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***Enhancing the HIV Response within the Response to Tropical Cyclone Kenneth, Including the Provision of Nutritional Support, Dignified Return and Shelter to HIV/Vulnerable Populations, Cabo Delgado Mozambique: WFP and IOM***

**ANNUAL programme[[1]](#footnote-2) NARRATIVE progress report**

**REPORTING PERIOD: 1 january – 31 December 2020**

|  |  |  |
| --- | --- | --- |
| Programme Title & Project Number |  | Country, Locality(s), Priority Area(s) / Strategic Results[[2]](#footnote-3) |
| * Programme Title: **Cyclone Kenneth - HIV Response**

**Project: Demand Generation for HIV/TB and Nutrition Services*** Programme Number *(if applicable): CH1FP0507/MP.0415*
* MPTF Office Project Reference Number:[[3]](#footnote-4) *00116528*
 | *Country/Region:* Mozambique, Cabo Delgado province |
| *Priority area/ strategic results* UNDAF OUTCOME 6: People equitably access and use quality health, water and sanitation services.OUTPUT 6.4: Improved standards and practice of prevention, diagnosis, treatment and surveillance of HIV, TB and MalariaUNDAF OUTCOME 7: Adolescents and youth actively engaged in decisions that affect their lives, health, well-being, and development opportunities.OUTPUT 7.3: Increased demand for quality access to ASRH and HIV prevention servicesSDG GOAL 3:Ensure healthy lives and promote well-being for all at all ages.Target 3.3:By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases. |
| Participating Organization(s) |  | Implementing Partners |
| * IOM
 | * Médicos com África - CUAMM
 |
| Programme/Project Cost (US$) |  | Programme Duration |
| Total approved budget as per project document: MPTF /JP Contribution[[4]](#footnote-5): 998,338 USDTOTAL: 998,338.00 |  |  | Overall Duration *(months) 24* |  |
|  |  |  | Start Date[[5]](#footnote-6) *01.09.2019* |  |
|  |  |  | Original End Date*[[6]](#footnote-7)* *31.12.2019* |  |
|  |  |  | Current End date[[7]](#footnote-8) *31 .12.2020* |  |
| Programme Assessment/Review/Mid-Term Eval. |  | Report Submitted By |
| Assessment/Review - if applicable *please attach* Yes No Date: *dd.mm.yyyy*xMid-Term Evaluation Report *– if applicable please attach* Yes No Date: *dd.mm.yyyy* | * Name: Lilly Smines/ Sandrine Martin
* Title: M&E Officer/ Migration Health Program Manager
* Participating Organization (Lead): IOM
* Email address: lsmines@iom.it / samartin@iom.int
 |

# NARRATIVE REPORT FORMAT

# LIST OF ACRONYMS

AIDS – Acquired Immunodeficiency Syndrome

ART – Antiretroviral therapy

CHW – Community Health Workers

CPCS – Provincial council for combating HIV

CUAMM – Doctors with Africa CUAMM

CV – Curriculum Vitae

DPS – Direcção Provincial de Saúde

GBV – Gender Based Violence

GOM – Government of Mozambique

HF – Heath Facilities

HIV – Human Immunodeficiency Virus,

HTC – HIV Testing and Counselling

ICS – Instituto de Comunicação Social

IDP – Internally Displaced Person

INGC – National Disaster Management Institute

IOM – International Organization for Migration

LTFU – Loss to follow-up

MHPSS – Mental Health and Psychosocial Support

MISAU – Ministério da Saúde

NGO – Non-governmental Organization

PLHIV – People living with HIV

PLW – Pregnant and lactating woman

PRN – Programa de Reabilitação Nutricional

SDSMAS – Serviço Distrital de Saúde, Mulher e Acção Social

SDG – Sustainable Development Goal

SRHR – Sexual and Reproductive Health Rights

STI – Sexually Transmitted Diseases

TB – Tuberculosis

TC – Tropical Cyclone

UNDAF – United Nations Development Assistance Framework

UNHCR – United Nations High Commissioner for Refugees

UNJP – UN Joint Programme

UNJT – UN Joint Team

WFP – World Food Programme

# EXECUTIVE SUMMARY

Cabo Delgado Province was heavily affected by the Tropical Cyclone (TC) Kenneth in April 2019, causing unprecedented damages which are, to this day, still visible to infrastructure and the population’s livelihoods. The cyclone left lasting negative impacts, such as infrastructural damage, particularly to health facilities (HF) – including equipment, medication, patient files and registration logbooks. In addition, the deteriorating security situation in the province has increased displacement to near to 500,000 persons by December 2020. As a result, people lost their homes and social networks, affecting their social fabric and the entire social capital. With such humanitarian emergencies, the health of people living with Human Immunodeficiency Virus (HIV) (PLHIV) can also be compromised.

Similarly, conflicts and crises often cause interruptions in HIV prevention, care and treatment, specifically disrupting medical supply chains and access to ART drugs. Additionally, food insecurity, lack of access to appropriate shelter and clean water, and overall disruption of social services during emergencies, makes it harder to access and adhere to treatment. Therefore, after conflicts or crises, reinforcing awareness and consciousness on the availability of health care services including Tuberculosis (TB)/HIV, nutrition, and sexually transmitted illnesses (STI) treatment services is critical.

To respond to these challenges, IOM implemented this project in Cabo Delgado through integrated health teams working alongside MHPSS and Protection focal points. IOM began implementation of its activities in the districts of Macomia, Ibo and Quissanga, however, due to the increasingly insecure environment, and IOM had to cease operations in Macomia and Quissanga. As an alternative, and in view of the large numbers of internally displaced persons (IDPs) arriving in Pemba, Memba and Montepuez, IOM shifted its operational scope to these districts. Despite these challenges, during the reporting period (September 2019-December 2020) IOM contributed to:

1. Increasing HIV and TB treatment adherence and completion through linking lost to follow-up (LTFU) cases back on treatment and care.
2. Strengthening the District Service of Health, Women and Social Actions (SDSMAS) and the Provincial Health Department (DPS) to respond to HIV in emergencies through registering and tracking IDPs on antiretroviral treatment (ARV) at HF level and linking LTFU cases back on care and treatment.
3. Establishing and supporting new HIV community patient adherence groups (GAACs) for increased sustainability.
4. Strengthening sexual and reproductive health rights (SRHR) activities in the communities for youth focusing on HIV/STI prevention and information on GBV and community radio messaging on HIV, SRHR and gender-based violence (GBV).
5. Strengthening capacity of key emergency preparedness and response stakeholders (Ministry of Health (MISAU), Ministry of Gender, Children and Social Action (MGCAS), DPS, National Disaster Management Institute (INGD), Provincial Council for Combating HIV (CPCS), SDSMAS, Local committees to manage disaster and civil society) on Inter-Agency Standing Committee (IASC) guidelines on HIV in emergencies in collaboration with the UN Joint Team for HIV/AIDS.

# Purpose

The main objective of the project is to enhance the HIV response in communities affected by Cyclone Kenneth and increased insecurity in Northern Mozambique in order to provide IDPs with HIV and TB services and promote their adherence to treatment. This objective directly contributed to the targets of the National HIV Strategy.To achieve this objective IOM partnered with WFP and One United Nations Fund to ensure that HIV is fully integrated into the humanitarian response in northern Mozambique by achieving the following outputs:

**Output 1.1**: Increased capacity of Camp Coordination Camp Management (CCCM) and shelter partners to respond to and incorporate issues of HIV and GBV in humanitarian response settings

**Output 1.2**: Enhanced capacity of humanitarian actors and stakeholders at district and provincial levels to respond to emergencies as per IASC guidelines demonstrated by contingency planning commitments

**Output 1.3**: Increased detection of TB and/or HIV and adherence to TB and HIV treatment

**Output 1.4**: Enhanced access to information, uptake of services and knowledge on HIV, STIs, TB, SRHR and GBV

The project is closely aligned with Mozambique UNDAF (2017 – 2020) outcomes 6 and 7, related to health and youth, and directly contributes to output 6.4 for ‘improved standards and practice of prevention, diagnosis, treatment and surveillance of HIV, TB and Malaria’; and output 7.3 which seeks ‘increased demand for quality access to ASRH and HIV prevention services [for youth]’. The project also feeds into SDG goal 3 on health and target 3.3. which stipulates ‘by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases’.

# Results

1. **Narrative reporting on results:**

At the start of the project in September 2019, IOM selected six districts for implementation of activities, mainly Macomia, Quissanga, Ibo, Pemba, Mecufi and Metuge. For the first three districts (Macomia, Quissanga and Ibo), IOM implemented activities directly as implementing partners (IPs) were not readily available right after the passing of Cyclone Kenneth. For the latter three districts (Pemba, Mecufi and Metuge), Medicos com Africa (CUAMM) was selected to carry-out activities due to their long-standing experience in the implementation of project on HIV in Emergencies.

One the main areas of operation were selected, IOM engaged SDSMAS, DPS and SPS in each district, as well as health facilities and community leaders to support the intervention and the identification of priority communities. This gave place to local ownership which was crucial for the smooth implementation of activities.

Parallel to this process, IOM recruited 28 activists or team leaders (14 male, 14 female) to implement project activities in Macomia, Quissanga and Ibo. On 17-19 October 2019 IOM and DPS trained all 28 activists and team leaders worming on HIV, TB, MHPSS, GBV, protection referral pathways an MISAU guidelines for the implementation of health-related activities. Similarly, CUAMM recruited and trained 36 activists to implement activities in Pemba, Metuge and Mecufi. These trainings used participatory methodologies such as mock cases and role playing to promote the transfer of skills into the field. In addition, since activists were from the target districts, they leveraged their firsthand experience on health promotion and community mobilization to share best practices with other participants.

In the start of 2020, increased insecurity in Cabo Delgado led IOM to shift its activities and geographic scope of this project. First, in January and April 2020, IOM was forced to cease all activities in Quissanga and Macomia, respectively. As a response, and in view of the increasing number of IDPs arriving in Montepuez and Memba (Nampula), IOM began operations in these districts, while keeping operations active in Ibo. To fulfil the new scope of activities, IOM re-hired activists that were displaced from Quissanga and Macomia, as well as new activists reaching a total of 63 (32 male, 31 female). New activists went through the same training than those recruited in 2019 before beginning activities in the field.

The activities implemented by CUAMM in Metuge, Pemba and Mecufi ran from October 2019 to April 2020. After this, due to the large numbers of IDPs arriving in Pemba, IOM continued activities through in this location starting June 2020 through direct implementation.

Across all areas of operation, IOM implemented a core set of activities which included the identification and relinking to treatment of TB and HIV LTFU as well as awareness raising activities. In total, IOM:

* Identified 152 (80 male, 73 female) TB LTFU of which 118 (65 male, 53 female) were returned to treatment.
* Identified 1735 (1,047 male, 1,602 female) HIV LTFU of which 1,055 (809 male, 1,260 female) were returned to treatment.
* Reached 50,685 persons through awareness raising on HIV, TB, SRHR and GBV.

On top of these activities, certain tailored actions to each district were implemented such as the establishment of GAACs or the training of local government health personal. Similarly, CUAMM trained 442 members of community-based organizations (CBOs), local leaders, community self-help groups in Metuge, Mecufi and Pemba to cascade the reach of awareness raising in their target districts. These trained staff was able to reach 18,907 (9,209 male, 9698 female) of the abovementioned number of persons reached through awareness raising.

To also complement the abovementioned awareness raising activities, IOM and CUAMM produced two different radio spots which were played in Radio Moçambique and Rádio Comunitária de Mecufi, respectively.

**Table 1: Radio Spots**

|  |  |  |  |
| --- | --- | --- | --- |
| **Radio Station** | **Languages** | **Geographical Coverage** | **Number of Transmissions** |
| Radio Moçambique  | 4 (Português, Emakua, Ximaconde e Kimuani) | All Cabo Delgado | 92  |
| Rádio Comunitária de Mecufi | 2 (Português e Emakua) | Mecufi | 60 |

In addition, health-related activities were implemented in coordination with MHPSS and protection interventions, as activists were part of IOM Multi-Sectoral Integrated Teams. This allowed IOM to deliver comprehensive services to persons in need, as well as the swift referral of cases across programs, extending the reach of this project.

The specific activities per district are detailed in the below sections:

*METUGE*

CUAMM implemented activities in Metuge district from October 2019 to April 2020. These activities included the implementation of activities through trained activists, as well as cascading awareness raising through the strengthening of local structures in three communities, focusing specifically on relocation sites (Taratara, Nacuta, Nanjua). Through these activities, CUAM identified and referred 317 HIV LTFU (126 male, 191female) back to treatment.

CUAMM implemented four types of activities including awareness raising sessions, house visits, soccer tournaments and cultural presentations to raise awareness on HIV and how to identify these cases. The latter two types of activities leverage sport and art, respectively, to raise awareness on HIV prevention and the importance of treatment. In addition, during soccer games, CUAMM distributed 2,328 condoms.

To extend the reach of awareness raising activities IOM trained the members of two CBOs (Geração Bizz e Thangi Bizz) on HIV prevention and awareness raising. Using the skills gained, the CBOs reached 2,043 persons (810 male, 1,233 female). Similarly, CUAMM trained 44 community and religious leaders and seven members of support group (7 female) on HIV prevention and awareness raising, who reached 2,812 persons through awareness raising.

**Table 2: Reach of Activities in Metuge**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Male participants | Female Participants | Total participants |
| Awareness Raising Activists | 213 | 297 | 510 |
| House Visits | 3,987 | 2,564 | 6,551 |
| Soccer Games | 240 | 0 | 240 |
| Cultural Presentations | 1,145 | 371 | 1,476 |
| Awareness Raising Trained Partners | Not available | Not available | 2,812 |

*MECUFI*

CUAMM implemented activities in Mecufi district from October 2019 to April 2020 when their contract ended. These activities included the implementation of activities through trained activists, as well as cascading awareness raising through the strengthening of local structures in three community (Muindi, Sassalane and Mitane). Through these activities, CUAM identified and referred 168 HIV LTFU (72 male, 96 women) back to treatment.

To raise awareness on HIV and identify these cases, CUAMM implemented four types of activities including awareness raising sessions, house visits, soccer tournaments and cultural presentations. The latter two types of activities leverage sport and art, respectively, to raise awareness on HIV prevention and the importance of treatment. In addition, during soccer games, CUAMM distributed 1,525 condoms.

To extend the reach of awareness raising activities IOM trained the members of one CBO (Associação 29 November) on HIV prevention and awareness raising. Using the skills gained, the CBOs reached 1,653 persons (144 male, 724 female). Similarly, CUAMM trained 33 community and religious leaders and 8 members of support group (1 male, 7 female) on HIV prevention and awareness raising, who reached 3,391 persons through awareness raising.

**Table 3: Reach of Activities in Mecufi**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Male participants | Female Participants | Total participants |
| Awareness Raising Activists | 198 | 221 | 419 |
| House Visits | 2,348 | 1,987 | 4,335 |
| Soccer Games | 40 | 0 | 40 |
| Cultural Presentations | 501 | 341 | 842 |
| Awareness Raising Trained Partners | Not available | Not available | 3,391 |

*PEMBA*

CUAMM implemented activities in Pemba City from October 2019 to April 2020 when their contract ended. These activities included the implementation of activities through trained activists, as well as cascading awareness raising through the strengthening of local structures in three community (Mahiate, Cariaco and Muxacara). Through these activities, CUAM identified and referred 529 HIV LTFU (232 male, 297female) back to treatment.

To raise awareness on HIV and identify these cases, CUAMM implemented four types of activities including awareness raising sessions, house visits, soccer tournaments and cultural presentations. The latter two types of activities leverage sport and art, respectively, to raise awareness on HIV prevention and the importance of treatment. In addition, during soccer games, CUAMM distributed 3,907 condoms.

To extend the reach of awareness raising activities IOM trained the members of three CBO (Kaeria, Lambda and Karibo) on HIV prevention and awareness raising. Using the skills gained, the CBOs reached 3,770 persons (1,321 male, 2,449 female). Similarly, CUAMM trained 60 community and religious leaders and 15 members of support group (2 male, 13 female) on HIV prevention and awareness raising, who reached 4,938 persons through awareness raising.

**Table 4: Reach of Activities in Pemba**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Male participants | Female Participants | Total participants |
| Awareness Raising Activists | 457 | 607 | 1,064 |
| House Visits | 4,328 | 3,459 | 7,787 |
| Soccer Games | 360 | 40 | 400 |
| Cultural Presentations | 700 | 866 | 1,566 |
| Awareness Raising Trained Partners | Not available | Not available | 4,938 |

In response to the growing number of IDPs arriving to Pemba due to the deteriorating security situation, IOM in coordination with DPS, SPS and SDSMAS began operations to promote the return of IDP LTFU cases to treatment, many of which were supported previously in Quissanga. Activities in Pemba began in June 2020.

IOM leveraged pre-established skills of displaced IOM activists from Quissanga and Macomia to form its integrated teams delivering services in Pemba. This strategy allowed IOM to:

* Identify 38 (11 male, 27 female) TB LTFU of which 37 (14 male, 23 female) were returned to treatment.
* Identify 109 (39 male, 70 female) HIV LTFU of which 101 (41 male, 60 female) were returned to treatment.
* Reach 2,271 persons through awareness raising on HIV, TB, SRHR and GBV.

*MACOMIA*

IOM was able to work in Macomia district from October 2019 to April 2020. After this date, increased insecurity obliged IOM to cease operations and close its field office in the district. In October 2019, IOM began operations in Macomia, IOM activists worked with the health facilities of Macomia and Chai to retrieve lost or damage LTFU patient lists, especially as communities were dispersed and it was costly to cover such a large geographical area. Once identified, IOM carried out site visits to priority locations which allowed IOM to:

* Identify 35 (27 male, 8 female) TB LTFU patients of which 19 (14 male, 5 female) were reinked to treatment.
* Identify 919 (516 male, 403 female) HIV LTFU patients of which 428 (202 male, 226 female) were relink to HIV treatment.
* Reach 1,683 persons through awareness raising activities on HIV, TB, SRHR and GBV.

In addition, IOM established ten and reactivated 23 GAACs which were formed by 147 (60 male, 87 female) people. GAACs promoted adherence to treatment through the establishment of support networks among those persons living with HIV. In addition, GAAC members supported each other by picking up medicines from health facilities when other members were not able, thus also promoting adherence. Even when this was a best practice in Macomia, similar initiatives were not implemented across other districts because after IOM assessments, the structure of these groups did not fit the cultural values of the majority of the populations in the coasts, especially in Ibo and Quissanga.

*QUISSANGA*

IOM was able to work in Quissanga district from October 2019 to January 2020, however, an armed attack temporarily forced the closing of activities as health and other adjacent infrastructure were directly affected. During the operating period, IOM used house visits as the main strategy, which relied heavily on the strong relations with community leaders and members through continuous engagement. Using this strategy IOM:

* Identify three (1 male, 3 female) TB LTFU patients and return all three to treatment.
* Identify 22 (7 male, 15 female) HIV LTFU of which 17 (3 male, 14 female) were returned to treatment.
* Reach 1,153 persons through awareness raising on HIV, TB, SRHR and GBV.

*IBO*

Responding to the influx of IDPs from Quissanga and Mocimboa da Praia, IOM began operation in Ibo Island from October 2019 and continued until the end of the project. Due to the logistical difficulties of operating in the islands, IOM developed a strict workplan to continuously reach the islands of Quirambo, Quirimba and Matemo. This allowed IOM to:

* Identify 18 (7 male, 11 female) TB LTFU of which 13 (11 male, 2 female) were returned to treatment.
* Identify 371 (117 male, 254 female) HIV LTFU of which 327 (67 male, 260 female) were returned to treatment.
* Reach 3,993 persons through awareness raising on HIV, TB, SRHR and GBV.

*MONTEPUEZ*

Responding to the growing number of IDPs arriving to Montepuez due to the deteriorating security in the northern region of Mozambique, IOM in coordination with DPS, SPS and SDSMAS began implementation of activities under this project in August 2020. This approach allowed IOM to:

* Identify 30 (12 male, 18 female) TB LTFU of which 25 (11 male, 14 female) were returned to treatment.
* Identify 40 (7 male, 33 female) HIV LTFU of which 39 (7 male, 32 female) were returned to treatment.
* Reach 3,293 persons through awareness raising on HIV, TB, SRHR and GBV.

In addition, at the request of the district authorities, IOM delivered additional support and activities in Montepuez. The district was identified as a priority operation for these activities in view of its key role as a destination area for IDPs.

* IOM implemented a refresher training on HIV and TB treatment in emergency contexts for 26 SDSMAS technical staff (11 male, 15 female) to improve coordination with health facilities and partners in the district. Montepuez was prioritized for this training as it was identified as one of the key destination areas for IDPs.
* IOM with the district government implemented one health fairs in which various services such as genera consultations, voluntary testing, maternal and child health services, vaccinations, pharmacy and recreational activities were offered. A total of 1,289 persons were reached through these fairs. Of these persons, 60 (41 male, 19 female) took voluntary HIV tests of which 12 (10 male, 2 female) were identified as HIV positive and were referred to treatment.
* IOM supported SDSMAS with the reparation of one ambulance in poor conditions to support the swift transfer of patients in critical conditions from local HF to the Montepuez District Hospital or the Pemba Provincial Hospital.

*MEMBA*

As persons displaced from districts in Cabo Delgado began to spill-over to neighboring Nampula province, IOM in coordination with DPS, SPS and SDSMAS extended activities to reach Memba district in August 2020. Activities were coordinated from Memba Sede, however mostly reached Mazuane, Machicane and Chapala relocation sites, where most IDPs are located. This approach allowed IOM to:

* Identify 18 (10 male, 8 female) TB LTFU of which 17 (10 male, 7 female) were returned to treatment.
* Identify 23 (21 male, 2 female) HIV LTFU of which 23 (21 male, 2 female) were returned to treatment.
* Reach 727 persons through awareness raising on HIV, TB, SRHR and GBV.

In view that most persons identified in Nampula were registered as LTFU in health facilities in Cabo Delgado, from which they were displaced, IOM and SDSMAS established a strict monitoring system to match data across provinces. This allowed the optimization of resources through effective information sharing.

*COVID-19 Response*

During the last part of the IP agreement with CUAAM (March-April 2020), Mozambique began to be affected by the COVID-19 Pandemic. Because of this, in coordination with IOM, CUAMM leverage is membership at the Technical Community Surveillance Group led by DPS, to implement the following activities:

* Train 263 members from 13 Pemba Health Committees, 239 health personnel working in 13 HFs and 24 Traditional Medicine Practitioner on COVID-19 prevention.
* Buy protective material (glasses, raincoat and boots) for 30 volunteers from the Provincial Youth Council who shared alcohol and disinfectant in four main transit areas of Pemba.
* Print 5,750 pamphlets or poster on COVID-19 and HIV prevention in Portuguese and 103 posters on COVID-19 and HIV prevention in local languages.

It is important to highlight that since March 2020, all activities implemented under the project followed the COVID-19 prevention measures put in place by the Government of Mozambique. In addition, COVID-19 prevention measures were shared in all awareness raising activities since.

*CHALLENGES*

Due to escalating attacks and violence in Cabo Delgado,several HF closed in fear of attacks and threats of HF staff kidnapping during the implementation period. According to Cabo Delgado DPS reports, seven HFs in Quissanga district have closed while four of seven in Macomia and three HFs in Mocimboa da Praia have currently shut down[[8]](#footnote-9). This severely limits access to treatment and care of remaining populations and will have a grave impact on health and HIV outcomes.

The deterioration of security in Quissanga and Macomia districts led IOM to cease operations in both of these districts and reorient its activities, which resulted in delays in implementation; IOM had to dismantle its already established network in these Quissanga and Macomia and establish new operating procedures in Pemba, Memba and Montepuez. To establish these new operations, IOM used its large footprint in Northern Mozambique and leveraged established operation and relations with communities and partners.

The deterioration of security across the entire province, in addition to the protracted needs after Cyclone Kenneth, increased health and protection vulnerability and needs of persons, especially of IDPs. Therefore, IOM’s approach to deliver services at destination areas aimed at assisting those in most need, while also ensuring that district capacities were not overwhelmed.

The on-set of COVID-19 pandemic brought new concerns to 2020 for which activities had to be reduced to comply with the government preventive measures. The pandemic placed and increased pressure on HF which were already facing limitations when delivering services. In addition, the COVID-19 Pandemic reduced the number of persons reached through awareness raising because of the limitations on gatherings.

*BEST PRACTICES & INNOVATION*

IOM tested various actions across this project which have contributed to improving the effectiveness of activities. For example, to ensure the continuation of treatment for IDPs along the mobility continuum, IOM and partners created a centralized list of LTFU which could be referred back to treatment even when the HF where they traditional received treatment was at their places of origin or closed. Similarly, this centralized system allowed IOM and partners to share information if LFTU were identified in different locations, for example Memba, which prevented the duplication of efforts.

In coordination with DPS and HF, IOM also introduced a registry form specific for IDPs at key receiving HFs (Ibo and Macomia Sede at first) to provide patients without referral forms and treatment cards access medication.

Furthermore, the integration of health-related activities with MHPSS and protection interventions was crucial to extend the reach of activities. This approach also facilitated the comprehensive delivery of services and referrals across programs which permitted addressing all the need of beneficiaries.

**ii) Indicator Based Performance Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Achieved Indicator Targets** | **Reasons for Variance with Planned Target (if any)** | **Source of Verification** |
| **Outcome 1[[9]](#footnote-10)****Indicator:** A comprehensive approach to HIV in emergency settings is included into provincial contingency plans**Baseline:** N/A**Planned Target:** HIV included in provincial contingency plans | Yes Achieved. Meeting held and partners considered HIV in contingency planning |  The methodology had to be modified due to the COVID-19 Pandemic. | Communication with DPS |
| **Output 1.1** **Indicator 1.1.1:** Number of participants trained in HIV and GBV during emergencies**Baseline:** 0**Planned Target:** 45 | 89 (IOM staff, DPGCAS, PRM, Caritas, and other local organizations) | Achieved target | Participant lists |
| **Output 1.2** **Indicator 1.2.1:** Number of Humanitarian Preparedness Plans drafted**Baseline:** 0**Planned Target:** 3**Indicator 1.2.2:** Number of participants trained on IASC guidelines knowledge on HIV during emergencies**Baseline:** 0**Planned Target:** 100 | 1 plan developed | Achieved target.Achieved Target | Communication with DPS and WHO. |
| 89 (IOM staff, DPGCAS, PRM, Caritas, and other local organizations) |
| **Output 1.3****Indicator 1.3.1:** Total number of loss-to-follow-up TB cases relinked to treatment and care**Baseline:** 0**Planned Target:** 30**Indicator 1.3.2:** Total number of loss-to-follow-up HIV cases relinked to treatment and care**Baseline:** 0**Planned Target:** 30**Indicator 1.3.3:** Total number of patient groups (GAACs) established for PLHIV**Baseline:** 0**Planned Target:** 10**Indicator 1.3.4:** Total number of members of patient groups for PLHIV**Baseline:** 0**Planned Target:** 150**Indicator 1.3.5:** Total number of youth reached with SRHR/GBV/HIV-STI prevention activities**Baseline:** 0**Planned Target:** 200 | 118 (65 male, 53 female)  | Target Achieved | Weekly and monthly data reports |
| 1,055 (809 male, 1,260 female)  | Over exceeded target. More HIV LTFU cases than expected.  | Weekly and monthly data reports |
| 10 newly established groups23 re-activated groups | Achieved target | Weekly and monthly data reports |
| 147 (60 male, 87 female)  | Achieved target | Weekly and monthly data reports |
| 50,685 persons (15,205 estimate of youth) | Over exceeded target. With a joint implementation of activities with MHPSS and protection components as well as wide reach of persons trained by CUAMM, the awareness raising component of the project became a main focus and very successful in reaching the target population. | Weekly and monthly data reports |
| **Output 1.4****Indicator 1.4.1:** Number of community radio spots on TB/HIV/GBV/SRHR aired**Baseline:** 0**Planned Target:** 200**Indicator 1.4.2:** Total number of brochures and posters on SRHR/GBV/HIV/STI prevention distributed**Baseline:** 0**Planned Target:** 2100 | 2 Radios spots produced and disseminated. | Achieved target | Weekly and monthly narrative report |
| 1000 TB pamphlets A4 , 2 folds 2000 HIV pamphlets A61000 TB posters | Achieved target | Weekly and monthly narrative report |

1. The term “programme” is used for programmes, joint programmes and projects. [↑](#footnote-ref-2)
2. Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document; [↑](#footnote-ref-3)
3. The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-4)
4. The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-5)
5. The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](http://mdtf.undp.org/) [↑](#footnote-ref-6)
6. As per approval of the original project document by the relevant decision-making body/Steering Committee. [↑](#footnote-ref-7)
7. If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. [↑](#footnote-ref-8)
8. Data from Cabo Delgado DPS presentation during provincial Health Cluster meeting on the 18th of February 2020 [↑](#footnote-ref-9)
9. Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc. [↑](#footnote-ref-10)