

Technical Assistance Provided to the Government of Mozambique

USAID Advancing Nutrition Mozambique

This technical brief aims to describe USAID Advancing Nutrition's technical assistance to the government of Mozambique from 2019-2022, including our challenges, lessons learned, and recommendations for future efforts. We gathered these reflections in collaboration with government and other partners throughout our programming. We hope these reflections will assist the government, USAID, implementation partners, and other collaborators in designing technical assistance programs to support sustainable, effective multi-sectoral nutrition programming.

What We Did

USAID Advancing Nutrition Mozambique had three main objectives for the project. One objective was to support the government by reducing the burdens of malnutrition on Mozambican society.

To support the government we—

- Focused on strengthening human resources, the logistics of programming, multi-sectoral coordination structures in the field of nutrition, and monitoring and evaluation.
- Trained heads of health departments, directors, and district chief physicians for Sick Child Consultations (CCD), Nutrition Rehabilitation Program (PRN), integrated nutrition package (PIN), and health workers (HWs) in Well-child Consultations (CCS), and infant and young child feeding (IYCF) packages. We integrated the provincial director, heads of the health departments, district directors, *Agentes Polivalentes Elementares* (APEs), and program managers in activities to exchange experiences between provinces and between districts. We also integrated the Ministry of Health (MISAU), provincial director, chief medical officer, head of departments, directors, and district directors in supervision activities and in-service training, including half-yearly and annual reviews of nutrition program indicators.
- Advocated with the provincial government (governor) and the district directors on the need to hire nutrition technicians for the health posts.
- Brought together for joint planning different members of the government that make up the Multi-sectoral Plan of Action for the Reduction of Stunting (PAMRDC).

Achievements

Trained 12 health directors and 12 district medical chiefs in PIN, IYCF, and PRN. Distributed 13,704 registration books for CCS, CCD, and PRN; and 18,000 multi-cards especially for malnourished patients, and adolescent multi-cards for ferrous salt supplementation. Conducted a mapping of human resources providers of nutrition services in 23 districts of Nampula province, produced a report on these findings, and held advocacy events to share the results. By the end of the project, the number of these health professionals increased to 85% of the total needs. Supported SETSAN to establish 12 CODSANs, and trained 60 high-level government officials in Food and Nutrition Security and strategies.

- Assisted the government in establishing PAMRDC technical working groups (TWG), the decentralization of District Food and Nutrition Security Councils (CODSANs), and carried out experience exchange visits between districts.
- Supported SETSAN to identify and prioritize key interventions contained in the Economic and Social Plan (PES) for the health sector and the Technical Secretariat for Food Security and Nutrition (SETSAN).
- Strengthened the capacity of SETSAN Central by training the staff in Nutrition-Sensitive Agriculture and by promoting regular supervision, monitoring visits, and technical assistance to Nampula province.
- Supported monitoring and management of nutrition programming by assisting the . . . creation and strengthening of government multi-sectoral structures (PAMRDC TWG and CODSAN), including coordination, joint planning, and monitoring and rendering accounts (balance sheets).
- Provided technical assistance by supporting SETSAN in preparing strategic documents for multi-sectoral coordination meetings, such as terms of reference, and reviewed agendas with key points to be discussed in multi-sectoral coordination meetings. Provided training on nutrition, agriculture, nutrition-sensitive agriculture, and monitoring and evaluation. These trainings were geared to government officials working in sectors that contribute to nutrition.
- Supported the MISAU, the Provincial Directorate of Health (DPS), and the Provincial Health Service (SPS) in the following ways:
 - Provided logistical support through the Departments of Nutrition and Health for Women and Children to carry out technical assistance for nutrition and early childhood development (ECD) interventions, respectively, in Nampula province.
 - Supported MISAU through the initial training department to review the professional qualification of nutrition technicians and maternal and child health nurses.
 - Supported MISAU in developing the integrated and interactive smart supervision tool and training supervisors of the nutrition program at national and sub-regional levels in the use of this tool.
 - Supported MISAU in holding a workshop to provide the participants with tools to proceed with the piloting of the new curriculum for the nutrition technicians. The workshop targeted 28 people, including pedagogical directors and teachers/tutors of the health training institutes of Tete, Nampula, Quelimane, Pemba, Infulene, and Chicumbane.
 - Participated on quarterly and annual nutrition indicator review meetings; also DPS and SPS planning meetings with partners, and mapping, including advocacy workshops for hiring nutrition staff.
 - Supported the reproduction of CCS, CCD, PRN, and PIN books, and supplied paper and toner to health, and to SPS and DPS directorates.

- Provided logistical and technical support to SETSAN for three district learning visits for the PAMRDC TWG and one visit to Tete province. In Tete, SETSAN shared its experiences in establishing CODSANs.
- Provided technical assistance in holding multi-sectoral meetings at the provincial level (COPSAN and PAMRDC TWGs) with different actors from government, civil society, and the private sector.
- At the district level, we supported the government in establishing PAMRDC technical working groups, and conducted regular meetings to strengthen these groups. We also supported the exchange of experiences between the districts.
- Organized workshops to guide teachers and health training teaching managers on competence-based teaching planning methodologies, as well as technical assistance by participating in MISAU working groups.
- Provided support around ECD, including:
 - Provided technical and logistical assistance for the planning meeting for ECD activities in the different sectors from the PAMRDC technical group to integrate these interventions into the economic and social plan (PES) of each sector.
 - Expanded technical and guiding documents: terms of reference, training guides, evaluation instruments for supervision activities, and joint technical support. Exchanged experiences with ECD focal points of Nampula province with Maputo province to strengthen their capacity in ECD interventions.
 - Provided logistic support for the exchange of of experiences between districts, training of different staff in ECD, and revitalization and integration of ECD in the nutrition technical group.
 - Provided technical and logistical assistance for the ECD science workshop for policymakers, academic and religious institutions, and civil society and cooperation partners. The goal was to raise the government’s awareness about the integration of the ECD approach into its executive work agenda, including civil society programs and/or projects at provincial level.

Our technical assistance efforts led to many achievements, including—

- Supported the government on the establishment and/or strengthening and/or strengthening of multi-sectoral coordination structures for nutrition, including the 12 PAMRDC TWGs, 17 CODSANs, and 1 MISAU TWG.
- Supported cCoordination and, planning, and provided a joint supervision/monitoring mechanism between national and sub-national levels, and strengthened the departments.
- Successfully advocated for the government inclusion of ECD package and Nutrition Sensitive Agriculture (NSA) materials in government priorities (e.g., Food Security and Nutrition Strategy [ESAN III] proposal and policy).

- Built the capacity of government officials at the provincial and district level in nutrition-sensitive agriculture and multi-sectoral coordination using technical presentations of concepts and pathways and practical exercises in the Mozambique context.
- Trained district health directors and head physicians in IYCF, PIN, and PRN.
- Successfully advocated for the inclusion of ECD package in PAMRDC sessions.
- Improved the capacity of nutrition program managers at all levels to provide program oversight.

Trained nutrition program managers at all levels on Nutrition Intervention Package (PIN), Nutrition Program Rehabilitation (PRN), Infant and Young Child Feeding (IYCF), well-child, sick-child and at risk child consultation tools to provide program oversight.

- Improved the screening of malnutrition in children across health units.
- Improved the link between the health sector and the community for feedback and response. The reporting mechanism for all community concerns to the health sector it's now done regularly. The improvement was through the feedback mechanism activity carried out over the project implementation at community level. The activity consisted of holding on account with communities and channel their concerns to the government respective sectors.
- Through UAN's advocacy efforts, the government expanded the number of health units with nutrition technicians in Nampula. In 2020, the mapping results showed 134 technicians, and today the province has 217 technicians.

What Were the Challenges?

As with any endeavor, challenges are inevitable. Many challenges are beyond the control of the actors involved. Others can be addressed, as noted below.

- Health facilities lack sufficient nutrition staff. This challenge is gradually being resolved with the recruitment of more nutrition technicians.
- The PAMRDC monitoring and evaluation (M&E) framework is not updated as regularly as needed. Monitoring the PAMRDC interventions at the provincial level involves surveying the organizations that operate in the area of nutrition and food security, and monitoring their actions. However, this has been a challenge due to the lack of dedicated M&E staff to ensure the tracking and use of data. UAN conducted a provincial meeting with representatives of all government sectors and partners followed by training about PAMRDC M&E and clear recommendations but follow-up has been slow due to the lack of M&E staff.

Access and availability of electronic equipment (tablets, in particular) limit the continuity and expansion of the nutrition program supervision tool in many districts of Nampula Province. Debriefing meetings with summary of findings after joint supervision visits were stored at the facility in paper format as well for future follow-up.

- The delay in the approval of the ECD package led to delays in implementation at the institutional level (health facilities).
- The introduction of a new government structure—DPS and SPS—initially caused confusion and issues. The roles and relationships of each department were unclear and this negatively influenced the coordination of activities with the two departments, because each department wanted to work independently.
- The quality of data produced in the community and health units is, at times, questionable. Responding to this gap, we supported MOH central level to develop a supervision tool to improve the analysis of data in the registration instruments. The tool was tested in Maputo City and Nampula province and is available for MOH dissemination across the country.
- The coordination of multi-sectoral activities still needs to be strengthened at the highest level of the province by involving more partners and officials (decision makers) from government sectors.
- There is a shortage of SETSAN Nampula staff to respond to the demands of the multi-sectoral coordination. Also, the monitoring, evaluation, and learning (MEL) staff need more quality experience in data analysis and reporting.
- To address the shortage of SETSAN staff in Nampula we trained the PAMRDC TWG groups on MELpackage. In addition, we provided technical support to SETSAN Nampula to train high-level government officials on food security policies and strategy.
- Many cooperative partners working in the food and nutrition security are not familiar with multi-sectoral coordination for nutrition.
- There are sometimes delays in the SDSMAS responding to issues raised by the communities. To address this, district managers are encouraged to make site visits to communities.

What Are the Lessons Learned and Recommendations?

Through the extensive amount of work done with the government to strengthen their capacity to deliver high-quality nutrition services—and the challenges in those processes—we learned many valuable lessons. We included some recommendations for future work based on these experiences.

- Strengthening the capacity of the decision makers (health directors) in nutrition program interventions is key. They learn to prioritize the program implementation, and it increases their ability to understand, support, and monitor the program.
- We need to work with power players at all levels in the structures. Buy-in from all the actors is key to success.
- Strengthening the ability of community health units to mobilize and respond to the population's needs is key. This increases the reach of policy and service.

- SETSAN's structures at the provincial level have critical gaps in staffing and capacity. This will continue to cause challenges for future projects, including multi-sectoral coordination interventions.
- Increasing the decision makers' awareness about the need to integrate ECD into a multi-sectoral approach is a way to achieve better results on nutrition programming; it also creates an early childhood development-sensitive environment.
- Policymakers saw ECD as something tied to children's entry into school. Reinforcing the idea that looks at ECD only from preschool age (up to the age of three) means it's too late for children to reach their maximum potential development. Interventions must begin in the first two years of life. Younger children need ECD interventions along with their health and nutrition service interventions.
- Joint planning with the government and other implementing partners is an important step. Coordination must begin from the start by sharing the experiences and challenges of working with government and other projects.
- Limited investment and human resource gaps are a challenge. This lack of funding creates issues with long term planning and hiring and retention of staff.

Recommendations

- SETSAN should create a provincial platform, holding regular quarterly multi-sectoral coordination meetings led by the secretary of state or governor. Partners could present their achievements and discuss implementing synergies.
- 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 has multiple competing priorities and limited bandwidth, which makes it challenging to work with them. We recommend incorporating other government structures that have decision making ability into work with SETSAN to encourage more movement.
- The weakness of coordination platforms or mechanisms at the provincial level means actors cannot work together and communicate effectively. We did a lot of connecting, but a gap remains. For example, the United Nations Children's Fund (UNICEF) coordinated with us on our work with SETSAN in the provinces, but government follow up was limited. In some cases, it was difficult to find someone who could speak to these issues with authority. USAID sponsorship of such a platform could advance efforts. SETSAN must leverage the strengthened and revitalized PAMDRC TWGs, the established CODSANs to improve coordination and, consequently communication at provincial level.
- Time is needed to implement the interventions for ECD as it is new in this space. The government requires a longer time to see changes, to adopt these ideals, and to react and respond to them. It should be clear when designing programs that time and

investment is needed to get ECD truly and deeply integrated into governance systems.

- The next projects should reinforce the multi-sectoral aspect. Synergies and coordination can push things further and can impact indicators more. Nampula has many partners, and resources are available, but coordination remains a challenge. SETSAN might ask multiple partners projects for similar support; partners should be working together on all those tasks.



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