The Strengthening Communities through Integrated Programming (SCIP) Project (2009–2014) is funded by PEPFAR and USAID Mozambique. Operating with a budget of over US$ 47 million, the project delivers an integrated package of health and development interventions in 14 districts of Nampula Province.

SCIP is implemented by a consortium led by Pathfinder International in partnership with Population Services International, CARE, World Relief, and the Cooperative League of the United States of America. The consortium works in close collaboration with the government of Mozambique at the provincial, district, and community levels.

**Context**

In 2007, Nampula Province had the largest population of all provinces in Mozambique, with 3.8 million inhabitants, and poverty and poor health were pervasive.¹ The 2008 Multiple Indicator Cluster Survey (MICS) showed that Nampula Province had one of the highest infant mortality rates in the country, at 109 per 1,000 live births, as well as the second highest prevalence of chronic child undernutrition (stunting), at 51 percent.² MICS data also indicated that, at 23 percent, Nampula had the highest prevalence of diarrhea among children under five in

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Mozambique. Only 43 percent of households had access to an improved water source, and a scant 15.2 percent had access to safe sanitation facilities. Female literacy was only 21 percent, and the contraceptive prevalence rate (CPR) was the second lowest in the country, at 4 percent.

A 2009 national HIV and AIDS survey (INSIDA) found an HIV prevalence of 4.6 percent in Nampula. Although it is lower than the national average of 11.5 percent, given the province’s population size, this prevalence still represents close to 175,000 people living with HIV (PLHIV). INSIDA data also documented several behavioral risk factors that could lead to growth of the epidemic: women in Nampula exhibited lower levels of comprehensive knowledge of HIV and AIDS, and men reported higher rates of multiple sexual partners (25 percent), low condom use (5.7 percent), and low HIV testing rates (3.8 percent) compared with the rest of the country. In large part due to the HIV epidemic, 13 percent of children 17 years and below in Nampula were classified as OVC.

SCIP PROJECT DESIGN

Given the complex health and development challenges in Nampula, a multisectoral response was needed. Guided by the USAID Mozambique Country Assistance Strategy, SCIP was designed to build upon existing US government-funded partner initiatives in Nampula, including nutrition and food security, water and sanitation, and clinical HIV care and treatment programs. As such, SCIP is currently implementing three integrated intervention packages (Complementary, Complementary Plus, and Specialized) uniquely designed to fill gaps and bolster efforts within the existing development landscape in each of the project’s 14 target districts. Figure 1 illustrates the coverage of each of these intervention packages.

SCIP’s Approach: Integrated Systems Strengthening

SCIP’s strategy is grounded in Pathfinder’s Integrated Systems Strengthening (ISS) model. The model illustrates Pathfinder’s approach to systems strengthening, which recognizes community and health systems as interdependent and focuses efforts on the “zone of interaction,” where diverse community actors meet and interact with the health system. Activities that strengthen this zone of interaction serve six key functions: community empowerment and self-reliance; organizational strengthening; governance and leadership; community networking and advocacy;
service delivery; evidence-based decision making; and resources for health (see Figure 2).

By focusing on activities that serve the functions in this zone of interaction, SCIP builds the capacity of communities to access health information and services, increases the responsiveness of health systems to the needs of the people in those communities, and supports communities to independently identify, express, and take steps to resolve their own problems.

**IMPLEMENTATION IN THE ZONE OF INTERACTION**

The majority of SCIP’s components serve to strengthen the functions within the ISS model’s zone of interaction —where communities and the formal health system meet—and often serve more than one function simultaneously. Building strong communities and networks, improving access to and quality of health services, and improving data flow and usage are key components of the project. These are described below through the lens of ISS.

**Building strong communities and networks**

Fostering the development of strong, empowered communities that actively participate in improving the quality of health service delivery is fundamental to the missions of both Pathfinder and SCIP. Within the ISS model, this is achieved through activities serving two key functions: empowerment and self-reliance, and community networking and advocacy.

In line with Mozambique’s decentralization policy, SCIP builds capacity of local leaders’ groups, particularly the Local Localidad Councils, and those closest to the community—the Community Leadership Councils (CLCs) at the village level. CLCs engage representatives from important stakeholder groups (e.g., civic, religious, and traditional leaders, government community health workers, and traditional birth attendants) so they become more deeply involved in improving quality of life and health care in their communities. SCIP has strengthened or supported the establishment of 902 CLCs, and has worked to build their capacity not only to identify priority health issues in their communities and their root causes, but also to serve as the hub of a network of community support structures.

**SCIP’s Behavior Change Strategy**

Behavior change lies at the core of SCIP, as it cuts across all technical components and is critical to empowering communities and ensuring sustainability. SCIP’s behavior change strategy incorporates several channels and modalities that influence individuals and effect social and structural change. Pathfinder’s “Pathways to Change” game brings community members’ understanding of their problems and possible solutions to the fore, so that partners can use them to guide activities. SCIP’s own participatory activity, “Hot Topics,” incorporates debate and discussion among providers and community leaders to reflect on the sociocultural norms and beliefs that influence community problems in order to devise possible solutions. Internationally recognized Community-Led Total Sanitation and Participatory Hygiene and Sanitation Transformation methodologies are also used to promote safe WASH behaviors. Community theater, radio programs, outreach services performed by the community health network of over 30,000 volunteers, and improvement of facility-based service delivery all contribute to fostering an environment conducive to behavior change.
Empowering Communities through Integrated Systems Strengthening in Northern Mozambique

SCIP has also either established or revitalized some of these other support structures such as Health Facility Co-Management Committees (HFMCs), community health outreach worker networks, Youth Farmers Clubs (YFCs), and Water and Sanitation Committees (WSCs). In addition to strengthening each of these groups so they can attain their own goals and objectives, the project pays particular attention to promoting their involvement with CLCs. Participation of community support structures in CLC activities enables timely sharing of data, development of joint action plans informed by community needs, and coordinated action based on each group’s assets. By building capacity of these structures and enhancing their working relationships, SCIP facilitates the creation of robust community networks, growing local capacity to solve health problems and increasing resilience to development challenges.

**Increasing quality of and access to services**

Another core goal of Pathfinder’s exemplified in the SCIP project is improving quality of and access to health services. This is achieved primarily through activities serving the ISS functions of service delivery and resources for health.

Working in close collaboration with the Provincial Health Directorate, district health bodies, HFMCs, and CLCs, SCIP strengthens the National Health System through infrastructure support by rehabilitating facilities and transforming health posts into higher level health centers. Using population size, remoteness, and potential coverage of service provision as selection criteria, SCIP has coordinated government cost-sharing and in-kind contributions from communities to construct 12 maternal waiting houses, and to upgrade 15 peripheral health facilities.

SCIP supports 143 peripheral health units, implementing a graduation strategy allowing the project to move on to work with other high-need facilities once criteria are met. SCIP trains facility-based providers through in-service and on-the-job training, and clinical mentoring. The project identifies and fills gaps in provider skills, reinforcing foundations in SRH, HIV, child health, surveillance, monitoring and evaluation, implementation of quality standards, and community involvement in health issues. In addition, SCIP supports the expansion of provider capacity in new and critical areas, such as counseling on and insertion of intrauterine devices (IUDs) and implants, low-cost strategies to reduce obstetric complications, and provision of post-exposure prophylaxis for HIV. The project also builds capacity of providers to manage systems of community-based distribution of condoms and oral contraceptives, and service delivery along the continuum of care for key target groups.

Bringing quality health services closer to communities, SCIP supports several outreach efforts. Through joint planning with HFMCs to increase local ownership of the activity, SCIP helps providers conduct “mobile
brigade” outreach services, allowing delivery of vaccinations, contraception and FP services, and maternal health consultations, as well as some basic curative services, to the most access-challenged zones of their catchment areas. Bolstering existing HIV prevention efforts, SCIP employs 33 voluntary counseling and testing officers who provide HIV testing, FP counseling, and positive prevention services at the community level. These officers play an important role in the continuum of care framework, targeting key populations at higher risk, such as migrant laborers and the chronically ill identified through the home-based care program, and linking them to care and treatment services.

**Improving data flow and use**
SCIP strengthens data flow and use as a means to improve service delivery so that it better meets community needs. This is achieved through activities serving the ISS model’s evidence-based decision making function.

SCIP provides training and supportive supervision to its range of partners, while revising tools, forms, and software to facilitate accurate and timely data collection and use. Community-derived health information system (HIS) data are routinely collected by community health workers and analyzed by CLCs, allowing for real-time discussion of health issues and prompt follow-up. Similarly, facility-derived HIS data inform HFMC activities, enabling discussions regarding key health indicators such as trends in malaria and diarrhea cases, institutional deliveries, FP uptake, and antenatal care visits, provoking targeted action.

At district and provincial levels, the project supports government providers and health care managers to conduct maternal and neonatal death audits, as well as to improve forecasting, delivery, and management of contraceptive commodities to address recurring stock-outs. In 2012, SCIP supported the establishment of a monthly day of statistics for the province, when government counterparts and clinical HIV and community partners convene to review and address data quality issues for select indicators. These monthly provincial reviews began as a means of jointly reviewing and validating data, and have evolved to become an adaptive management exercise. Partners assemble at the provincial level and examine accuracy, completion, and consistency of data submitted by peripheral health units. Furthermore, they review trends and progress over time, and develop action plans to resolve problems.
Promising Results

Over the last three years of implementation, SCIP has made considerable progress across several key indicators, yielding promising results due to the project’s multisectoral, integrated approach.

SCIP has helped lay a foundation for community and health system collaboration to achieve health and development goals through the establishment, revitalization, and capacity building of over 1,500 community support structures, including Youth Farmers Clubs, WSCs, CLCs, and HFMCs. The project has worked closely with the government and partners to repair and construct 195 water sources, including boreholes, wells, and, in collaboration with Coca Cola, one small urban system providing clean drinking water to 15,000 inhabitants in Monapo District. Community-Led Total Sanitation and WASH efforts have led to the certification of 91 communities, with around 41,000 inhabitants, as Open Defecation Free by a multidisciplinary local government committee. SCIP has also trained and mentored over 23,000 youth through YFCs, close to 30 percent of whom are OVC, and has supported a total of over 38,000 OVC across a range of vital support services including education and legal protection. (See Table 1.)

 FIGURE 3: COUPLE YEARS OF PROTECTION (OCTOBER 1, 2009–SEPTEMBER 30, 2012)

| Peripheral health facilities supported | 143 |
| Participants in FP/SRH trainings (community and facility levels) | 80,052 |
| Participants in child health trainings (community and facility levels) | 67,689 |
| Participants in maternal/newborn health trainings (community and facility levels) | 36,021 |
| Community groups trained and supported (CLC, YFC, WSC) | 1,567 |
| Youth farmers trained in conservation agriculture, and safe food handling, use and storage | 23,287 |
| Water sources repaired or constructed | 195 |
| Latrines built with project support | 25,725 |
| Communities certified Open Defecation Free | 91 |
| OVC supported with legal, social, and educational services, and involvement in YFCs | 38,704 |

INCREASING FAMILY PLANNING COVERAGE

Increasing contraceptive use in Mozambique is a challenge, especially in Nampula Province, where data from the preliminary 2011 Demographic and Health Survey indicate a CPR of 5 percent. One of the most important indicators of SCIP’s progress to date therefore is the steady increase in couple years of protection (CYP) over the life of the project, from 31,131 in the first year to 71,750 at the end of year three (see Figure 3). In fact, year three data underestimate CYP because they do not include implants, which were introduced in May 2012 (national data, used to estimate CYP, had not yet been updated to include implants at the time of data collection).

Condoms account for almost 50 percent of CYP in year three. While program managers expect the contribution of condoms to overall CYP to remain high in the remaining two years of the project, these data highlight the need for increased support to the government to ensure access to more contraceptive choices, including long-acting methods. Long-acting and permanent methods are more effective at preventing pregnancy and may be a good option for some women, depending on their reproductive
intentions. They can also be cost-effective for programs over time, and are most likely to have an impact on CPR and, ultimately, on fertility rates.

**TRACKING AND MAPPING INTEGRATION**

In August 2012, SCIP completed an extensive mapping exercise using Geographic Information System software. Key project interventions were plotted across all 14 target districts, allowing program managers to assess the degree of overlap of project components, to highlight areas requiring stronger supervision and follow-up, and to identify opportunities to maximize collaboration and integration.

The mapping exercise graphically represents valuable project information, such as the percentage and geographic distribution of CLCs that have been trained and meet regularly; the CLC catchment areas with functioning bicycle ambulances, water sources, and active YFCs; and the percentage of CLCs that receive input from outreach workers in the community health networks. One map from this exercise shows that 62 percent of CLCs have members who participate in Health Facility Co-Management Committees (see Figure 4). This finding is encouraging, suggesting that efforts to link stakeholders from community and health systems are succeeding, and that together they are collaborating to solve health issues.

**FIGURE 4: EXCERPT FROM MAPPING EXERCISE — THE PERCENTAGE OF CLCS WHOSE MEMBERS DO OR DO NOT PARTICIPATE IN LOCAL HFMC MEETINGS**

*Left: Maternal and child health nurse and client during an antenatal consultation at the Namaita Health Center in Rapale District*  
*Right: Project-supported outreach workers (animadoras and a promotora) from the community health network in Monapo District reviewing monthly data*  
*PHOTOS: Alicia Mehl*
Looking Forward

Now beginning its fourth year of implementation, SCIP continues to strengthen activities that bolster the functions within the ISS zone of interaction.

The SCIP team, together with government and community partners, will focus on strengthening FP efforts for the remaining two years of the project, continuing to build government capacity to ensure commodity security and sustainability, while training and mentoring providers on long-acting methods. The project will emphasize comprehensive FP-related information and activities through its wide range of behavior change channels to ensure communities are able to exercise their contraceptive choices. In light of increasing rates of adolescent pregnancy, SCIP will also explore ways to fill gaps and meet the contraceptive needs of adolescents, such as through school-based and other programming.

Recognizing the prevalence of HIV and associated risk factors in Nampula Province, SCIP will continue to improve its prevention efforts, including prioritizing increased access to services for key populations. Supporting PEPFAR’s focus on economic strengthening for OVC in Mozambique, SCIP will seek out new and reinforce existing linkages between beneficiaries and economic growth partners. In addition to cultivating partnerships between YFCs and local agribusinesses for value chain development, the project is pursuing income generating opportunities for OVC through relationships with microcredit organizations and prominent local businesses, such as the cell phone company mCel and Coca Cola.

Maintaining its commitment to improved data quality and use, SCIP is conducting an assessment of its youth farmer clubs, as well as contributing to a community health worker study. Results are forthcoming and will be used to guide further implementation and management efforts for the remaining two years of the project. A combination of mapping data, other indicators currently being tracked, and survey data will be used to evaluate the efforts and outcomes related to overall objectives and particularly with regard to integration. Lessons learned will be documented and shared with government and nongovernmental partners in food security and HIV clinical care and treatment, as well as with other stakeholders involved in implementing or investing in integrated health and development efforts.

SCIP will continue to build capacity of community structures and networks, increasing their engagement with the formal health system to improve accountability, demand for, and access to quality health services. With provincial support, and district- and community-level commitment, the SCIP consortium will maintain its role as a mechanism for implementation of government health strategies, while catalyzing transformational change at the community level.

WORKS CITED


3. Ibid.

4. Ibid.


