

USAID Advancing Nutrition Mozambique

Final Report

Fiscal Years 2019–2023



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

This report was produced for the U.S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the U.S. Government.

Recommended Citation

USAID Advancing Nutrition. 2023. USAID Advancing Nutrition Mozambique Final Report Fiscal Years 2019–2023. Arlington, VA: USAID Advancing Nutrition.

Photo Credit:

USAID Advancing Nutrition

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4th Floor

Arlington, VA 22202

Phone: 703–528–7474

Email: info@advancingnutrition.org

Web: advancingnutrition.org

Contents

Acknowledgments	iv
Acronyms.....	v
Executive Summary	vii
Overview	i
Background.....	2
Accomplishments.....	3
Core-Funded Activity Accomplishments	9
Challenges.....	10
The Way Forward	12
References	14
Annex 1. Core-funded activities detailed achievements	15
Annex 2. Success Stories	17
Annex 3. Performance Indicators	18
Annex 4: Environmental Mitigation and Monitoring Report	23

Acknowledgments

We would like to acknowledge the United States Agency for International Development (USAID)/Mozambique, particularly the Office teams, and the USAID Center for Children in Adversity for the helpful guidance and support provided over the course of the project that contributed to the successful programs and achievements made.

We wish to express our profound gratitude to the Government of Mozambique, the Secretariado Técnico de Segurança Alimentar e Nutricional (Technical Secretariat for Food and Nutrition Security) (SETSAN), the Ministério da Saúde (Ministry of Health) (MISAU), the Direcção Provincial de Saúde (Provincial Directorate of Health) (DPS) in Nampula, and the respective District Directorates who supported our program strategies and performed effectively as technical facilitators for the interventions.

We also wish to show appreciation for the contributions and support received from other USAID cooperating agencies, including Transform Nutrition. We duly acknowledge the United Nations Children's Fund and other United Nations agencies, including the World Food Programme, whose long-standing work with improving nutrition in women and children; resources on infant and young child feeding; Community-Based Management of Acute Malnutrition; micronutrient supplementation; and water, sanitation, and hygiene (WASH) we leveraged for our interventions.

We acknowledge the health staff in the many health centers for their openness and interest in collaborating with us, and community leadership, health workers, other cadres in the respective communities for their willingness to collaborate in our efforts to promote nutrition and health.

Finally, we thank the staff members for their worthy contributions to the project that produced the results and successes we proudly share in this report.

Acronyms

ADPP	Ajuda de Desenvolvimento de Povo para Povo
APE	agente polivalente elementar (community health worker)
CCD	consulta de criança doente (sick-child consultation)
CCS	consulta de criança sadia (well-child consultation)
CHC	Community Health Committee
CLTS	community-led total sanitation
CODSAN	Conselho Distrital de Segurança Alimentar e Nutricional (District Council for Food and Nutrition Security)
CONSAN	Conselho Nacional de Segurança Alimentar e Nutricional (National Council on Food Security and Nutrition)
COPSAN	Conselho Provincial de Segurança Alimentar e Nutricional (Provincial Council on Food Security and Nutrition)
DPS	Direcção Provincial de Saúde (Provincial Directorate of Health)
ECD	early childhood development
FY	fiscal year
GRM	Government of the Republic of Mozambique
HR	human resources
IR	Intermediate Result
M&E	monitoring and evaluation
MCH	maternal and child health
MEL	monitoring, evaluation, and learning
MISAU	Ministério da Saúde (Ministry of Health)
MMEMS	Mozambique Monitoring and Evaluation Mechanism and Services
OCA	organizational capacity assessment
PAMRDC	Plano de Acção Multisectorial para Redução da Desnutrição Crónica (Multi-Sectoral Action Plan for the Reduction of Chronic Undernutrition)
PES	Plano Económico e Social (economic and social plan)
PIN	Pacote de Intervenções de Nutrição (integrated nutrition package)
PMP	Performance Monitoring Plan
PRN	Programa de Reabilitação Nutricional (Nutrition Rehabilitation Program)
SBC	social and behavior change
SDSMAS	Serviço Distrital de Saúde, Mulher e Acção Social (Directorates of Health, Women, and Social Action)
SETSAN	Secretariado Técnico de Segurança Alimentar e Nutricional

SPS	Serviço Provincial de Saúde (Provincial Health Services)
TN	Transform Nutrition
TORs	Terms of Reference
TOT	training-of-trainers
TWG	technical working group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene

Executive Summary

Background and Objectives

The Government of the Republic of Mozambique (GRM) has made reducing malnutrition one of its key economic and health priorities. Despite recent decades of impressive economic growth and investments in food security and nutrition, the prevalence of malnutrition has remained high, with 38 percent stunting and 6 percent wasting among children under five years of age (MISAU, INE, and ICFI 2011). Among the country's 11 provinces, Nampula has the highest population and is economically important because of agricultural productivity and its positioning as a transportation corridor. Yet, the prevalence of chronic malnutrition among children under five is highest in Nampula (47 percent), and prevalence of wasting is third highest (5 percent), despite numerous investments in nutrition, health, HIV, water, sanitation, agriculture, and economic growth programs (MISAU, INE, and ICFI 2011).

Since 2010, the *Plano de Acção Multisectorial para Redução da Desnutrição Crónica* (Multi-Sectoral Action Plan for the Reduction of Chronic Malnutrition) (PAMRDC)—led technically by the *Secretariado Técnico de Segurança Alimentar e Nutricional* (Technical Secretariat for Food Security and Nutrition) (SETSAN) under the Ministry of Agriculture and co-led by *Ministério da Saúde* (Ministry of Health) (MISAU)—has provided the umbrella for multi-sectoral nutrition programming. In 2017/2018, the Government of Mozambique created the National, Provincial, and District Councils on Food Security and Nutrition (CONSANS, COPSANS, and CODSANS), respectively, to raise the profile of and government commitment to nutrition. They promote and implement legislation, policies, strategies, and programs supporting food security and nutrition.

To support GRM efforts, from 2019-2023, USAID Advancing Nutrition focused on strengthening human resource capacity to plan and manage nutrition services; providing technical assistance to the bilateral Transform Nutrition project; and providing technical assistance to USAID Mozambique.

Accomplishments

Objective 1: Strengthen government capacity to plan and manage nutrition programming at national and subnational levels

The government's capacity to plan and manage nutrition programming is critical to improving nutrition across many sectors. Our technical assistance and support included a human resources capacity assessment to improve nutrition in Nampula Province and a subsequent advocacy brief with recommendations; training in essential nutrition services for provincial, district, and health center staff; joint supervision visits following the training; and logistical support to the *Direcção Provincial de Saúde* (Provincial Directorate of Health) (DPS) and *Serviço Provincial de Saúde* (Provincial Health Services) (SPS) to print 13,700 registration books and 18,000 individual patient cards for wasting treatment and iron supplementation. We also provided technical support to MISAU to update two curricula: the competency-based nutrition curriculum and the nutrition content within the maternal and child health (MCH) nurses' curriculum. To strengthen multi-sectoral coordination, we supported SETSAN to establish CODSANS in 19 districts; provided technical support to the COPSAN at the provincial level; trained 60 high-level government officials in food and nutrition security policies and strategies; and supported coordination meetings at the national and subregional levels. Throughout our collaboration, we took a capacity strengthening approach focusing on mentoring and joint collaboration. As a result of the efforts, the government has stronger systems and staff capacity to plan and manage multi-sectoral nutrition programming. These gains are critical in long-term strategy to reduce malnutrition.

Objective 2: Strengthen Transform Nutrition (TN) capacity to deliver high-quality nutrition programming

USAID Mozambique's nutrition programming is channeled through two main mechanisms: USAID Advancing Nutrition and the bilateral Transform Nutrition (TN) project, led by the local organization *Ajuda de Desenvolvimento de Povo para Povo* (ADPP). TN is a five-year project focused on improving the nutritional outcomes of target populations in Nampula province. Our objective 2 focused on strengthening TN's capacity to deliver high-quality nutrition programming. Throughout the project, we built on the foundation of a collaborative working relationship. We jointly designed a technical needs assessment and an organizational capacity assessment (OCA) to inform our collaboration, which led to the development of a capacity strengthening plan. Focus areas included strategic planning; social and behavior change (SBC); sanitation and hygiene; monitoring, evaluation, and learning (MEL); early childhood development (ECD), and nutrition-sensitive agriculture. Grounding our capacity strengthening work in TN's highest priority needs allowed us to focus on the most critical areas for growth and achieving TN's objectives.

Objective 3: Technical support provided to USAID Mozambique to ensure capacity to carry out essential functions

USAID Advancing Nutrition's third objective was to provide technical assistance to the USAID Mission in Mozambique across the nutrition portfolio. This objective was only for fiscal year (FY)22 and FY23. Our main activity was to conduct a landscape analysis to review current investments, policies, strategies, and results around multi-sectoral nutrition and provide recommendations to guide the Mission's current and future investments.

Challenges

The COVID-19 pandemic was the biggest challenge during project implementation. Government restrictions on travel and gatherings, among other factors, caused delays in running activities early in the program, especially in FY20. We adopted virtual methods instead of in-person methods, and ensured our activities followed the government's protocols for safety and security.

The Way Forward

Through our extensive collaboration with the government and TN, and the challenges that arose in that process especially COVID-19 which led to restrictions on travel and gatherings, among other factors, we have learned many valuable lessons and formulated recommendations for future work, including the following:

- strengthening the capacity of the individual decision makers to increase their understanding in nutrition fundamentals is essential to successfully overseeing implementation
- involvement of decision makers at all levels, from provincial to the district, is key for successful implementation of activities with government institutions
- buy-in from all the actors is key to success.

We recommend SETSAN incorporate other government structures that have decision-making ability into its work, to help encourage more movement. At the provincial level, we recommend SETSAN to strengthen platforms to enable actors to work together and communicate effectively. While gaps remain, provincial meetings with all government sectors and partners facilitated essential connections and should be continued through the revitalized and strengthened PAMRDC TWGs as well as CODSANS.

Overview

1. Project duration:

3.5 years (August 2019 to March 2023)

2. Geographic focus:

Nampula Province and national-level activities

3. Project objectives:

- Objective 1: Strengthen government capacity to plan and manage nutrition programming at national and subnational levels.
- Objective 2: Strengthen TN capacity to deliver high-quality nutrition programming.
- Objective 3: Technical support provided to USAID Mozambique to ensure capacity to carry out essential functions.

Background

Country Context

The Government of the Republic of Mozambique (GRM) has made reducing malnutrition one of its key economic and health priorities. Despite recent decades of impressive economic growth and investments in food security and nutrition, the prevalence of malnutrition has remained high, with 38 percent stunting and 6 percent wasting in children under five years of age (MISAU, INE, and ICFI 2011). Since 2010, the *Plano de Ação Multisectorial para Redução da Desnutrição Crónica* (Multi-Sectoral Action Plan for the Reduction of Chronic Malnutrition) (PAMRDC)—led on a technical level by the *Secretariado Técnico de Segurança Alimentar e Nutricional* (Technical Secretariat for Food Security and Nutrition) (SETSAN) under the Ministry of Agriculture and co-led by *Ministério da Saúde* (Ministry of Health) (MISAU)—has provided the umbrella for multi-sectoral nutrition programming. In 2017/2018, GRM created the National, Provincial, and District Councils on Food Security and Nutrition (CONSANS, COPSANS, and CODSANS), respectively, to raise the profile of and government commitment to nutrition. These bodies promote and implement legislation, policies, strategies, and programs supporting food security and nutrition.

Among the country's 11 provinces, Nampula has the highest population and is economically important because of agricultural productivity and its positioning as a transportation corridor to interior regions and other countries. Yet, the prevalence of stunting among children under five is highest in Nampula (47 percent) and prevalence of wasting is third highest (5 percent), despite numerous investments in nutrition, health, HIV, water, sanitation, agriculture, and economic growth programs (MISAU, INE, and ICFI 2011). The number of health providers available to serve patients is insufficient, and most health professionals do not have specific nutrition training. To tackle malnutrition, multi-sectoral coordination is crucial, yet critical gaps remain in Nampula Province and the country. Key government bodies require additional staffing, training, and bandwidth to play the envisioned role in food and nutrition security services.

Project Goal and Objectives

To support GRM efforts, USAID Mozambique channeled its nutrition investments through two main mechanisms: the five-year bilateral project, Transform Nutrition (TN), led by the Associação de Desenvolvimento do Povo para o Povo (ADPP) and USAID Advancing Nutrition. Both projects began in 2019. The investments aimed to “improve the nutritional outcomes of target populations in Nampula province” and “help the government and community stakeholders develop their capacity to plan and manage multi-sectoral nutrition, sanitation, and hygiene programming.” Efforts focused on improving the nutritional status of pregnant and lactating women, adolescent girls, and children under two years of age to reduce stunting in Nampula. TN focused on increasing the coverage, quality, and provision of community services affecting nutrition, including nutrition counseling, particularly for pregnant and lactating women and adolescent girls. USAID Advancing Nutrition focused on strengthening multi-sectoral coordination systems at the provincial and sub-provincial levels; strengthening human resource capacity to plan and manage services; providing technical assistance to TN; and providing technical assistance to USAID Mozambique.

Accomplishments

Objective 1: Strengthen government capacity to plan and manage nutrition programming at national and subnational levels

From FY20 to FY22, we focused on three primary areas: strengthening human resource (HR) capacity at national level to plan and manage nutrition programming, strengthening HR capacity at subnational level to plan, manage, and deliver nutrition programming, and strengthening systems for coordination of multi-sectoral nutrition planning, programming, and evaluations at the subnational level. We supported coordination meetings at the national and subnational levels, as well as supportive supervisions and in-service training at the district level. We also supported the DPS and SPS to conduct nutrition indicators review meetings, biannual and annual strategy meetings, and economic and social plan harmonization meetings. These events enabled technical discussions regarding implementation, performance, and collaboration among DPS, SPS, *Serviço Distrital de Saúde, Mulher e Acção Social* (Directorates of Health, Women, and Social Action) (SDSMAS), and strategic partners. For multi-sectoral coordination, we supported SETSAN in establishing CODSANs and revitalizing PAMRDC technical working groups (TWGs); these are essential coordination bodies for multi-sectoral nutrition. As a result of these efforts, SETSAN is represented more at the district level and better multi-sectoral coordination is occurring at the district level. Throughout FY22 and FY23, we transitioned these activities to TN.

Strategy 1.1: Strengthen HR capacity at the national level to plan and manage nutrition programming

At the national level, our support focused on the national government's efforts to establish more robust pre-service nutrition curricula for key health cadres that deliver nutrition services. This is a critical step in ensuring the health workforce, e.g. nutrition technicians, is prepared—from the outset—to address prevention and treatment of malnutrition in the health units and at community level. We provided logistical support to MISAU through the Department of Nutrition to conduct a workshop to guide teachers and pedagogical managers in teaching methodologies related to the nutrition technicians' curriculum. The workshop provided the participants with tools to proceed with the piloting of the new curriculum for nutrition technicians. Overall, 28 people, including pedagogical directors and teachers/tutors of the health training institutes of Tete, Nampula, Quelimane, Pemba, Infulene, and Chicumbane, attended the workshop. These institutes represent the six provinces of Tete, Nampula, Zambezia, Cabo Delgado, Maputo, and Gaza. MISAU technicians were also part of this event. By the end of the workshop, the participants were better skilled in the curriculum's teaching methodology and draft plans for the students' training modules were developed.

In coordination with MISAU, we also developed a first-of-its-kind [supervision tool](#) and trained provincial and district supervisors to use this tool. This tool enables supervisors to assess the quality of nutrition service delivery at the facility level and develop an evidence-oriented action plan. The process of identifying gaps and solving them was made easier through the use of dashboards automatically generated by the tool.



Training supervisors of nutrition services at national and subnational levels in the use of the nutrition supervision tool.

Strategy 1.2: Strengthen HR capacity in Nampula province to plan, manage, and deliver nutrition programming

At the provincial level, we provided technical and logistical support to MISAU, DPS, and SPS to conduct supervision visits and in-service training. This support focused on screening, diagnosis, treatment, and follow up of malnourished children; filling out registration tools correctly and analyzing data; and preparing health education session plans according to community and health facility needs. Overall, we conducted 43 joint supervisions. Based on MISAU reporting, the health facilities saw an improvement in vitamin A supplementation in children 6–59 months as a result of improved service delivery, from 54 percent in 2020 to 65 percent in 2022.

Moreover, these visits enabled the management level of the health sector to identify gaps regarding the lack of registration tools. To address these gaps, we distributed nearly 14,000 health registration books and 18,000 individual patient cards. We supported MISAU in training 46 health managers from DPS, SPS, and directors and district medical chiefs in *consulta de criança sadia* (well-child consultation) (CCS) and *consulta de criança doente* (sick-child consultation) (CCD) to improve their skills in supportive supervision. We also provided technical and logistical support to SPS and DPS Nampula in training 12 health directors and 12 district medical chiefs in *Programa de Reabilitação Nutricional* (Nutrition Rehabilitation Program) (PRN) and *Pacote de Intervenções de Nutrição* (Integrated Nutrition Package) (PIN). The training was at Nampula level and included screening and diagnosis of children with developmental delays, which led to an increase in the identification of children with developmental delays according to MISAU data. In 2022, 18,101 children were diagnosed with psychomotor delays, compared to 1,188 children the year before.

Another critical need across Mozambique and within Nampula province is the lack of nutrition staff. Early in 2020, we provided technical support to MISAU to conduct HR mapping with a focus on nutrition services providers. At that time, there were 132 nutrition staff. Through our advocacy consisting of sharing the HR gap found in the mapping and influencing the government to allocate more fund on hiring additional nutrition providers for nutrition quality services. Through this advocacy, we contributed to the hiring of 98 new nutrition service providers, which is 85 percent of total needs.

Finally, our support at the provincial level helped the government with its strategic planning and management capacities. With our support, DPS and SPS conducted Plano Económico e Social (economic and social plan) (PES) harmonization meetings and biannual nutrition indicators review meetings that enabled internal discussion with strategic partners on implementation, performance, and collaboration. Furthermore, the provincial health staff conducted an exchange experience with SPS and DPS of Niassa, Tete, and Sofala in which they had the opportunity to learn about the strategy each province uses to implement and monitor the PIN.

Strategy 1.3: Strengthen systems for coordination of multi-sectoral nutrition planning, programming, and evaluations at the subnational level

From early in FY20 until FY22, we supported SETSAN in establishing district multi-sectoral coordination groups in all of TN's 12 target districts and strengthening existing groups in other districts. The steps for the establishment of the district multi-sectoral coordination groups consisted of conducting meetings with the proposed members for designing the Terms of Reference (TORs) and develop a medium term workplan (2020-2024). In addition, we supported training on basic multi-sectoral nutrition concepts. Moreover, we supported SETSAN in organizing COPSAN meetings and helped PAMRDC TWGs to map organizations working on food security and nutrition and identify partners that will contribute to PAMRDC indicators to feed the provincial PAMRDC monitoring and evaluation (M&E) framework. Building on that and in coordination with TN, in FY23 we concentrated on ensuring that the government has necessary logistic and technical capacity to support PAMRDC indicator reporting at the district and provincial level. For example, data collected in 2021 by TN in the baseline study conducted in

Memba, Mogincual, Mogovolas, Murrupula, Larde and Meconta, food insecurity is severely affecting 51.5 percent of the population.

To improve the indicators above, we also strengthened the technical capacity of 30 members of the Provincial PAMRDC TWG in M&E framework and nutrition-sensitive agriculture. We trained 60 technicians from the PAMRDC TWG from the 12 intervention districts in

nutrition-sensitive agriculture. In FY22, we assisted SETSAN Nampula in establishing 19 CODSANs; Nampula being the pioneer in establishing

CODSANs for the country. At the provincial level, this activity greatly improved the communication and coordination between key sectors of the government, PAMRDC TWG members, the academic and private sectors, and civil society. At the district level, administrators, district directors, and technicians from different sectors understand the multi-sectoral nature of malnutrition. During government sessions, they discussed strategies to incorporate nutrition actions across the district PES and reinforce the message at the community level. Subsequently and led by SPS/DPS Nampula, the 12 target districts updated their PES incorporating nutrition and ECD activities and respective indicators.



Strengthening nutrition outcomes through agriculture. Nutrition-sensitive agriculture training with SETSAN staff.

Objective 2: Strengthen TN's capacity to deliver quality nutrition programming

USAID Advancing Nutrition's primary objective for technical support under objective 2 was to strengthen TN staff's multi-sectoral nutrition technical and program implementation skills, enabling them to lead and deliver high-quality nutrition programming. To strengthen their implementation capacity, we provided ongoing in-person and remote technical assistance to provincial officers in nutrition, nutrition-sensitive agriculture, SBC, MEL, sanitation and hygiene, and ECD. At the beginning of the implementation in FY20, we supported TN to identify their needs and priorities through an organizational capacity assessment (OCA) and technical needs assessment, ensuring that the process was demand driven. In FY21 and FY22, we focused our support on gaps and challenges that TN identified through the assessments.

Strategy 2.1: Support strategic planning and systems for technical oversight of project implementation

At the outset, we conducted a training needs assessment with TN to tailor our technical assistance and best serve provincial, district, and community level staff to deliver quality nutrition programming. The findings included a need to refresh the fundamentals of nutrition; operationalize the gender and SBC strategies; strengthen multi-sectoral nutrition planning; introduce a nutrition-sensitive agriculture strategy; and strengthen knowledge and skills around ECD. Subsequently we developed the TN capacity strengthening plan. The operationalization of the capacity strengthening plan included providing ongoing tailored support to TN, at all levels, for day-to-day planning and strategic and technical guidance. We expanded the support for quarterly work planning, consortium meetings, and supportive supervision. For multi-sectoral nutrition, we held coordination meetings with the TN staff and employed strategies

for strengthening TN's capacity at the district level using in-service training. We engaged TN to develop our exit strategy and agreed on the phasing over and phasing out of activities. As a result activities such as quarterly supportive supervision and on-the-job training visits and SETSAN Nampula meetings on regular monitoring and reporting of PAMRDC interventions and indicators will continue with TN support and others will continue with the government namely conducting multi-sectoral coordination events of the PAMRDC TWG at the provincial and district levels.

Strategy 2.2: Support SBC and gender programming

TN's approach is founded on their SBC and gender strategies. In FY20, we provided guidance to TN staff to conduct a gender analysis and use the findings to develop their Gender Action Plan. We also worked with TN to establish their SBC working group and draft their SBC and Gender Strategy, beginning with a project-wide behavior prioritization process. With the SBC and Gender Strategy as a basis, we collaborated with TN to prepare tailored orientations for district officers and community volunteers. We also provided technical support to develop a practical, experiential, adult-learning oriented curriculum for nutrition groups focused on prioritized behaviors, distinct for districts with ECD activities and without ECD activities. In the following years, we continued supporting TN to operationalize the SBC and Gender Strategy and accompanying Gender Action Plan through the integration of behavior and gender in guidance documents, the nutrition-sensitive agriculture strategy, and communication media and materials. These guided a focus on priority behaviors in each activity—those outcomes that, if achieved, will impact project goals - to avoid overloading communities with recommendations. For example, communication media covered priority behaviors, amplifying discussions by nutrition groups, rather than any topics related to health and nutrition. The supplemental gender guides helped district officers and volunteers raise gender considerations during activity implementation and supervision visits. As a result, volunteers integrated these issues in related sessions by, for example, encouraging men to break barriers of traditional roles and share childcare and tasks as a way to support nurturing care. Volunteers and district officers facilitated reflection with communities about how to support pregnant women to seek services and get enough food, and not only sacrifice for families. As part of the capacity strengthening plan, USAID Advancing Nutrition supported TN to revitalize the internal SBC working group with local leadership by ADPP's SBC and gender specialist. Based on feedback from the district staff, we supported the working group to prepare a visual job aid for community volunteers to integrate gender in each contact with districts, communities, and activities.

Strategy 2.3: Support sanitation and hygiene programming

As a critical component of reducing malnutrition, TN's programming had a focus on improving sanitation and hygiene. Our assistance included working with the TN team to identify community-led total sanitation (CLTS) trainers and training content, and monthly coaching calls with the provincial water, sanitation, and hygiene (WASH) officers to address training development and implementation challenges related to weak community buy-in in latrine construction especially in sandy areas. In FY21, we held regular check-in meetings with the TN staff to discuss and address programming challenges and best practices and identify capacity needs. We also provided technical support for developing WASH modules for the TN nutrition group manual and developed guidance for latrine construction best practices.

In FY22 and FY23, we continued to follow up on the successful approach used in FY21 to provide technical assistance for TN around sanitation and hygiene programming, such as monthly coaching and technical guidance for TN staff, developing training tools in Portuguese on WASH best practices; and sharing current learnings for TN staff. In addition, we worked with TN to develop a M&E manual for sanitation and hygiene to track open-defecation free communities. This was done through consultancy not needing to involve the government directly.

Strategy 2.4: Support MEL programming

Early in FY20, we complemented the Mozambique Monitoring and Evaluation Mechanism and Services' (MMEMS) support by providing sector-specific expertise in multi-sectoral nutrition. We helped TN update their MEL plan and indicators by ensuring ideas were technically sound and clearly communicated. In FY21, we provided specific support around key indicators. Upon request from USAID, through MMEMS, we reviewed the data analysis plan for the TN baseline study and helped them define indicators and data disaggregation. In FY22, we provided MEL support for collaborating, learning, and adapting and data quality assessments. We supported the TN MEL team in data management software (DHIS2) training for TN staff at district and provincial levels. We provided technical support to provincial TN staff to coordinate data discussion meetings. In FY23, we hosted a workshop on core health information systems and M&E skills to address gaps in MEL technical skills. As a result of this support, through supportive supervision visits and monthly data analysis and discussion meetings we noticed that there have been improvements in the recording quality, indicator interpretation, and the use of the indicator results for decision-making (e.g. to guide the planning process). On the other hand, there was also an improvement on the results of the last data quality audits conducted by TN.

Strategy 2.5: Support nutrition-sensitive agriculture and livelihoods programming

To support TN's nutrition-sensitive agriculture and livelihoods programming, we provided support to TN on reviewing and adapting agriculture and livelihood strategies to strengthen the link with a nutrition-sensitive agriculture programmatic approach and target more beneficiaries, especially women. We revised the nutrition-sensitive agriculture strategy and developed the guidelines for TN interventions. We also organized in-person meetings with TN staff to conduct initial assessments of the agriculture component, and discussed strategy and entry points to improve the activities and the development of a protocol that field staff will use to establish and monitor home gardens. The guide presents strategies, practices, and interventions to adapt TN's agriculture interventions, which consist of demonstration plots. Over this period, we facilitated a one-day workshop in Nampula with 12 of TN's district mentors about the technical aspects of establishing home gardens and the link with nutrition-sensitive agriculture strategy. TN staff receive technical assistance through extension agents from SPAE to disseminate agricultural new technologies. Thus, we provided technical assistance to TN to train 60 extension agents on nutrition-sensitive agriculture. With the cessation of implementing agricultural components due to changes in funding, we helped TN strategize how to design communication content on nutrition-sensitive agriculture to ensure that all communication media and materials integrate nutrition-sensitive agriculture in ongoing activities.

Objective 3: Provide technical assistance to the USAID Mozambique Mission

USAID Advancing Nutrition's third objective was to provide technical assistance to the USAID Mission in Mozambique across the nutrition portfolio. This objective was only for FY22 and FY23 and aimed to provide direct technical support to the Mission, particularly around coordination of multi-sectoral nutrition investments. We conducted a landscape analysis to review current investments, policies, strategies, and results around multi-sectoral nutrition to provide recommendations to guide USAID's current and future investments in multi-sectoral nutrition in Mozambique. The landscape analysis looked at Mozambique overall, particularly national strategies and prior investments, but focused more deeply on Nampula as the primary area of USAID program investments. It included a desk review of existing data, policies, and programming and interviews with government and multi-sectoral nutrition stakeholders, such as international nongovernmental organizations, private sector actors, United Nations agencies, and donors. In addition, it took a broad look at multi-sectoral nutrition, including perspectives from key sectors of health, agriculture, and social development. Most interviewees noted the lack of sufficient resources, SETSAN representatives, and coordination with some programs. They noted that PIN is a good strategy, but it needs to be expanded. The respondents highlighted the

importance of district-level, multi-sectoral coordination and its implementation difficulties, which are a result of communities continuing with the same type of rain-fed cultivation. Respondents suggested an increased focus on food storage and preservation. Lack of water was frequently mentioned as a key constraint to food security and improved hygiene.

In FY22, we supported a USAID implementing partners meeting in coordination with the USAID provincial representative in Nampula. The objectives were to develop synergies and improve the coordination among USAID implementing partners and government counterparts to maximize USAID investments in all health and nutrition sectors in Nampula province, looking toward FY23. Through this meeting we learned that there is poor knowledge of the areas of operation between the implementing partners, geographic coverage, and the target group. The implementing partners have relatively weak knowledge of the budget cycle and the strategic planning tools of the government to align with their work plans. As result a recommendation matrix was developed where government and IP were assigned roles and responsibilities Under objective 3, we conducted a landscape analysis on multi-sectoral nutrition investment in Mozambique.

Core-Funded Activity Accomplishments

In FY21, with the support of USAID's Center for Children in Adversity and in close collaboration with USAID Mozambique, USAID Advancing Nutrition began strategic support to TN to expand existing activities to improve ECD with the government and other stakeholders. The activity aimed to strengthen TN's capacity and government capacity to lead, coordinate, and deliver integrated programming and improve ECD. In FY22, the activity further expanded to include support to Alcançar, the USAID project focused on maternal and child health implemented by FHI360, to connect support for child development at the community and facility levels.

Within this activity, there were three objectives: (A) strengthening caregivers' knowledge and ability to provide responsive care and early learning, (B) strengthening the enabling environment at the national and subnational levels promoting institutionalization of nurturing care for ECD activities and multi-sectoral nutrition programming, and (C) strengthening health workers' knowledge of child development, responsive care, early learning, and counseling skills. Thus, under objective A we trained 164 health providers from DPS and SPS, 132 staff from TN, 301 *Agente Polivalente Elementar* (community health workers) (APEs), 2,550 volunteers, and 28 journalists in ECD. Moreover, we conducted supervision and technical support visits to TN staff and developed supportive supervision tools for nutrition groups. Regarding objective B, in collaboration with PATH, we conducted awareness-raising campaigns on ECD directed at policymakers, through ECD Science for Decision Makers, and provided technical and logistical support to SPS and DPS to integrate ECD into the nutrition TWG. We revitalized the group for regular meetings and provided technical assistance to MISAU during national ECD TWG meetings. The ECD activities were extended to SETSAN by incorporating ECD into the PAMRDC TWGs. Under objective C, we coordinated with MISAU to conduct the national training-of-trainers (TOT) on a new package of ECD to be implemented at health facilities. The detailed achievements for the core-funded activities can be found in Annex I. It should be noted that these core-funded ECD activities will continue for several more months, with close out by September 2023.

Challenges

As with any endeavor, challenges come up along the way. Many of these challenges are wrapped into realities that are beyond the control of the actors involved. Others are challenges that could be addressed and adapted to. Some of these challenges are listed here:

- There is still a deficit of specialized personnel to attend to nutritional aspects at the health-unit level. This challenge is gradually being resolved with more recruitment of nutrition technicians.
- SETSAN Nampula does not have the PAMRDC M&E framework. The existing frame is for the whole country. The monitoring of the level of implementation of the PAMRDC involves surveying the organizations that operate in the area of nutrition and food security and monitoring the actions of each.
- The MISAU/Department of Nutrition team is qualified to handle and interpret the results but has limitations in coding dynamic tables that require knowledge in a specific area.
- Access and availability of electronic equipment (tablet computers in particular) are limiting factors in the continuity and expansion of the use of electronic tools in many districts of Nampula province.
- The delay in approving the ECD package at the health-unit level and MISAU's lack of funds to conduct the TOT on this package influenced the delay in implementing activities at the institutional level.
- The division of the services (DPS and SPS) caused confusion and issues. There was no clarity on the competences of each department, and this negatively influenced the coordination of activities with the two departments, since each department wanted to work in isolation.
- The quality of data produced in the community and health units is a challenge. As a response to this gap, a supervision tool was developed to improve the analysis of data contained in the registration instruments. Using this tool from now onwards, supervision will be more focused on analyzing data found in the information system and parallel databases, at the SDSMAS level. It will form part of the district's technical M&E activity. In addition to that, the APEs will use the cell phones provided by the project as a contribution to boost the UPSCALE.
- Coordination of multi-sectoral activities still needs to be strengthened at the highest province level through the involvement of more partners and officials (decision makers) from government sectors.
- The number of SETSAN Nampula staff is not enough to respond to the demands of the multi-sectoral coordination because there are many partners in the province. There is also a need for more MEL staff with good experience.
- Many cooperation partners working in food security and nutrition are still not familiar with multi-sectoral coordination for nutrition. SETSAN should create a provincial platform for holding quarterly multi-sectoral coordination meetings led by the secretary of state or governor where partners present their achievements.
- SDSMAS takes a long time to respond to complaints and feedback from communities. To overcome this, it was decided that district managers should be included in visits to communities.

- The COVID-19 pandemic affected CLTS progression because the team pivoted slightly to develop and disseminate hygiene messaging for both nutrition and COVID-19 infection prevention.

The Way Forward

USAID Advancing Nutrition recommends that the government institutions that partnered during project implementation (MISAU and SETSAN) continue to conduct supportive supervision and multi-sectoral coordination meetings. The emphasis should be on multi-sectoral nutrition intervention and integration of the ECD approach. There is an exit strategy in place to ensure the continuity of the USAID Advancing Nutrition activities after closeout through transfer of responsibility either to Transform Nutrition or the government.

USAID Advancing Nutrition along with TN developed an exit strategy that allows activities to be continued by TN itself. Based on that, TN will continue implementing activity 1.1.3, which relates to USAID Advancing Nutrition participation in MISAU Department of Nutrition TWGs, and activity 1.2.1a, which supports MISAU, DPS, and SPS in conducting quarterly supervision and on-the-job training visits. Activity 1.2.3, support partner coordination and planning, will be a priority if resources are available.

We also suggest TN continue implementing the following activities: 1.3.4a, regarding the support for monitoring and reporting of PAMRDC interventions and indicators, and 1.3.6a, supportive supervision, which will be combined with supervision visits under 1.2 for efficiency and multi-sectoral collaboration.

Lessons Learned

Through the extensive amount of work done with the government to strengthen its capacity to deliver high-quality nutrition services and the challenges that arose in that process, we have learned a number of valuable lessons that we wish to document.

- Strengthening the capacity of individual decision makers in nutrition fundamentals as they apply to their work is key. This increases their ability to understand and appreciate the work and makes them better able to accompany the implementation and support it.
- It is necessary to work with power players at all levels of the structures in which we work. When we do this, we achieve greater success in our work. Buy-in from all actors is key to success.
- Strengthening the ability of APEs to mobilize and respond to the population's needs is key. This will increase the reach of policy and service.
- It is necessary to increase the decision makers' understanding of the integration of the work. An approach is to give them the answers to the questions: How does ECD slot into other work? How does ECD as an approach work and support nutrition programming? We found that this type of advocacy builds momentum for all involved.
- Policymakers were seeing ECD as something tied to children's entry into school. Reinforcing the need to start acting on ECD interventions within the first 1,000 days to achieve better results on child development and show that ECD is not just vital for kids three and up. Younger children need ECD interventions along with their health and nutrition service interventions, to achieve their maximum potential of development.
- Joint planning of government support with other implementing partners is an important step. Coordinating from the start and sharing the experiences and challenges of working with the government on other projects can triangulate the best support.
- Lack of investment is a challenge. As an example, when the project began its work, the government understood the proposition as us giving them money for HR. The government did

not have adequate funding to hire staff. Lack of funding creates issues with long-term planning and the hiring and retention of staff.

Best Practices and Recommendations

We have also included recommendations for future work based on these experiences.

Scopes of work need to be balanced and achievable from the start, based on the realities and challenges of working across the government, from Maputo to Nampula. SETSAN is spread very thin, and it is challenging to work with them. Incorporating other government structures that have decision-making ability into work with SETSAN is recommended to help encourage more movement and involvement of all sectors and ensure commitment to collaboration. There is no platform or mechanism at the provincial level that enables actors to work together and communicate effectively. We were able to do a lot of that connecting, but there is a gap. For example, the United Nations Children's Fund (UNICEF) coordinated with us on our work with SETSAN in the provinces. Unfortunately, SETSAN did not do a lot of follow-up work with UNICEF and other organizations. Most of the SETSAN Nampula qualified cadres left and now it's, challenging to find a person who could even speak to these issues with authority. USAID sponsorship of such a platform could advance efforts.

Time is needed for ECD. ECD is new in this space. Implementing the interventions in a meaningful way takes time. A longer time period is needed to see changes and for the government to adopt, react, and respond to these ideals. It should be known, and considered when designing programs, that time and investment are needed to get ECD truly and deeply integrated into governance systems.

Subsequent projects should reinforce the multi-sectoral coordination aspect. There are many groups and activities that can do the same thing. Instead, gear the projects toward this multi-sectoral approach that can push things further and have a bigger impact on indicators. Nampula has a ton of partners, and there are resources, but no one knows what the others are doing, so SETSAN might ask four projects to do the same or similar things. We should be working together on all those tasks.

Clear information sharing between USAID and partners is necessary. Unclear communication between actors, projects, and USAID creates confusion. For example, while implementing objective C at the beginning of the project, roles and responsibilities, especially for meeting co-facilitation, were not clear.

Sustainability

Every activity that USAID Advancing Nutrition carried out was done in close collaboration with government sectors. We also conducted and promoted joint planning events to ensure government ownership. We supported the establishment and strengthening of PAMRDC TWGs and CODSANs to ensure the activity continuity. At the health sector level, we trained health providers and managers at different levels to enable knowledge to transfer to future staff. The project supported PAMRDC TWGs, which involve technicians from every nutrition-related activity, to develop their work plans and reflect them in their respective strategic plans. We also developed an exit strategy to guide key actors (SETSAN, SPS, and DPS) in continuing to implement ongoing activities.

References

Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), and ICF International (ICFI). Moçambique. 2011. *Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland: MISAU, INE, and ICFI.

Annex I. Core-funded activities detailed achievements

Objective A: Strengthen caregivers' knowledge and provision of responsive care and early learning.

In FY21, we worked with PATH to review and adapt existing materials for improving ECD in Mozambique for use through TN's community programming. Along with TN, we revised and adapted the monitoring tools to ensure the inclusion of ECD monitoring indicators for the six districts. We developed a TOT manual to enable TN staff to deliver additional interventions to improve ECD. We also conducted the TOT for TN staff, including area leaders, district coordinators, provincial officers, government staff, and USAID Advancing Nutrition staff, targeting 46 participants. Following the TOT, we conducted a number of cascade trainings on the ECD package, reaching 3,065 nutrition group volunteers. In addition, we trained APEs on the ECD components of the PIN package, including a refresher training for 301 APEs, and introduced their role in identifying children with developmental delays and referring them to health facilities. We also trained 1 area leader, 43 mentors, and 11 nutrition and sanitation officers in the ECD approach.

Over the second year of ECD implementation, we reproduced 400 nutrition group manuals with ECD content and delivered them to volunteers to be used during the nutrition group's sessions. We also reproduced 300 development milestone tables for the APEs and 700 ECD cards for the Community Health Committees (CHCs). Because of the training, APEs, supported by mentors and volunteers, are able to identify and refer children with psychomotor development delay to the health facilities for clinical check-up.

Objective B: Strengthen the enabling environment at the national and subnational levels to promote institutionalization of nurturing care for ECD activities and strengthen multi-sectoral nutrition programming.

In collaboration with PATH, Aga Khan, and the government, we adapted Aga Khan's "Science of ECD" training package for use in Mozambique. Subsequently, we carried out a workshop on the "Science of ECD" for 40 decision makers at the provincial and district levels. The workshop helped build momentum within provincial and district governments to strengthen integrated programming and improve ECD. Following the workshop, we worked closely with the provincial and district governments to incorporate ECD into their annual work plans and revitalize the provincial working group for nutrition by including ECD.

In coordination with PATH, we supported SPS and DPS in revitalizing the provincial TWG on nutrition and holding technical meetings of the provincial TWG on nutrition and ECD. To strengthen the technical capacity of the province to implement and coordinate ECD interventions, we supported an experience-exchange visit between Nampula and Maputo provinces, as Maputo province has been implementing the ECD at the health facility level since 2008.

In coordination with TN, SDSMAS, and DPS, in FY22, we integrated ECD sessions into the CHCs, around the six ECD districts where 358 CHCs were strengthened, targeting 5,574 participants (2,643 female and 2,931 male). During this activity, strong involvement of the community leaders was observed. CHCs have since started integrating ECD action into their monthly work plans, which is evidence of adoption.

Objective C: Strengthen health workers' knowledge of child development, responsive care, and early learning and counseling skills.

USAID Advancing Nutrition worked with Alcançar to strengthen facility-level support for ECD. USAID Advancing Nutrition intended to collaborate with Alcançar to integrate additional components to improve ECD within the existing programming. However, this was delayed from FY22 to FY23, while waiting for MISAU to conduct a national TOT of the health facility package for ECD.

It should be noted that these core-funded ECD activities will continue for several more months, with close out by September 2023.

Annex 2. Success Stories

USAID Advancing Nutrition Mozambique Helps District Leaders Tackle Nutrition Service Delivery Gaps

To prevent and treat malnutrition successfully, the health system requires many inputs, including trained personnel, data collection instruments, and systems for monitoring and supportive supervision, among many others. Since the beginning of the project, USAID Advancing Nutrition Mozambique has supported the government and its partners to strengthen these elements in the 12 focus districts in Nampula Province. One gap that we found at the outset was a shortage of registration books to record child health and nutrition information during health visits. To fill this gap, the project provided the Provincial Service of Health (SPS) and Provincial Directorate of Health of Nampula (DPS) with 13,704 registration books and 18,000 individual patient cards in in-patient malnutrition wards (called “multipurpose cards”) to be used in the 12 target districts. These tools are critical to monitoring the patients’ progress and the services, as they are the primary medical records. Without them, the health facilities would not have a way to monitor patients’ health visits, needed medical supplies, and expected caseloads, among other aspects.

In addition to procuring the registration books and patient cards, the project trained health providers, including the district medical chiefs and district health directors, on how to use the tools and make decisions based on the information. After the training, health care providers started recording nutrition information correctly, which led to more accurate monitoring of when patients were due for certain services such as vitamin A and micronutrient powder supplementation and deworming. This improvement in monitoring provoked more regular supplementation provision in accordance with the protocol and contributed to significant improvement of all nutrition indicators. For example, vitamin A supplementation increased from 62 percent in 2020 to 85 percent in 2022 and mebendazol increased from 36 percent in 2020 to 62 percent in 2022, per DPS health records.



Health lead monitoring nutrition indicators at Mogovolas health facility. Photo credit: Chibona, J.

“Before this project, the registration books [were] a challenge. Malnutrition tracking was a major problem [for] our health professionals” explained the Provincial Director of Health in Nampula, Professor Fernando Mitano.

USAID Advancing Nutrition also provided the SPS, DPS, and all District Health Services, and Women and Social Action (SDSMAS), with projectors and supported the government with technical and logistics support to hold nutrition indicator debriefing meetings and in-service trainings. According to Mitano, in the past it was difficult to perform activity review meetings. “At [the] provincial level, we now conduct nutrition indicator debriefing meetings. This occurs on [a] quarterly basis and all 23 Nampula districts are involved. You [can’t] imagine how exciting this event is. We also have [a] Nutrition and Early Childhood (ECD) Working Group meeting every month to discuss the performance of nutrition indicators in all districts. Let me say that was not like this in the past. The integration of ECD in the working group was boosted by [USAID Advancing Nutrition]. Thank you USAID Advancing Nutrition for your valuable support”, Mitano added.

Annex 3. Performance Indicators

Our performance indicators are divided into two tables: Table 1 contains the indicators for the Mission-funded activities and Table 2 contains the indicators for the core-funded ECD activities. Of the eight indicators for Mission-funded activities, many resulted in more than 85 percent achievement of the target. This reflects the project's success in strengthening the capacities of government institutions in carrying out training, supervision visits, and some key events, as described throughout this report.

For the indicator related to curricula development, USAID Advancing Nutrition supported the development of two of the expected three curricula. MISAU was delayed in the review process of the first two curricula, leaving the project insufficient time to support the preventive medicine technician curriculum. One other indicator did not achieve 100 percent: average percentage points change between pre- and post-test scores in the nutrition trainings. This is because some participants had prior knowledge of the subject before the training.

Regarding the three qualitative indicators, in all years of project implementation, we successfully supported Nampula DPS and SPS to align nutrition priorities in the provincial strategic plan with the central level strategic plan, supported different government sectors to carry out joint multisectoral nutrition planning, and supported SETSAN Nampula to adapt and use the PAMRDC M&E framework to guide its strategic plan.

Since implementation of core-funded ECD activities will continue through June 2023, the “percent achieved” in Table 2 reflects achievements only partway through the implementation year. We expect the “percent achieved” to increase by the end of the implementation period. Four (40 percent) of the ECD indicators already performed beyond the 85 percent benchmark, and the remaining six indicators were below 85 percent as of February 2023 (Table 2). Considering that the ECD component will continue until September 2023, there is still room to improve their performance. However, it is important to highlight the non-reporting of the last indicator in Table 2, the number of children identified with developmental delays or disability referred to a health facility. This is due to challenges with obtaining the data since the APE monthly reporting form does not disaggregate this information, although several negotiation attempts were made with the DPS and MISAU to adjust the form.

The project also supported the DPS to develop and pilot the referral guidance for children with developmental delays or disability from the community to the health facility, and also promoted joint planning meetings between various government sectors for multi-sectoral nutrition to ensure the inclusion of activities that promote better ECD outcomes.

Life of Project Performance Indicators

Table 1: Performance Indicators – Mozambique Country Buy In

Indicator	FY20		FY21		FY22		FY23		LIFECYCLE PROJECT		% achieved
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	
Number of government supervision visits supported by USAID Advancing Nutrition	4	6	4	11	12	20	3	6	23	43	187%
Number of pre-service and in-service nutrition training curricula developed or revised with support from USAID Advancing Nutrition (quarterly)	-	-	3	1	2	1	-	-	3 (nutrition technicians, MCH nurses, preventive medicine technician)	2 (nutrition technicians, MCH nurses)	66.7%
Number of organizations supported by USAID Advancing Nutrition to improve the delivery of nutrition services within maternal, infant, young child, and adolescent nutrition programs (USAID Advancing Nutrition Global Performance Monitoring Plan [PMP] indicator)	3	3	3	4	4	4	4	4	4 (MISAU, DPS, SPS, and ADPP)	4 (MISAU, DPS, SPS, and ADPP)	100%
Number of organizations supported by USAID Advancing Nutrition to improve the delivery of nutrition-sensitive interventions (USAID Advancing Nutrition Global PMP indicator)	2	2	2	2	2	2	2	2	2 (SETSAN Nampula and ADPP)	2 (SETSAN Nampula and ADPP)	100%

Number of individuals receiving nutrition-related professional training through U.S. Government-supported programs, disaggregated by sex	25	5	145	137	188	162	20	19	378	323	85.5%
Average percentage point change in score between pre- and posttests of participants of trainings	-	-	20	9.75	20	14	20	10	20	11	55%
Number of evidence-sharing events hosted by USAID Advancing Nutrition, by type (webinar, workshop, expert consultations, etc.) Source: USAID Advancing Nutrition Global PMP Indicator Intermediate Result (IR) 3.3.45 (*)	-	-	-	-	-	-	17	21	17	21	124%
Number of participants at evidence-sharing events hosted or supported by USAID Advancing Nutrition, by type (e.g., webinar, workshop, expert consultation) Source: USAID Advancing Nutrition Global PMP Indicator IR 3.3.56 (*)	-	-	-	-	-	-	517	655	517	655	127%

(-) Not applicable for this period or indicator

*These indicators were not monitored in the first three years, although some of the events occurred in these years

Table 2: Performance Indicators – ECD Core-Funded Activities

Indicator	FY21		FY22		FY23		LIFECYCLE PROJECT		
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	% achieved
Number of caregivers reached with responsive care and early learning messages through nutrition groups	9,735	722	11,206	13,686	5,603	611*	26,544	15,019*	56.6%
Number of service providers trained (with funds from the USAID Center on Children in Adversity) who serve vulnerable persons	1645*	1,679	1,815	1,785	70	0*	3,530	3,464*	98%
Number of organizations supported by USAID Advancing Nutrition to improve the delivery of nutrition-sensitive interventions	3	4	5	5	5	4*	5	5	100%
Number of national ECD TWG meetings and provincial nurturing care for ECD working group meetings with participation by USAID Advancing Nutrition staff	4	3	4	4	2***	2	10	9	90%
Number of programmatic and political decision makers trained in nurturing care for ECD	30	40	-	-	-	-	30	40	133%
Number of preservice and in-service training curricula developed or revised with support provided by USAID Advancing Nutrition to include content on improving ECD	3	0	2	1	0	0	3	1	33.3%
Proportion of trainees with mastery of responsive care and early learning knowledge after completing the training	75%	58%	75%	57%	75%	*	75%	43%*	57.3%

Average percentage point change in score between pre- and post-tests of participants of trainings	20	13	20	10	20	*	20	14%*	70%
Proportion of supportive supervision visits where nutrition group leaders performed at least 80% of the monitoring checklist correctly	-	-	75%	62%	75%	88% *	75%	71%*	94.7%
Number of children identified with developmental delays or disability referred to a health facility	364	0	430	0	215	0*	1,009	0*	0%

(-) Not applicable for this period or indicator.

*To be updated at the end of FY23Q4.

** Initially the target of FY21 was estimated and reported as 3,460. As it was the first year of implementation, the assigned target was reviewed and the program decided to split it between FY21 (1,645) and FY22 (1,815).

***. The original FY23 Work Plan estimated 4 national and provincial ECD TWG meetings, but only 2 were budgeted. The target was adjusted accordingly.

Annex 4: Environmental Mitigation and Monitoring Report

In FY23, USAID Advancing Nutrition in Mozambique implemented a total of 32 activities that support the mandate of this contract in that they are designed to support the operationalization and implementation of the USAID Multi-Sectoral Nutrition Strategy, 2014-2025. The FY23 work plan included multiple input modalities, including technical assistance, capacity strengthening, collaborative learning and adaptation, M&E, and knowledge management.

During the reporting period all the 32 activities described in this report required some form of in-person gathering, meeting and exchanges. As part of these activities, a limited amount of paper and non-paper goods (e.g., individual-serving water bottles, cups, and food containers) was used during training, meetings, workshops, interviews, or other in-person gatherings.

The minimal amount of waste generated through the implementation of project funded activities was properly managed and discarded in an effort to mitigate any potential negative environmental impact, while adhering to local regulations and customs in Mozambique. The USAID Advancing Nutrition environmental compliance guidance, including best waste management practices, were applied.

Table 3: Environmental Mitigation and Monitoring in FY23

Mitigation Measure Categories	Mitigation Measures	Outstanding Issues Relating to Required Conditions	Remarks
1. Education, Technical Assistance, Training	All 32 activities described in this report involved in person interaction through trainings or supportive supervision. When generated, waste was disposed of in proper fashion, including securing venue support for proper waste disposal, and using trash bags for collection of trash for field activities.	N/A	Country regulations, and USAID Advancing Nutrition guidance was followed in disposal.
2. Research and Development	N/A	N/A	None
3. Public Health Commodities	N/A	N/A	None
4. Small-Scale Construction	N/A	N/A	None
5. Small-Scale Water and Sanitation	N/A	N/A	None
6. Nutrition	No nutrition commodities were procured.	N/A	None
7. Vector Control	N/A	N/A	None
8. Emergency Response	N/A	N/A	None



USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703-528-7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.

March 2023