once every three months.

Formally, the flux of information to MMAS goes through UNICEF. However, many NGOs say they share a copy of their provincial level data with the DPMAS. At least in Sofala the DPMAS confirmed that they receive data from the HIV/AIDS Alliance, but the information sharing is essentially done through the GT-COV.

In the context of the Programme there is no direct relationship between the NGOs and MMAS, at central level, except during the annual review meetings. From the point of view of MMAS, this is somewhat unsettling. “The reporting from NGOs should be sent both to UNICEF and to MMAS. The bottom line is that their activities are based on the MMAS annual plan. MMAS needs to know what has been done and what hasn’t”, argued one central level MMAS representative.

Furthermore, lack of direct interaction between MMAS and the NGOs have led to ambiguities in relation to the achieved results as there have been significant discrepancies between the data provided by DPMAS and that provided through UNICEF. One of the MMAS key informants stated that “DPMAS sends us the numbers of OVCs that have been reached. NGOs also send this information [through UNICEF], but their numbers are three time bigger than those of DPMAS. We have to be able to trust on the information of DPMAS.” One UNICEF key informant confirmed that in the past there have been discrepancies between the data provided by DPMAS and that provided by the NGOs. Yet, according to him the former used to provide far higher figures than the latter.

The concern of MMAS expressed above is understandable. As the maximum government authority who should serve the vulnerable populations, MMAS should

have up-to-date information about the development of the Programme. It seems feasible to aggregate and consolidate the information at UNICEF level before it is shared with the Ministry; this mechanism is likely to contribute to greater coordination and systematization of the information.

Core indicators

Another reason for concern is the fact that there is no unanimity between MMAS, UNICEF and the NGOs about the core indicators. One NGO representative explained the situation: “In the end of 2008, there were launched 2 different monitoring systems: UNICEF’s and MMAS’. We ended up using UNICEF *fichas* because it’s our donor, and it’s up to UNICEF to get that information to the MMAS.” The existence of the two monitoring systems has clearly created some confusion among the NGOs. “There never was orientation from UNICEF’s side on the monitoring instruments that we should use” complained one NGO key informant.

Handicap International in Chimoio has developed a database in Access that allows for a rapid consultation of data. The data base allows for a rapid consultation of:

- the "Mapping", e.g., for a rapid verification of all the locations where the programme is being implemented, District, Administrative Post, Locality and in some cases by *Povoado* Villages;
- a list of the OVCs per location;
- consultation of the number of identified OVCs;
- type of orphanhood;
- age and sex;
- number of substitute families and the kinship with the OVC;
- type of identified need;
- the average age of the OVCs;
- follow up, i.e. the type of assistance that each child have received.

The main challenge faced by Handicap is the capacity of updating the information. Nevertheless, the system shows good potential and presents a possible solution for keeping record of the number of events and type of assistance provided to each child. It should be further evaluated so as to assess the feasibility of having the same system replicated in other provinces.

However, one UNICEF key informant affirms that all the NGO partners and DPMAS had actually been trained. While this apparent contradiction may be due to staff turnover, it is nevertheless clear that there is no consistency between the NGOs’ monitoring mechanisms. Yet, all the NGOs unanimously monitor the number of basic services provided⁴² disaggregating that information by the service type and by the sex of the beneficiaries. But apart from this one indicator, there is very little in common between the NGOs’ record keepings.

Monitoring the results of indirect support can be particularly challenging due to many layers of actors. One NGO key informant explained that while they keep records on the services and support provided to the community groups and again on the support provided by the community groups to community members, it is hard to follow up the results of the provided support at the beneficiary level. Furthermore, she said “Monitoring access to secondary school is difficult. The poor children with certificate should have access for free, but they don’t”.

⁴² As mentioned earlier in this report, the NGO monitoring sheets refer to ‘the number of OVCs served’ while in fact the data they provide refers to the number of service provision events.

Effectiveness of the monitoring mechanism

The effectiveness of the NGOs' monitoring systems was put on test when the consultant team started the present assessment and requested all the 12 NGO partners to provide basic quantitative data on their achieved results (see the distributed project result datasheet in the annex 4). More specifically, the NGOs were requested to specify:

- the number of families who have been provided with basic support (disaggregated by the type of support and by household headship),
- the number of vulnerable children who have been provided with basic support (disaggregated by the type of support and by sex, age and orphahood status)
- financial execution level of the approved project budget (disaggregated by administrative and project costs)

Only 5 of the 12 NGOs managed to provide the requested information in due time (Aga Khan, FDC, HelpAge, Colegio Infantil and ESTAMOS). 7 of 12 NGOs submitted their data either incomplete or with significant delay (Action Aid, Africare, DSF, HACI, Handicap, HIV/AIDS Alliance and RENSIDA). On this basis, it could be said that the monitoring system of most of the interviewed NGOs appear rather ineffective and far from being satisfactory.

At the central level, UNICEF and MMAS are working towards improving their monitoring systems. At the same time, several NGOs support DPMAS in putting together a database at the provincial level. Ideally, all these databases should be uniform and form one network. However, as affirmed by one UNICEF key informant, this is not the case.

4.2.4 Conclusions

Overall, the Programme has generated several positive results. Over the last three years, the NGOs supported thousands of children in accessing basic services, thereby contributing to the overarching goals of the PACOV and UNICEF..The NGOs have strengthened the technical and financial capacities of community based organizations and capacities of community groups across the seven provinces. Finally, the Programme has managed to foster the creation of provincial level coordination mechanisms through the provision of technical assistance.

However, there are also a few serious shortcomings which limit its effectiveness. The overall monitoring system of the programme is deficient, with room for improvements in terms of data collection, validation and analysis. All the NGOs appear to have just one indicator in common: the number of services provided. Keeping track of the different types of support required by and provided to each child is a major challenge to all OVC stakeholders which will need to be addressed urgently. While in general the DPMAS staff are aware of the Programme, it appears that the role of central level MMAS in the context of the Programme is not quite clear. It appears that the Ministry has greater expectations in relation to its participation than what has happened so far. Although, this may not be quite appropriate, the roles and responsibilities of the Ministry should be clarified to all the parties. Moreover, the oversight of the functioning of the provincial and district level GTCOVs and NUMCOVs should be strengthened.

4.3 Efficiency of programme interventions

Efficiency of a given intervention is typically measured comparing the intervention inputs with the achieved results. For the assessment of the efficiency of the UNICEF NGO-Government Partnership Programme the consultant team gathered information related to the amount of used funds both from UNICEF and from NGOs.⁴³ It was then discovered that there are some differences between the data provided by these different sources. However, the differences are minor and could be explained by the fact that UNICEF reports on the basis of the disbursements and also supplies provided whereas the NGOs reports on the basis of actual level of spending.

Considering the fact that 4 of the 12 NGOs did either not provide any financial data to the consultant team or provided incomplete data, and considering also that there were no major differences between the financial data provided by UNICEF and the NGOs, the team decided to base the financial analysis on the UNICEF data reflecting the situation as of 03.11.2009. In order to allow comparisons to be made, the information provided by the NGOs is compiled into the annex 5.

4.3.1 Financial Overview

Calculating on the basis of the data provided by UNICEF, the original budget of the Programme was nearly USD 9.9 million. The average budget of each NGO was approximately USD 822,000, but there are significant variations between the NGOs. ESTAMOS who exclusively provides technical assistance to DPMAS had less than USD 20,000 while FDC had more than USD 1.5 million. This is largely a function of the variance between planned activities of the NGOs. FDC has been supporting this work in three provinces at both the TA level and also support to OVCs whereas Estamos is only working in one province and only in the provision of TA to DPMAS. Another important element that contributes to these differences is the length of PCA agreements – some were signed early in 2007 while others not until late 2008 or early 2009. The Table 11 presents the financial overview and the annual disbursements of funds since the start of the Programme in 2007 until the end of October 2009.⁴⁴

⁴³ Of the 12 NGO partners, three (Africare, HACI and RENSIDA) did not provide any financial information and one (HelpAge) only provided information on one of the two provinces where they operate.

⁴⁴ While the original budgets are actually expressed in two different currencies (Metical and US Dollars), we have here transformed all the funds into USD so as to facilitate the analysis. The overall budget was calculated using the exchange rate of 23.6. The same rate was also applied on the disbursements in 2007, whereas the disbursements in 2008 were calculated using the exchange rate of 25.1 and the disbursements in 2009 using the rate of 30.0.

Table 10: Financial overview of the Programme

Organization	FCA signing date	Approved total budgets (USD)	Disbursements in 2007 (USD)	Disbursements in 2008 (USD)	Disbursements in 2009 (USD)	Total disbursed	Total % disbursed
Action Aid	02.08.2007	987,224	135,317	200,493	167,316	503,125	51
Africare	20.06.2007	1,228,883	65,608	219,705	477,014	762,327	62
Aga Khan	20.12.2007	666,000	77,116	105,506	278,647	461,270	69
Colegio Infantil	27.07.2007	283,889	74,202	127,048	58,282	259,531	91
DSF	27.03.2007	982,847	345,643	171,397	259,176	776,216	79
ESTAMOS	15.12.2008	17,547	0	0	7,064	7,064	40
FDC	10.05.2007	1,660,944	199,083	251,186	312,580	762,848	46
HACI	30.04.2007	754,331	103,682	166,601	231,304	501,587	66
Handicap Int.	12.07.2007	990,686	205,023	114,658	300,858	620,539	63
HelpAge	27.03.2007	924,978	299,333	401,883	157,050	858,266	93
HIV/AIDS Alliance	19.02.2007	997,151	349,435	422,073	147,347	918,855	92
RENSIDA	19.02.2007	372,422	186,336	50,416	28,273	265,025	71
Total		9,866,902	2,040,778	2,230,967	2,424,909	6,696,654	

Although the annual financial execution rates vary significantly between the NGOs, the overall tendency has been steadily increasing. By the end of 2009, the NGO partners have executed in average 69% of the budgeted funds. The actual disbursements vary from approximately 40% to some 93%. Three NGOs present an execution rate that is above 90%: HelpAge, HIV/AIDS Alliance and Colegio Infantil. On the other hand, three NGOs have spent only half of their funds or even less: ESTAMOS, FDC and Action Aid. The execution rate of ESTAMOS is understandably low, as it only became part of the Programme in the beginning of 2009. During the interview, the FDC key informant explained that their execution rate has been low because they did not want to undertake activities in the communities before there were self-help groups mobilized and formed.

It should be noted that the financial execution level does not necessarily correlate with the quality or even quantity of results; neither does it tell much about the efficiency in itself. The financial intensity and execution levels are very much related to the technical approach employed by each NGO. Generally, interventions that involve procurement of equipment and/or materials present higher financial execution rates than interventions that seek to mobilize communities to take action. However, the outcomes of the latter types of interventions tend to be much more long-lived.

4.3.2 Disaggregation of expenses

In order to analyze the actual use of the funds, the consultant team used the financial data reported by the 8 NGOs. Comparing their planned budgets with actual expenditures, it could be noted that these 8 NGOs have mostly spent the moneys as planned. Yet it is noted that FDC has considerably exceeded both its travel and communications budget, HIV/AIDS Alliance has overspent its training and travel budgets and Handicap has exceeded its budget on equipment and materials.

Analyzing the weight of different expenses of the total expenditures, it can be noted that in average the NGOs spent the largest proportion of funds on salaries and other

personnel related costs. The second largest proportion has been spent on training related activities - see Table 12,

Table 11: Proportional breakdown of the expenses

Budget categories	Action Aid	Aga Khan	Colegio Infantil	DSF	ESTAMOS	FDC	Handicap	HIV/AIDS Alliance	AVERAGE	MEDIAN
	%	%	%	%	%	%	%	%		
Salaries and other personnel related	22	25	38	37	49	38	27	37	34	37.31
Training (cost of activity, room rental, accommodation and logistics)	73	31	7	13	17	5	34	47	28	24.19
Equipment and materials (vehicles, motobikes, computers, etc.)	0	30	2	5	9	1	7	14	8	5.96
Travel and transport (incl. travel)	2	12	24	10	10	9	8	2	9	9.26
Communications	1	1	2	3	7	1	4		3	1.80
Other activities (planning, monitoring, consultant contracts, etc.)	2	0	28	32	8	46	20		19	19.89
Total expenses	100	100	100	100	100	100	100	100		

Typically, technical assistance and capacity building tend to be skills intensive activities that require comparatively large budgets to cover personnel expenses. ESTAMOS being exclusively involved on provision of technical assistance marks the top in this expenditure category. Further, DSF, FDC and HIV/AIDS Alliance - all involved in some form of training or capacity building - are not far from it. Colegio Infantil's comparatively high rate of personnel expenses can be understood through the fact that it functions both as a shelter and as a school and it therefore requires qualified personnel on duty 24 hours. Of the 8 NGOs included in this analysis, Action Aid and Aga Khan have spent smallest proportions on salaries: 22% and 25% respectively. In any event, it should be noted that all these personnel expenses have been spent in line with the approved budgets.

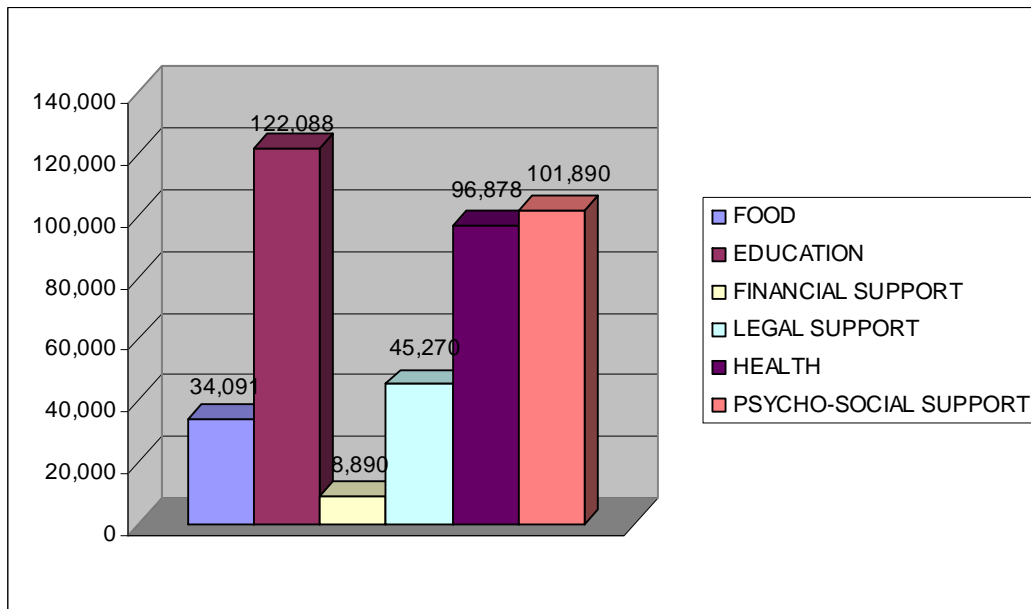
During the interviews with NGO partners, key informants mentioned several difficulties in relation to the Programme administration that was said to slow down or at least complicate the financial execution of the Programme. One such difficulty had been delayed disbursement of funds which was said to have happened especially in the beginning of the project. Furthermore, the procurement system that centralizes all the purchases above USD 500 to UNICEF was said to be another reasons for major delays in the financial execution and partly also in the project implementation. Some NGOs had planned to purchase motorbikes during the first year so as to facilitate the transportation of the project staff throughout the project period. However, it had taken nearly a year before UNICEF had actually delivered the bikes, a fact that had hampered swift moving of the staff from one project site to another. Further, budgeting in two different currencies (USD and Meticais) and the inflexibility in exchanging the currencies during the project implementation period were reasons for dissatisfaction among several NGOs. Opportunities for cost savings are lost due to the fact that the currency for each cost has been defined in advance. An illustrative example was provided by one NGO who had budgeted the purchase of bicycles in Meticais and therefore had to buy them in Mozambique although cheaper and better bicycles would have been available in South Africa. It should be noted however that these rules and regulations were clearly communicated to the NGOs by UNICEF during the preparation of the Project Co-operation Agreements.

4.3.3 Unit costs

Considering what was discussed earlier under the section 4.2, the consultant team decided to calculate the efficiency of the Programme based on the number of service provision events instead of the number of OVCs reached. Hence, considering that by the end of October 2009 the Programme had disbursed approximately USD 6,696,654 and had offered 409,107 basic services, the average cost of one service provision has been USD 16.37. On this basis, the average cost of provision of three different services is USD 49.11. It should be noted that this level of analysis does not allow making any assessment of the quality of the provided services. It is only known that the definition of the services vary greatly between the NGOs.

While it is impossible to detect how much the provision of each type of service costs, it can be assumed that the number of service provision events hints of the size of investment made in each service area. A comparative analysis across the different types of services shows that the highest number of services has been provided in the area of education, followed by psycho-social support and health – see the Figure 1. Also, legal support and food are provided considerably more often than financial support, which is least often provided service type.

Figure 1: Breakdown of the provided basic services (absolute figures)



4.3.4 Supplies

In addition to the financial transfers discussed above, UNICEF also provided material support to the partner NGOs as part of capacity building efforts. This amounted to over \$300,000 over the three years⁴⁵. Supplies donated comprised computers,

⁴⁵ This figure includes supplies provided under another part of the Child Protection programme, namely Prevention of Violence, though this support was limited to ActionAid and FDC only.

printers, bicycles, and other office equipment. In addition, some of the NGOs were also loaned vehicles for the duration of the partnership agreement.

4.3.5 Conclusions

By the end of October 2009, the implementing NGO partners had spent in average 69% of the planned budget. While there are great differences in the level of disbursements between the NGOs, all of the NGOs who provided financial data have spent the largest proportion of their funds either on salaries and other personnel related expenses or on training costs. Considering that a large part of the NGO interventions consists of provision of technical assistance and of capacity building, it is natural that the personnel expenses are high.

At an average cost of USD 16.37, the NGO partners have provided over 409,000 basic services to OVCs during a period of 3 years. With this level of efficiency, it has cost in average USD 49.11 to provide one child with three basic services. Assuming that the combination of these services has mitigated the situation of vulnerability, this may be deemed a small price to pay. However, without a baseline assessing the initial level of vulnerability, it is difficult to fully validate such a conclusion.

4.4 Sustainability of programme interventions

4.4.1 Sustainability of community level support

In development context, sustainability is usually understood as the capacity of the beneficiary to maintain the achievements of certain intervention without becoming dependent on the external agents supporting that intervention. In the context of the present assessment the consultant team has sought to weigh both the capacity of the implementing NGOs and the DPMAS to carry on their work without the presence of UNICEF, but also the capacity of their beneficiaries to keep alive the achieved results.

Sustainability of the interventions is a reason for concern amongst most of the NGOs operating at community level. Nearly all the NGOs have actually planned their interventions so that they would maximize the sustainability. This is naturally a critical issue for those NGOs providing direct support to OVCs or their families. Three such NGOs, i.e. Action Aid, Africare and Handicap are simultaneously training CBOs with the view of ensuring continuity of the support provision after phasing out their own interventions. "These are projects with very limited sustainability. We have to strengthen local associations and community committees so that they can continue after Action Aid" stated the respective NGO representative.

DSF, who provides psychological support to vulnerable children and youth at specialized rehabilitation centers, is seeking to build sustainability through progressive transferring of the management of the centers to the Ministry of Health. DSF plans to transfer the CRIs to the MoH in 2010 but continue to provide technical assistance to them until 2011.

RENSIDA is the only NGO providing direct support who states that it does not have any solution in hand for guaranteeing the continuity of its interventions after the closing of the UNICEF supported project. “We thought that the National [AIDS] Council could help us with the resources but now they don’t have any anymore. We haven’t yet come up with other solution” explained the respective key informant.

Implicitly, all the NGOs seem to maintain an expectation that UNICEF will extend the Programme further. The insecurity about the continuation of the Programme – and associated budgets – takes a toll on staff motivation and commitment. In addition, the NGOs are facing difficulties in meeting their obligations as employers as they do not know for how long they will still have funds to cover the salaries of the staff. Without better prevision of job security the NGOs risk losing their trained and experienced staff members. That being said, it should be noted that UNICEF chose to work with the selected NGOs based on their capacity and existence in the priority provinces, the logic being that these NGOs were already in operation and should not be so completely dependent on UNICEF for continuity.

For the NGOs who have mobilized and trained community self-help groups, sustainability has been the ultimate rationale behind their approach. “Aga Khan does not have direct beneficiaries and it does not agree with the approach of direct support because it is considered as a substitute, without which the families will fall back to the status of vulnerability and dependence”, exclaimed the Aga Khan key informant. “We created so called ‘service delivery offices’ that operate with service volunteers. They identify the community care committees in the local communities and identify the training needs of the communities, for example for income generating activities. The basic idea is to create sustainability in these communities. The idea is that Africare ceases to be necessary” explained the representative of Africare.

Although several NGOs who have worked with community groups affirm that their efforts are generating positive results rendering some communities more auto-sufficient, the doubt about the sustainability of the efforts remains. “I guarantee that the 5000 children whom we are reaching have at least one meal a day, and 90% of them have been registered and 80% of them have access to primary education. [...] But I don’t know to what extent they will continue following the recommendations and the new habits that they now are starting to practice. There is a problem with sustainability. Next year, if we are not there, I don’t know if the groups will continue with the same values of solidarity”, uttered one NGO representative.

HelpAge who works with elderly people is faced with an additional challenge. The old people who care for vulnerable children and who by now have learnt to defend their rights are not likely to live much longer. What will happen with the achieved results once the old people die? HelpAge has already started to test the autonomy of some of their target communities. “In the third phase, we have left the original communities alone, and we can see that some of them still continue active. Some work differently than planned. But it is a long process to make a community sustainable. The plan is to continue working with communities who are not yet strong enough. We are planning to link emerging groups with existing committees, [...] work with the newest communities in a closer fashion and render them little by little more independent.”

Ultimately, all the NGOs seem to agree that the communities will continue requiring external assistance for quite some time. Hence, more money and more time will be needed to truly lessen the vulnerability of the communities. “You cannot solve the socio-economic problems of a community in such a short time [i.e. 2-3 years]”, affirmed one NGO key informant. “It took us one year to sensitize and mobilize the

communities. The project's financial execution was very slow because we did not want to invest [money] as long as the communities were not sensitized. One more year would be really great. It would give us the possibility to consolidate at least 1 family group in each community, which could function as a model for the others. [...] It takes long time to change the mindset of people", explained one NGO representative. Some NGOs, such as Africare, have funds from other donors with which they can continue supporting OVCs, albeit at lesser scale.

4.4.2 Sustainability of technical assistance

The opinions about the extent to which the capacity of the DPMAS has been strengthened through the project vary from one extreme to another. This can be partly explained by differences between the provinces - it is likely that the level of motivation and commitment of the OVC Focal Points, Department Heads and Provincial Directors vary from one province to another. However, there was also a case where two key informants spoke about the same DPMAS and presented radically different opinions about their capacities. One of them was unusually positive about the achieved results and affirmed that both the commitment and the coordination capacity of the DPMAS had been significantly improved. She also told of a very recent situation in which the Technical Adviser had pulled out from the project and the Focal Point was in a process of taking on the tasks previously carried out by the Adviser. "The results seem positive", affirmed the NGO representative. In contrast, a senior colleague of a different NGO representative exclaimed: "The relation with [DPMAS] is frustrating. It has to do with the lack of capacity. Our Technical Advisers are not helping [DPMAS] but are carrying out their tasks. When the Technical Advisers leave, there will be nothing left. They are not actively integrated within the DPMAS".

Most of the NGO key informants affirmed that some results have been achieved at the level of coordination but at the same time many of them express reservations in relation to the extent to which the capacities really have improved. ESTAMOS, who has only started working with DPMAS since the beginning of 2009 understandably emphasized the insufficiency of the provided assistance and asserted that "DPMAS needs more assistance". Also, Aga Khan, Africare and HIV/AIDS Alliance explicitly indicated that the provided support has not been quite enough. The local DPMAS do not show sufficient competence or commitment to carry on alone. According to the representative of HIV/AIDS Alliance "More time is needed for technical assistance in order for the NUMCOV to be consolidated at provincial as well as at district levels".

It seems that more time and greater efforts will be needed at all levels to consolidate the acquired capacities. "UNICEF should put some good people to MMAS and improve the system of supervision and accountability at all levels", suggested one NGO representative. Indeed, it seems that MMAS does not monitor the provincial or district level NUMCOVs and the DPMAS are not held accountable for the process of creation or functioning of the local level coordination mechanisms. This may affect the sustainability of these bodies in the long-run.

At institutional level, the fact that the Technical Adviser is tied to work with the OVC Focal Point, her/his contribution remains mainly within the Department of Children and Elderly People at DPMAS. The Programme has not been able to extend support

to other government departments, which has further limited its potential institutional level impact.

During the interviews, several NGOs lamented the fact that there is no attempt of exchanging experience between them or systematizing the good practices generated in the context of the Programme. The Programme will lose an opportunity to capitalize the know-how generated by the Programme unless there is a coordinated effort made to document the lessons learnt. On the basis of their experience, the implementing NGOs feel that they could contribute e.g. to policy level discussion about minimum standards, feasibility of community led OVC funds, sustainability of mobilizing community level self-help groups, etc. Although the TAs and GTCOVs were conceptualized in such a way that they would partially provide this function, so far, none of the Programme stakeholders has made a move to take advantage of these existing opportunities.

4.4.3 Conclusions

Sustainability is the Achilles' heel of the UNICEF NGO-Government Partnership. In order to avoid creating a circle of dependency, most of the NGOs are training either CBOs or community groups to find solutions and respond to the most basic needs of their communities. This is very time-consuming process. Usually, NGOs who provide direct material support produce fast results as they can easily reach their target groups. However, direct support hardly contributes to lessening the vulnerability of people. For the NGOs involved in community mobilization, the beginning is often painstakingly slow and it can easily take a year or two before any concrete results can actually be seen. However, the results of the latter group are likely to be much more sustainable than those of the former group.

In general, the NGOs are unanimous about the need to have more time to continue consolidating their interventions – be it direct support, indirect support or technical assistance – so as to enhance the sustainability of the achieved results. Ultimately, the success of national level response to OVCs is dependent on the leadership and coordination capacities of the Ministry of Women and Social Action and its local delegations. While the creation of the national and provincial NUMCOVs and GTCOVs has been an important milestone, their sustainability is an issue. According to many NGO representatives, in several provinces the NUMCOVs so far resemble hollow structures without real substance. Without a swift effort to pull together the lessons learnt, the Programme will also miss an opportunity to make an impact on policy and regulatory environment.

4.5 Impact of the Programme interventions

In order to discuss about the impact, one needs to assess the changes that the project has directly or indirectly generated. Here it is useful to consider both the intended changes as well as the unintended ones. The purpose of the UNICEF NGO-Government Programme was to reach 165,000 orphans and vulnerable children providing them with access to basic services and thus improving the quality of their lives. The interventions of the NGO partners included provision of direct material support, direct non-material support, community mobilization, provision of technical

assistance to DPMAS and capacity building of local CBOs. Below, we take stock of the reported changes that the different NGO interventions have produced.

4.5.1 Intended impacts

Intended impact of community level support

During the field work period, the consultant team held group discussions separately with community members – adults, youth and children – who have benefitted from the NGOs' support and other community members who have not received any support. The attempt was to assess the eventual differences in the reported access to education, health care and nutrition between people who had received direct material support and those who had not. Although the focus groups followed qualitative group discussion methodology, and the results cannot be generalized as such, the frequency of different types of response can nevertheless be revealing.

It was noted that the largest proportion of children and youth who go to school was among the young people who had not received any form of support. A very similar pattern was noted when analyzing the situation of girls alone – again school attendance was more common among the girls who had not received any support. The access to nutrition was assessed by asking the participants about the number of daily meals they usually have. The proportion of those who had three daily meals was greatest among those without any external support. At the same time, only 2-3% of all the interviewed people – those with support and those without it – had just one daily meal. The proportion of the interviewees who sought assistance at health facility in the event of sickness was to some degree greater among those who did not receive support. Only the proportion of those who sought assistance from traditional healer was similar among both types of groups.

These results may indicate that the interviewed people who had not benefited from any form of support were actually not part of the most vulnerable people in the first place and therefore their access to basic services is generally better than that of the beneficiaries of direct support. Furthermore, these results indicate that people who have benefitted from NGO support are indeed very destitute people, indicating correct targeting.

In the context of direct material support, changes could be seen, some of which were limited, while others had longer-lasting effects. In Mossurize (Manica), one young boy stated “[Before] we put our note books in plastic bags, but now we have schoolbags.” One adult beneficiary woman in Mossurize stated that the provided material support “helps because we can [now] use some money to buy other things; we save with the support”. One young man in Meluco affirmed “We do notice some change. Before we didn't have [school] uniforms and we were thrown out from the classes”. Hence, provision of school uniforms – an obligatory equipment required in all Mozambican primary and secondary schools – has sometimes actually facilitated children's access to school.

In the context of UNICEF NGO-Government Partnership Programme, the consultant team came across with some elements that indicate that direct material support may generate also counter effects and render people passive reducing their own initiatives. In a remote community of Meluco (Cabo Delgado), the field research team came across with one shabby old hut which was occupied by an elderly woman and

her nephews. Before this sight, the field researcher asked the local community leader why the unemployed young people hanging around idle all around the community could not lend a hand to the old lady and repair her house. “It is easier for us to receive external support than us helping each other” answered the community leader. Too often, this kind of mentality is the ultimate impact of direct material support.

Non-material support appears to have less of such negative side effects. As stated earlier, the interviewed beneficiaries did not even mention non-material support when asked about the benefits of the NGOs’ interventions. This can be seen as an indication of non-material support rendering beneficiaries less dependent. Undoubtedly, improved access to basic services, such as education and health, is likely to have greater and longer lasting impact which may, at its best, change the level of well-being of a whole family. According to one beneficiary woman in Meluco (Cabo Delgado), “The life has changed notably. We now have access to medical assistance [and] the consumption of food has been improved”. Further, legal support provided in the context of the Programme has helped thousands of children to obtain official documents such as birth certificates and thus made them full citizens with legal rights. The impact of this simple act will bear fruit for the lifetime of the beneficiary children.

When it comes to community mobilization, it tends to have very empowering effect as it builds people’s awareness of their rights and teaches people to help themselves. HelpAge who has worked through community groups and trained community members as activists, reported that the increased awareness and skills level make the communities able to fight for their rights. “There was a school director who messed up with social assistance fund. The *para-legal* [i.e. a trained community member] went to the old people’s committee and they took it to the local administration, and now the [school director] pays it back”. In addition, active involvement of elderly people has improved their social status and enhanced inter-generational relations. Consequently, also the social status of the children whom they care has improved.

It is important to note that direct material support and community mobilization can work in opposing directions. That is why FDC stated that active engagement of community members is hardest in the communities where other NGOs are working providing direct support. Community mobilization seeks to revive people’s sense of collective responsibility for their wellbeing. Direct support, on the other hand, dampens down the collective responsibility and replaces it with external involvement. However, it should be noted that the underlying strategy of the Partnership programme is to facilitate OVC access to services, with the provision of direct material support being limited to the most vulnerable households.

Intended impact of technical assistance

One of the main thrust of the NGO Government Partnership Programme has been the provision of technical assistance to DPMAS and to district level authorities of social assistance. Most of the NGOs involved in this type of activity allocate one staff member to work full time with the OVC Focal Point at DPMAS. When asked about the changes that have been achieved through technical assistance, the key informants mentioned most often i) improved knowledge base related to children’s needs and rights among the OVC Focal Points, ii) reinforced political commitment for the cause of OVCs, and iii) the creation of local level mechanisms to enhance the

coordination of interventions targeting OVCs (NUMCOVs and GT-COVs). However, each of these achievements continues presenting major challenges.

First of all, the fact that the Technical Assistant only works with the OVC Focal Points seriously limits his/her potential technical influence within DPMAS. While the Focal Point may indeed improve his/her know-how and technical capacities, there is hardly any spill over effect of these results to the remaining DPMAS staff. An illustrative example of this situation was found in Manica Province where the OVC Focal Point had recently passed away. The Technical Assistant there felt that he now had to start the capacity building process from the very beginning again in order to train the new substituting Focal Point. Had there been more staff members benefitting from the past skills training, the situation could now be somewhat different.

Secondly, while several key informants asserted that the political commitment of DPMAS and other provincial level public sector managers had improved, others felt that lack of commitment was still an issue. “District Directors do not show any

concern. Unless there is an incentive mechanism, they will not do their work” declared one key informant in Manica Province.

Some of the common difficulties faced in the creation of NUMCOVs can be illustrated through a case study from Sofala Province where the creation of district level NUMCOVs has had a slow uptake especially among the government authorities. In the districts of Maríngue, Gorongosa e Chibabava Handicap International initially supported the creation of local NUMCOVs. However, as Handicap moved away from the districts, the coordination mechanisms ceased functioning. The main challenges in this process as identified by the Technical Assistant of HIV/AIDS Alliance include:

- Lack of funds to cover the running costs related to supervision of NGO activities
- Relatively high turn over of both government and NGO technicians which disrupts joint initiatives
- Lack of interest and commitment amongst the district directors

Thirdly, while the creation of the NUMCOVs and GT-COVs practically every province is a step forward, the meetings of these coordination bodies is irregular in some provinces. “We should have four meetings per year, one every three months, but we only had one” affirmed one key informant in Cabo Delgado. In other provinces, the outcomes of the coordination bodies remain limited. One key informant in Manica lamented that despite the NUMCOV and GT-COV, the information sharing between NGOs is insufficient and consequently the NGOs duplicate each others’ efforts. The same view was shared by one central level MMAS key informant who affirmed that one of the main challenges is the fact that “there are

many NGOs [operating] in one and same place, and there are many places where there is nobody [operating]”. Clearly, the creation of local level NUMCOVs and GT-COVs still leaves gaps with overall coordination, though it should be noted that prior to this effort, there was no formal coordination mechanism.

Capacity building of local CBOs has reportedly generated greater awareness of children’s rights and needs among members of the CBOs and thus contributed to improved quality of their inputs. Several NGO and CBO key informants affirmed that children are now being better cared for and more children attend school. Also, it was said that the CBOs’ financial and administrative management skills had been improved through their involvement in the present Programme. Certainly with additional material support during the past three years, the CBOs capacities have been built and improved, thus contributing to longer term sustainability as well. Some

CBOs have gained greater credibility among other stakeholders and, as a result, they have succeeded in raising funds from other sources.

4.5.2 Unintended impacts

In general, the Programme has not generated any major unintended impacts. One exception is an experience related by a key informant in Manica about the unintended consequences of distributing clothes that benefitted only orphans. The distributed pieces of clothes became unexpectedly markers that identified the vulnerable children and that became a reason for stigmatisation.

On the positive side, several key informants referred to unforeseen strengthening of technical capacities of their staff members which had led to the involvement of some NGOs in new areas. This had been the case of Handicap International whose volunteers were unexpectedly involved in emergency response to local cholera epidemic. Also RENSIDA and DSF reported having been requested to broaden their involvement beyond the originally planned scope of beneficiaries. DSF had trained the network of associations of people living with HIV/AIDS on psychological support and resilience, and RENSIDA was invited to participate in the national campaign for birth registration. Some NGOs had also broadened their involvement in HIV prevention and treatment activities. HelpAge had ended up facilitating the access to HIV treatment for their beneficiaries who lived in remote villages and who could not afford travelling to the clinic at their own cost. One NGO even reported having generated sexual behavior change within their target communities as a result of their interventions.

4.5.3 Progress towards the programme purpose

The objective of the NGO Government Partnership Programme was to complement other efforts through MMAS and CBOs to reach 165,000 orphans and vulnerable children providing them with access to basic services and thus improving the quality of their lives. However, as discussed earlier, the current monitoring system used by the Programme is a step in the right direction but can lead to multiple counting of children who have received support more than once. On the basis of a proxy indicator, it appears that the Programme has made progress towards its ultimate objective but not to the extent that was expected. Even so, one MMAS key informant affirmed that the coverage has been far greater than what MMAS alone could have reached.

What comes to the Programme objective itself, it was found somewhat shortsighted as it fixes the focus on the efforts that the NGOs are to make; by defining targets for the NGOs to reach the Programme objective implicitly leaves the beneficiaries in a passive receiving position. One NGO key informant smartly pointed out that a more sustainable programme objective would be “the number of OVCs who no longer need external assistance”. Ultimately, a Programme that aims at alleviating vulnerability should seek to empower the beneficiaries and not keep them dependent on external assistance.

5 LESSONS LEARNT

As stated earlier, the UNICEF supported NGO Government Partnership Programme has produced a wealth of knowledge on dealing with the needs of the most vulnerable children. While it is recommended that UNICEF will systematically gather and document this knowledge, we here at the end of this report present briefly the main lessons that were learnt during the current assignment.

In order not to overlook any children, focus should be placed on vulnerable children, not only on those who are orphaned. Similarly, in order to have a more effective and lasting impact, focus should be placed on families rather than on individual children. Another important lesson is that priority should be given to children from 0-3 years as adequate care, stimulation and nutrition in early childhood can lead to positive physical, socio-economic and cognitive outcomes that can be seen well into adulthood. Early childhood is considered to be the most critical foundation stages of growth and development, and therefore deserves to have special attention and prevention efforts need to begin long before school.

One of the most important lessons learned is the importance of community involvement, not only from community leaders, but from the entire community. This is essential for identifying the most vulnerable families within the community. The larger the involvement from community members, the greater the chances of avoiding elite capture. Community mobilization tends to have an empowering effect as it builds people's awareness of their rights and teaches them how to help themselves. Community mobilization and creation of self-help groups produces a more sustainable response to vulnerability than any intervention based on direct material support. In order to become effective and enduring, community mobilization will require changing the traditional mindset of people. This is a time consuming process but without which no sustainable results will emerge.

Direct material support can be used to bring immediate alleviation to the most vulnerable families. However, its effect tends to be short-lived and it may reduce the beneficiaries' own initiatives to seek to improve the quality of their lives. Therefore, direct material support should be applied cautiously, mainly as an emergency measure. In contrast, direct non-material support appears to have less of a passive effect on beneficiaries as it is often not even considered external support. At its best, the impact of direct non-material support lasts a lifetime and may benefit entire households.

In the context where social values and norms sustain and reinforce the vulnerability of women and girls, all the interventions that seek to lessen social vulnerability should actively promote women's rights, seek to empower them and help to overcome discriminatory barriers and gender inequalities. Also training activities, technical assistance and institutional capacity building should promote gender sensitivity so as to ensure that the provision of basic services will prioritize women and girls as the most vulnerable members of society.

6 FINAL CONCLUSIONS AND RECOMMENDATIONS

The UNICEF NGO Government Partnership Programme has been run for 3 years and it has generated many positive results. The NGOs appear to be assuming that the Programme will be extended beyond the original time frame. And considering the still prevailing scope of vulnerability, extension of the Programme would seem well justified. Furthermore, should the Programme be concluded in 2009 as it was foreseen, many of the achievements so far would most likely die out within a relatively short period of time, as the obtained results are still not solid enough. This would be the likely destination of the community self-help groups as well as many provincial NUMCOVs. The achieved changes require further consolidation. On this basis, it is found necessary to extend the Programme at least until the end of 2011 when the current UNICEF Country Programme ends. However, UNICEF should use this period for improving the identified shortcomings. Here below, are presented the main conclusions and recommendations of the current Programme assessment.

Reinforce the Programme management

Thus far, the 12 NGOs have operated very independently and their management tools – work plans, reports or monitoring mechanisms – vary significantly. Consequently, it is very difficult to form a proper overview of the Programme and the achieved results. In the new programme cycle, UNICEF should establish a common system of programme requirements and rationalize the programme process based on the experiences of the past 3 years. During the coming 3 years, UNICEF should make the following improvements:

- UNICEF should harmonize and rationalize the Programme administration ensuring that all the core documents, such as project cooperation agreements, amendments, etc. are shared with all the involved partners. Also, UNICEF should maintain its database updated on the disbursed funds, accounted monies and the number of children attended. These results should also be shared with the implementing NGOs and with MMAS.
- UNICEF needs to review what type of data it requires in relation to the NGO interventions and then determine what indicators the NGOs need to gather, and to what level the indicators should be disaggregated. Ideally, this process should be done jointly with MMAS and the NGOs so as to ensure that the indicators are both useful and feasible at implementation level and at national level. It is recommended to use existing guidelines that have been designed specifically for OVC interventions, such as the “Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS”. In particular, key issues this revised monitoring system should address include how to avoid either over-reporting through double counting or under-reporting by not capturing children who do not need support in accessing a particular basic service. In order to overcome the apparent impasse around the monitoring mechanism, UNICEF and MMAS should consider contracting external specialized assistance to that end.
- In order to ensure the consistence of gathered information and to facilitate the future documentation of the lessons learnt, UNICEF should consider defining a uniform structure of the progress reports, perhaps based on logframes. In order to ensure regular update of information, UNICEF should condition the funding against timely submission of reports and quantitative data. In order to ensure that the NGOs will be prepared to phase out their activities by the end of 2011, UNICEF together with the NGOs should prepare an exit strategy

already at the beginning of the next 3-year period. This process should also be used for generating discussion about the sustainability of the interventions. The exit strategy should be incorporated into the NGO work plans so that they will have time enough to prepare the ground and phase out gradually without compromising the achieved results.

- UNICEF and the NGOs should consider further strengthening of their programme activities vis-à-vis ECD, gender, holistic community support, nutrition and financial support.

Strengthen the national leadership

Despite many efforts, MMAS still operates with limited human resources and competences. The MMAS key informants acknowledge that coordination of the actors and interventions remains a critical challenge and yet MMAS as an institution needs to embrace the urgency of that challenge. In order to reinforce the national leadership, UNICEF should support MMAS at least in the following areas:

- MMAS needs to be held accountable for the functioning of the provincial and district level coordination mechanisms. UNICEF should improve the accountability and motivate greater sense of responsibility at local and central levels of MMAS by applying performance based funding mechanism on MMAS.
- Both UNICEF and MMAS should maintain the contact with grass root level through periodic visits to the project sites in the provinces. Such visits are likely to enhance the commitment of all Programme parties and facilitate open dialogue between the stakeholders. Furthermore, supervision missions and visits are generally found highly motivating among the implementing organizations
- UNICEF together with other MMAS partners should support the revision of the PACOV, which expires in March 2010, and ensure that in the future the objectives of the next version of the National Action Plan will be truly 'SMART': specific, measurable, achievable, relevant and time-bound. Ultimately, the objective of the national level action plan should seek to reduce the vulnerability. Since there appears to be consensus about greater vulnerability of girls, the PACOV objectives should be geared especially to the reduction of their vulnerability. While the plan can establish a principle that calls for providing three or more services for each vulnerable child, this should not be considered a requirement as long as there is no mechanism in place to effectively monitor its implementation.
- Still, in the context of the revision of PACOV, UNICEF together with the implementing NGOs should advocate for truly multisectoral response to OVCs and identify responsibilities of the different sectors in addressing the diverse needs of vulnerable children.
- In order to be able to effectively monitor the number of children who have received three or more services, there needs to be a national OVC database that tracks down each person who receives some type of assistance. In order to avoid duplications, the coding of each case should be based on the ID number of the beneficiary. Further, such database should also include information on the actual needs of each child so as to enable measuring the extent to which the provided support has alleviated the child's vulnerability. While supporting the establishment of the provincial level OVC databases, UNICEF should ensure that they are all synchronized and based on such

- recording system that enables effective counting of the beneficiaries and not only of the service provision events.
- UNICEF should assist MMAS in identifying the most essential training needs of its staff at central level and provincial levels. Subsequently, UNICEF could facilitate the identification of either financial or technical resources among the MMAS partners so as to adequately respond to the identified needs.
- Greater coherence in the approach between MMAS, INAS, UNICEF and NGO partners would build important synergies in programmes for OVC.

Improve knowledge management

The interventions of the 12 NGOs have generated plenty of knowledge and experience of dealing with OVCs but that is not currently been capitalized. UNICEF runs a risk of missing a great opportunity of increasing the understanding of good practices related to OVC response in Mozambique. It is therefore recommended that:

- UNICEF should continue to facilitate joint activity planning with the NGOs and MMAS in order to contribute to greater information sharing and coordination between these Programme partners. It is strongly recommended that once a year these partners also make a joint assessment of the achieved results and the main challenges. It is likely that one outcome of these forums will be reinforced commitment for the common objective.
- UNICEF should continue to facilitate a regular exchange of experiences between the NGOs as part of the regular Programme meetings or through thematic working groups / seminar that get together periodically.
- UNICEF should involve the NGOs in a process of systematic gathering of lessons learnt in different programmematic areas. UNICEF should also ensure that these lessons are properly documented for the benefit of future programmes. The accumulated insights should also inform the forthcoming revision of the National OVC Action Plan. Hence, the documentation process should get started as soon as possible.
- The 12 NGOs target their beneficiaries through different approaches – direct support, community mobilization, capacity building of CBOs and technical assistance to DPMAS. In order to increase the understanding and to guide the future investments, UNICEF should conduct a comparative evaluation of the different approaches, looking into the results, outcomes and, to the extent possible, the impact of different approaches. UNICEF and the implementing organizations should also consider possibilities of conducting a vulnerability analysis at the beneficiary level. Such an analysis would ultimately reveal the real impact of the Program.

The Partnership Programme was designed in 2006 as a short-term response to a near emergency situation – that of the rising numbers of children orphaned due to HIV/AIDS. The goal at that time was to contribute to the objectives of the PACOV in terms of stabilising these households and ensuring they had access to basic services while setting up more effective, longer term community supports. As this report has demonstrated, the Programme has generated many positive results in this context, though specific recommendations for its improvements have also been identified. Given these findings, as well as the continued impact of HIV/AIDS in Mozambique, UNICEF would do well to continue the Programme, while also improving it as suggested. As we enter not only a new decade but also potentially a new National Plan of Action for Children, the continued partnerships between the Government of Mozambique, UNICEF and civil society organizations will be key to fulfilling the rights of orphans and vulnerable children.