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ANNEX 1

to the Commission Implementing Decision on the financing of the annual action plan in favour of the Republic of Mozambique for 2022 – Part 2

Action Document for NutriNorte

ANNUAL PLAN

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, within the meaning of Article 23(2) of NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	NutriNorte OPSYS number: ACT-60963 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	Yes. The Action will contribute to the e-Youth Team Europe Initiative.
3. Zone benefiting from the action	Mozambique
4. Programming document	Multi-annual indicative programme 2021-2027 for Mozambique
5. Link with relevant MIP(s) objectives / expected results	<p><u>Specific Objective:</u> ‘Reduction of all forms of malnutrition, particularly stunting and micronutrient deficiency for a better development of human capital’.</p> <p><u>Expected Results:</u></p> <ul style="list-style-type: none"> – Improved nutritional status of children and most vulnerable groups*; – Adequate nutrition for the most vulnerable groups*; – Improved use and quality of nutrition and WASH services; – Improved people’s knowledge and awareness, attitudes and practices related to nutrition and water, sanitation and hygiene practices. <p>*women of reproductive age, adolescent girls and children under five</p>
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Priority area 2: Growing Youth
7. Sustainable Development Goals (SDGs)	<p><u>Main SDG:</u> <i>SDG 2 - Zero Hunger</i> - End hunger, achieve food security and improved nutrition and promote sustainable agriculture</p> <p><u>Other significant SDGs:</u></p> <p><i>SDG 3 Good Health and Well-being</i> - Substantially reduce the number of deaths and illnesses from water and contamination</p> <p><i>SDG 5 Gender Equality</i> - Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life</p>

	SDG 6 Clean Water and Sanitation - Ensure access to water and sanitation for all.			
8 a) DAC code(s)	12240 – Basic nutrition 14000 – Water Supply And Sanitation			
8 b) Main Delivery Channel	United Nations International Children's Emergency Fund (UNICEF) - 41122 Scale Up Nutrition (SUN) – Civil Society Platform - Non-Governmental Organisations and Civil Society – 2000			
9. Involvement of multilateral partners	Yes. UNICEF			
10. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
11. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @ digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Connectivity @ transport people2people energy digital connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Migration @ (methodology for tagging under development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities (methodology for marker & tagging under dev.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
13. Amounts concerned	Budget line: BGUE-B2022-14.020122-C1-INTPA Total estimated cost: EUR 32 000 000 Total amount of EU budget contribution EUR 30 000 000 This action is co-financed in joint co-financing by: UNICEF for an amount of EUR 2 000 000			
MANAGEMENT AND IMPLEMENTATION				
14. Type of financing	Direct management through grants Indirect management with the entity to be selected in accordance with the criteria set out in section 4.4.4.			

1.2 Summary of the Action

In Mozambique, where geographical disparities and socio-economic inequalities are increasing, fighting malnutrition – as both driver and outcome of poverty – can help tackling extreme poverty and inequality, by investing into the human capital needed to foster inclusive economic growth. Nearly a third of the fast growing Mozambican population is affected by severe food insecurity, while almost 40 percent of children under 5 suffer from chronic malnutrition (stunting), both factors massively hampering the development of the country in human and economic terms.

While nutrition remains a priority in the policy agenda of the Government, namely in the 5-year national development plan 2020-2024, national investments (nutrition specific or sensitive) are still low. The system struggles to ensure access to key basic social services, often of low quality and marred by high and systemic inequalities, with the northern provinces and the rural areas being the most disadvantaged. Moreover, with now some 31 million habitants and one of the highest fertility rate in the continent, it is expected that the population of Mozambique will reach over 50 million in 2040, thus putting under more pressure basic social and environmental services. This situation is further aggravated by the security crisis in Cabo Delgado and neighbouring provinces, causing massive forced displacement, the impact of recurrent cyclones and climate-related events and the socio-economic consequences of the COVID-19 pandemic.

This action builds upon the sound EU experience and lessons learnt from previous investments for improved nutrition under the 10th and 11th European Development Fund (EDF) implemented in several provinces of Mozambique and from emergency nutrition and multisector responses supported the Commission. While consolidating and building on the work done in Zambezia and Nampula provinces, the Action will expand the EU support for nutrition to Cabo Delgado, where the armed conflict ongoing since 2017 led to a growing humanitarian crisis, with direct negative impact on the nutritional status of communities, in particular children, adolescent girls and young women.

The intervention logic closely aligns to the EU multi-sectoral approach to nutrition, and is structured around three strategic components:

- i) Nutrition governance;
- ii) Scale up of key nutrition-specific and nutrition-sensitive actions, with a focus on the effective delivery of quality key nutrition, health and WASH services at community level;
- iii) Knowledge-building and advocacy, including civil society engagement.

The Action will be implemented in the three provinces of Zambezia, Nampula and Cabo Delgado, while advocacy activities carried out by civil society, including women's organisations, will have a national coverage. It will have a duration of 60 months, with an EU contribution of EUR 30 million.

The Action will contribute to the EU global commitments on nutrition and to the EU's broader framework of the Farm to Fork strategy (2020)¹ under the EU Green Deal, and as laid out in the EU Action Plan on Nutrition², the EU strategy on the Right of the Child (2021)³ and the EU Gender Action Plan (GAP III, 2021-2025)⁴.

The Action is fully embedded in the Team Europe Initiative (TEI) 'e-Youth', which aims at harnessing the potential of youth as actor of progress, through a triple E approach: Education, Employment and Empowerment. Within this vision, the TEI acknowledges better nutrition as the basis for of a healthy and productive society: children who are well nourished are more able to learn, to contribute to community goals and to lead the socio-economic transformation of the country.

The Action will benefit from synergies and complementarities with several Actions foreseen under the implementation of the MIP 2021-2027 as well EU humanitarian emergency responses, and will contribute to the EU integrated approach for Cabo Delgado. Doing so, it will reiterate the conviction that what works best in improving nutrition is a locally adapted, multi-sectoral, gender responsive and human rights-based approach. An approach also focused on tackling entrenched inequalities, while simultaneously addressing the broader drivers of malnutrition in all its forms: poverty, structural vulnerabilities, inequalities, climate change, displacement or conflict.

Particularly in Cabo Delgado, the action represents a significant effort in the operationalization of the triple nexus, complementing emergency responses of the EU, while creating the conditions for a progressive move towards more sustainable government-driven response to prevent and treat malnutrition.

In the framework of the EU-Africa Global Gateway Investment Package, the action will bring a tangible contribution to multiple priorities pursued by the EU and Africa, narrowing as such the global investment gap. These priorities include: i) building resilience of communities by boosting improved nutrition; ii) strengthening health systems and improving access to quality essential nutrition services, with a focus on adolescent girls and young women, including those with disabilities; iii) improving water access and sanitation in rural areas, while fostering social cohesion.

2 RATIONALE

2.1 Context

Mozambique remains one of the bottom ten countries in the world in terms of human development⁵, aggravated by increasing inequality⁶, including significant gender differences⁷, and substantial disparities between north and south and urban versus rural areas.

Despite significant economic growth over the last two decades, progress has not been inclusive and has not translated into broad poverty reduction, particularly in rural areas. The country is still recovering from a series of multidimensional shocks in recent years, including the 2016 'hidden debts scandal', the cyclones in 2019, and more recently the COVID-19 pandemic, which pushed approximately two million additional people into poverty in 2020 alone. At the same time, the humanitarian crisis in Cabo Delgado continues to cause high rates of internal displacement. In a global context where food prices had already skyrocketed during the pandemic, the invasion of Ukraine is also causing additional food inflation and severe disruptions on global supply, which could impact the delivery of emergency assistance deployed in response to the humanitarian and environmental crisis regularly faced by Mozambique.

Although the country achieved some progress towards the reduction of **stunting**⁸ prevalence during the last two decades, the absolute number of stunted children has increased due to population growth, conflict and natural

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0381>

² <https://op.europa.eu/en/publication-detail/-/publication/6b8b10e4-c103-42d7-ae08-f8604ae8dfab/language-en>

³ The EU Strategy on the Right of the Child was adopted on 9 June 2022 through [Council Conclusions](#) including [statements by the Hungarian and Polish delegations](#). https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12454-EU-strategy-on-the-rights-of-the-child-2021-24-_en

⁴ The EU Gender Action Plan III (GAPIII) was adopted by 24 Member States through [Presidency Conclusions](#) in December 2020. https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184

⁵ Ranked 181 (out of 189) in the 2020 Human Development Index.

⁶ Gini-coefficient rose to 0.54 (2014/15) from 0.47 (2008/9), placing Mozambique among the most unequal countries in Sub-Saharan Africa.

⁷ Human Development Index is 0.39 for women compared to 0.44 for men.

⁸ Stunting refers to low height for age, reflecting repeated episodes of chronic malnutrition over time. The prevalence of overweight and obesity among women is also reportedly increasing nationwide and it is highest in the urban areas (the next Demographic and Health Survey is expected to show this increase).

disasters, as well as forced displacement. Therefore, malnutrition continues to be a driver of poverty and inequality, with the gravest impacts on young children. As of April 2022, approximately 13 per cent of the population is affected by acute food insecurity⁹, while 38 per cent¹⁰ of children under 5 years old suffer from chronic malnutrition. With now some 31 million habitants (whose 46.6 per cent is under 15 years old and 70 per cent live and work in rural areas) and one of the highest fertility rate¹¹ in the continent, if the current rate of decline in the number of stunted children is maintained at 1.46 per cent (2021)¹², then nearly 2 million children will still be stunted in 2025 in Mozambique. This is well over the World Health Assembly targets¹³, and by extension, over the target of the principal indicator for SDG2.

Good nutrition is a basic human right and malnutrition (in all of its forms) is a significant risk factor for child mortality, and it seriously impairs the physical and cognitive development of children. Particularly, stunting in Mozambique massively hampers the development of the country both in human and economic terms¹⁴, as it traps people into a lifelong cycle of illness, underdevelopment, poverty and inequality. Evidence shows that it leads to reduced education outcomes and productive capacities, and to increased chances of life long health problems (including non-communicable diseases) thereby having long term detrimental impacts on society at large.

Against this background, investing in ‘human capital development’ remains essential¹⁵ for the EU in order to ‘support Mozambique’s transformation through economic, social and political inclusion and contribute to long term inclusive development’ (overall objective of the MIP 2021-2027). This Action intends to contribute to **Priority 2 ‘Growing Youth’ of the MIP 2021-2027** and its Specific Objective 1 ‘*Reduction of all forms of malnutrition, particularly stunting and micronutrient deficiency for a better development of human capital*’. The EU investment to this Action amounts to EUR 30 million, contributing to achieve the EU commitment of allocating at least 20 per cent of its Official Development Assistance to social inclusion and human development.

The **drivers of malnutrition in Mozambique** are the result of a combination of immediate and underlying causes, being directly related to inadequate dietary intake as well as disease, but indirectly to many factors, among others household and individual food insecurity, maternal well-being and child care, access to safe drinking water, adequate sanitation and health services, women’s empowerment and gender equality, cultural beliefs and misconceptions, disability related stigma, structural vulnerabilities and climate change, population growth, displacement and conflict, loss of livelihoods and lack of access to land. While many nutrition interventions are delivered through the health sector, non-health interventions are also critical in order to address the more underlying and basic causes, and to address some key inequalities.

The Action builds upon the longstanding experience and lessons learnt from previous EU investments for improved nutrition, with particular reference to the ‘MDG programme¹⁶’ (10th EDF) and the ongoing ‘**PROMOVE¹⁷ Nutrição programme¹⁸**’ (11th EDF), both aiming at contributing to the reduction of stunting levels in Mozambique. It will also build synergies with the ongoing PROMOVE-Agribiz¹⁹ programme, through geographical and strategic convergence wherever possible. While consolidating and building on the work done in Zambezia and Nampula provinces, the Action will also expand the EU support for nutrition to selected districts in Cabo Delgado province, where the multiple attacks, which caused significant damage to public and private

⁹ [IPC projections, Nov 2021-Sept 2022](#); [Fews Net Mozambique](#); [Reliefweb \(OCHA\)](#).

¹⁰ According to the latest ‘Inquérito sobre o Orçamento Familiar’, IOF 2019/2020.

¹¹ Mozambique’s population is projected to more than double by 2050, from 29.5 million to 65.3 million ([World Population Review](#))

¹² EU country profile on nutrition, Mozambique (2021)

¹³ [Global Targets 2025: To improve maternal, infant and young child nutrition, WHO](#)

¹⁴ According to the study ‘Cost of Hunger (COHA) in Africa’ (African Union et al. 2017), Mozambique loses almost 11 percent GDP each year to child stunting alone, equivalent to a yearly loss of 62 billion MZN (almost USD 1.6 billion)

¹⁵ [Prospects and Challenges: Mozambique’s Growth and Human Development Outlook to 2040](#), Institute for Security Studies (2017)

¹⁶ MDG-1c programme’ - Accelerate Progress Towards Millennium Development Goal 1c (FED/2012/024-173), EUR 87.7 million, implemented from 11/2012 to 06/2019 - see [Final Evaluation MDG1c programme](#)

¹⁷ PROMOVE is the EU integrated approach to rural development in Mozambique (11th EDF), which amounts at EUR 341,000,000, including support to rural roads, access to energy, sustainable agriculture and agribusiness, nutrition, sustainable management of natural resources, and trade facilitation. Geographical focus is on the provinces of Zambezia and Nampula, except the trade component which has a national focus.

¹⁸ PROMOVE-Nutrição (FED/2016/38-044), EUR 30 M implemented in Zambezia and Nampula (06/2017 to 11/2022) + Recovery Resilience programme provinces – PROMOVE nutrição component (FED/2020/412-994), EUR 14.7 M implemented in Sofala (03/2020 to 02/2024). The intervention logic of the present Action is based on the design of PROMOVE- Nutrição, which aims to support the co-ordination and strategic planning functions for nutrition of the government while scaling up the implementation of ‘essential’ nutrition-specific and sensitive interventions in the areas of health and WASH. The program is still ongoing but its positive experience and lessons learnt have been included under this new Action – see chapter on lessons learnt. A final evaluation is foreseen at the end of 2022.

¹⁹ PROMOVE-Agribiz (FED/2018/039-900, EUR 68 M) is a programme implemented in 10 districts in Zambezia and Nampula provinces. The component implemented by FAO (EUR 30.8 M) is particularly relevant to this Action as it aims at: i) improving food and nutrition security and resilience of smallholders through climate-smart and nutrition-sensitive agriculture; and ii) enhancing rural competitiveness.

infrastructures, also gravely disrupted the provision of already extremely weak basic social services. At the same time, the repeated displacements of people (approx. 800 000, of which 45 per cent are children) and consequent destruction of livelihoods have exhausted the scarce resources of families, increasing their food insecurity with direct negative impact on nutrition.

The interventions and planned outputs are aligned with the Government 5-year plan (PQG) and contribute to the implementation of national multi-sectoral and sectoral strategies²⁰ relevant for stunting reduction in Mozambique. The action will contribute to the national target (and commitment at the Nutrition for Growth Summit held in 2021) to reduce stunting of children under 5 years of age from 38% in 2020 to 30% in 2030.

With 2021 being heralded as the International Year of Nutrition and 2022 as the African Union Year for Nutrition, this Action represents a concrete contribution to the **EU global commitments on nutrition**²¹, which remain driven by the EU engagement to reduce all forms of malnutrition by *'ensuring access for all to sufficient, safe and affordable food and healthy diets within our planetary boundaries'*. In this regard, the Action is aligned with the broader EU's policy and strategic framework, which includes: the EU Action Plan on Nutrition (2014), with the aim at reducing the number of stunted children under five by 7 million by 2025; the Farm to Fork strategy (2020) under the EU Green Deal; the EU strategy on the Right of the Child (2021).

The action will also contribute to the EU Gender Action Plan (GAP III) 2021-2025 (2020), especially to the thematic engagements 'Strengthening economic and social rights and empowering girls and women' and 'Promoting sexual and reproductive health and rights', as well as the general role of women in peace and security.

The Action is fully embedded in the **Team Europe Initiative 'e-Youth'** and will also benefit from synergies with several Actions formulated under the Annual Action Plan 2022, such as 'SER - Support to Education Reform' (in particular its equity-component²²), 'AguaNorte', 'ResiNorte', and 'MERCIM+'. It will also be complementary to Actions that will be developed under Priority area 1 'Green Deal', Specific Objectives 2 on 'Support the transformation of the agriculture, forestry and fishery sectors towards more sustainable food systems, livelihoods and production patterns'. The Action will also ensure synergies with ongoing and future EU funded humanitarian responses for nutrition assistance, including the support for the identification, referral and treatment of severe acute malnutrition. The Action will also contribute to the delivery of the **integrated approach for Cabo Delgado**, to address the challenges in the province. The integrated approach, which is based on conflict-sensitive programming, encompasses humanitarian, peacebuilding, development and security actions. The Action will be also aligned with the principles and criteria for prioritization of interventions identified in the 'Strategy for Resilience and Integrated Development for the North' (ERDIN)²³, by contributing to increased access to basic services, reduction of inequalities (including gender inequality), economic recovery and peacebuilding. In line with the **triple nexus approach**, stronger linkages will be built between humanitarian action and development interventions, with a peacebuilding approach underlying both.

In the framework of the **EU-Africa Global Gateway Investment Package**²⁴, the action will contribute to multiple priorities pursued by the EU and Africa, narrowing as such the global investment gap. These priorities include: i) building resilience of communities by boosting improved nutrition; ii) strengthening health systems and improving access to quality essential nutrition services, with a focus on adolescent girls and young women; iii) improving water access and sanitation in rural areas.

The Action is relevant for the **2030 Agenda for Sustainable Development**. It contributes primarily to the achievement of the following SDG(s): Goal 2 (Zero Hunger - End hunger, achieve food security and improved nutrition and promote sustainable agriculture); Goal 3 (Good Health and Well-being - substantially reduce the number of deaths and illnesses from water and contamination); Goal 5 (Gender Equality - ensure women's full

²⁰ Main strategies include: the Multi-sector Action Plan for the Reduction of Chronic Undernutrition in Mozambique (PAMRDC 2011-2020), in place until 2020, to be replaced by the National Strategy for Food and Nutrition Security (ESAN-III) for 2021-2025 (yet to be approved); the National Rural Water and Sanitation Programme (PRONASAR), the Health Sector Strategic Plan (PESS), the National Health Promotion Strategy (2015-2024); the Social and Behavior Change Communication (SBCC) for Nutrition Strategy (2016-2019).

²¹ At the first Nutrition for Growth Summit in 2013, the EU pledged to allocate EUR 3.5 billion between 2014–2020 to improve nutrition in partner countries. By 2020, this commitment had not only been achieved but was surpassed by EUR 800 million. At the second Nutrition for Growth Summit held in 2021, the Commission announced a new pledge of EUR 2.5 billion for 2021-2024 to reduce all forms of malnutrition.

²² This component under the SER programme includes the promotion equitable access to education - especially for girls, children with disabilities, and children affected by emergencies.

²³ Estratégia de Resiliência e Desenvolvimento Integrado do Norte (ERDIN). At the time of writing this Action Document, the ERDIN strategy is yet to be approved by the Government. The 5-year ERDIN strategy covers the three Northern provinces of Cabo Delgado, Niassa and Nampula, and it acknowledges the necessity to restore social cohesion (pillar 1), rebuild the social contract (pillar 2) and support economic recovery and resilience (pillar 3), with a strong focus on youth and women protection, participation and inclusion.

²⁴ EU-Africa Global Gateway Investment Package

and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life); Goal 6 (Clean Water and Sanitation - ensure access to water and sanitation for all).

The **principles of ‘Leaving No One Behind’ and of ‘Do No Harm’** will guide EU interventions under this Action, ensuring that people that are often excluded or marginalized, such as children, women and girls, and persons with disabilities, can equally benefit from EU support and that beneficiaries of the interventions will not be exposed to additional or unwanted risks.

2.2 Problem Analysis

According to the statistical data available from the latest national household survey (*Inquérito sobre o Orçamento familiar*, IOF 2019/2020)²⁵, the national average stunting prevalence has registered some (limited) progress in the past two decades: it is now at 38% against 43% in 2013 (latest SETSAN baseline survey) and 48% in 2003 (Demographic Health Survey, DHS). Despite the crucial issue related to the availability of quality (and comparable) data, it is estimated that, considering current population growth²⁶ rates, by 2025 at least 2 million children will be stunted, even in the optimistic scenario of malnutrition rates being successfully brought down to Government's target (35%) by 2024 (*Plano Quinquenal do Governo 2019-2024*). The provinces with the highest stunting rates are Nampula (46.7 percent), Cabo Delgado (45 percent) and Zambezia (44.6 percent).

The major **causes and contributors to stunting are multi-sectoral and multidimensional**²⁷.

Poverty and food insecurity are critical factors for stunting prevalence, particularly in Mozambique where nearly a third of its fast growing population is affected by severe food insecurity. However, one-quarter of Mozambican children suffer from stunting even in the wealthiest households²⁸ and in some areas of the country, chronic malnutrition has become a prevailing condition, even when the agriculture production is sufficient to ensure access and availability of food. This suggests that there are **other relevant factors** contributing to stunting, the main ones being:

✧ **Lack of food diversity and inadequate diets and feeding practices.** According to the ‘Fill the Nutrient Gap’²⁹ study, although the majority of families (93%) in Mozambique can afford to meet energy needs, more than half (54%) cannot afford the minimum costs for an adequate diet because of poverty, limited market access, and dependence on own production. The inadequate access to nutritious foods is mainly related to the low productivity and limited diversity in agricultural activities compounded by limited access to non-farm incomes. However, food habits also play a key role on nutrition outcomes. Pregnant and lactating women’s decisions about what food to buy, eat and feed their young children were affected by many factors, including culture (local traditions and norms, religious strictures, personal preferences), women’s workload and time allocation³⁰, logistics (food availability, food preparation and conservation), economics (access to resources to buy food, affordability of food) and social status (education level, knowledge, disability). The adolescent girl needs foods that are relatively rich in nutrients (especially vitamins and minerals) in comparison to their energy content: more vegetables, animal source foods, and fortified foods. As foods are not shared in these proportions and women and girls are unlikely to get a larger – or even equal – share of more nutritious foods, their nutrient needs are unlikely to be met. Adequate infant and young child feeding (IYCF) practices are also fundamental to protect the health and wellbeing of children. The situation of these practices is indeed precarious: only 41% of exclusive breastfeeding among infants less than 6 months and 13.2% of Minimum Acceptable Diet³¹ among 6-23 months children.

✧ **Micronutrient deficiencies** are also widespread; the main micronutrient deficiencies are in iron, vitamin A and iodine, all of which have devastating effects on the health, well-being and development of children and adults. Anaemia especially represents a significant public health concern in Mozambique and its prevalence is reaching

²⁵ Inquérito sobre o Orçamento familiar, IOF 2019/2020; Suplemento IOF 2019/20 - Estado Nutricional das Crianças menores de 5 anos e Percepção dos Agregados Familiares sobre a Segurança Alimentar.

²⁶ Secretariado Técnico de Segurança Alimentar e Nutricional / Technical Secretariat for Food and Nutrition Security (SETSAN)

²⁷ Nutrition situation and casual analysis – Mozambique (European Commission, 2014).

²⁸ Among the reasons listed in the text, education level of mothers is one of the key social determinants of nutrition and explains much of the stunting among the wealthy – see <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mozambique/>.

²⁹ Fill the Nutrient Gap, Mozambique (WFP, 2018). The WFP's Fill the Nutrient Gap tool analyses the nutrition situation in a country and identifies the barriers faced by the most vulnerable to accessing and consuming healthy and nutritious foods.

³⁰ Does women’s time in domestic work and agriculture affect women’s and children’s dietary diversity? Evidence from Bangladesh, Nepal, Cambodia, Ghana, and Mozambique, 2018.

³¹ MAD indicator combines minimum diet diversity and minimum meal frequency. See <https://data.unicef.org/topic/nutrition/diets/>.

alarming levels, also in regional comparison, affecting around 7 out of 10 among the youngest (aged 6-59 months) nationally, with stark geographical disparities³², and more than half of child-bearing age women. Households often have limited access to quality nutrition services and as a result of low dietary diversity, have an inadequate intake of micronutrient-rich foods. While poor nutrition is the most common cause of anaemia worldwide, other important proximal contributors to childhood anaemia in sub-Saharan Africa include waterborne diseases, in particular malaria and other intestinal worm infestations³³. The COVID pandemic has underscored the critical role of good nutrition in strengthening people's immune systems, with poor diets and associated co-morbidities dramatically increasing the risk of severe complications and death as a result of the virus.

✧ **Limited access to water and sanitation (WASH) services and poor hygiene practices** remain crucial contributors to chronic undernutrition. The northern provinces have the lowest proportion of the population having access to improved water supply³⁴ and access to basic sanitation³⁵. Global evidence shows the positive impact of good WASH services on the nutritional status of a population as: i) it reduces the incidence of infectious disease which causes sickness and child mortality (particularly malaria and diarrhoeal diseases); ii) it lowers the risk of water-borne diseases that divert the child's uptake of nutrients causing undernutrition and anaemia; iii) it reduces the transmission of malaria (malaria prevalence in children 6-59 months is highest in Cabo Delgado and Nampula provinces, affecting more than 1 in 2 children under five years old³⁶) and the risk of opportunistic infections among the growing number of children living with HIV/AIDS; iv) it reduces time spent by girls and women on collecting water and the risks of abuse involved in travel long distances.

✧ **Access and utilization of basic health care services** is still very limited in rural areas and for the poorest, particularly for women and children. In a context where infectious diseases (including sexually transmitted infections, malaria, diarrhoea, gastrointestinal parasites, and respiratory infections) are largely widespread, preventative interventions through health services proved to be an effective method for the reduction of chronic malnutrition, especially when high coverage is achieved. However, access to health care remains a significant challenge, particularly in the northern provinces of Cabo Delgado, Zambezia and Nampula, which have the lowest percentage of Mozambique's population able to access a health facility within a 30-minute walk³⁷ from their homes. As a result, the indicators related to institutional delivery rate, prenatal consultation visits, infant mortality rate, and maternal mortality ratio are among the lowest in the country, directly impacting the maternal health status, which is a critical factor for stunting prevalence.

✧ **Gender inequality and women's empowerment, early child marriages and pregnancies in adolescents.** Gender inequality is pervasive in Mozambique, particularly in the Northern provinces, which have the highest rate of child marriage in the country, with more than half of adolescent girls married under 18³⁸, and significant number of girls giving birth before that age³⁹. Many of these young women often give birth to low birth weight babies, dropping out of school, thereby compromising both their future and the future of their children. They may have experienced physical violence in their lifetime. All these challenges contribute to Mozambique having one of the lowest levels of human capital in the world, which fundamentally undermine efforts for children and youth to realize their full potential. Maternal health status is a critical determinant of stunting, as well as women's social and economic status, including level of education, influence over household decision-making over resources (including income and food) and participation. Women and girls have unique nutritional requirements throughout the life cycle - especially during adolescence, before and during pregnancy, and while breastfeeding. In particular, the nutritional vulnerability of mothers, affecting also their children, is the greatest during the 1,000 days between pregnancy and a child's second birthday. Similarly, a heavy workload of women to combine outside work with childcare responsibilities (particularly when caring for children with disabilities, or for mothers with disabilities

³² The highest prevalence of childhood anaemia is in Cabo Delgado and at provincial borders. See Inequities in childhood anaemia at provincial borders in Mozambique: cross-sectional study results from multilevel Bayesian analysis of 2018 National Malaria Indicator Survey, 2018.

³³ Mozambique is one of the 4 African countries with the highest Malaria-Anaemia co-morbidity prevalence. Hence the importance of malaria prevention interventions for anaemia control (Muhajarine et al. 2021)

³⁴ Zambezia: 51.3 percent; Nampula: 53 percent; Cabo Delgado: 54.1 percent (UNICEF, 2022)

³⁵ Zambezia: 25.2 percent; Nampula: 23.7 percent; Cabo Delgado: 23.5 percent (UNICEF, 2022)

³⁶ Factors associated with use of insecticide-treated net for malaria prevention in Manica District, Mozambique 2021

³⁷ 38.7 percent or almost half the national average

³⁸ 62.3 percent in Nampula, 60.7 percent in Cabo Delgado and 47.1 percent in Zambezia, Child Marriage and Adolescent Pregnancy in Mozambique: Causes and Impact, (UNICEF, UNFPA and CECAP, 2015)

³⁹ 40.2 percent in Cabo Delgado, 40 percent in Zambezia and 51.7 percent in Nampula, Child Marriage and Adolescent Pregnancy in Mozambique: Causes and Impact, (UNICEF, UNFPA and CECAP, 2015)

to support their children) affects early childhood stimulation, again affecting stunting. It is therefore critical to address maternal health as well as promoting shared responsibility between men and women⁴⁰.

✧ **Entrenched inequalities.** Undernutrition displays significant disparities and inequities across geographical location (urban/rural, among provinces) and socio-economic groups. Stunting and anaemia rates are higher in rural areas, northern and central regions, twice higher in the lowest wealth quintile and among children whose mothers did not attend school. Household wealth, maternal education levels, family planning practices/family size are key contributors to malnutrition. The importance of female education⁴¹ deserves special highlight as it shows the persistent disparities in stunting reduction linked to maternal education levels (remaining unchanged or above 45% among children whose mothers had no education or only accomplished primary education). Provincial disparities are also worth mentioning, with women's education and household sanitary environment as two most significant determinants underpinning these disparities⁴².

✧ **Conflict and displacement in the northern provinces.** The Province of Cabo Delgado witnessed since 2017 the rapid escalation and intensification of an armed conflict. This has resulted in the displacement of over 800 000 people in the region and caused over 3 700 fatalities, primarily among civilians⁴³. The violence of the conflict fuelled concerns that it could further spread in Niassa and expand to the Nampula province, where underlying structural challenges are similar to Cabo Delgado's. These violent attacks have resulted in significant destruction of private and public properties and breaches of human rights. There has also been significant limitations to the access to basic social services. At least 30% of internally displaced people (IDPs) in northern Mozambique had to flee multiple times⁴⁴. These repeated displacements and the consequent destruction of livelihoods and loss of land, exhausted the scarce resources of families, which contributed to the growing need for food and nutrition assistance. The insecurity and violence in the North have particular implications for the youth, with 68% of the population being 25 or younger. Particularly women and young girls, , and persons with disabilities, while displaced, can be exposed to sexual and gender-based violence (GBV), including sexual exploitation and abuse; trafficking, forced labor, physical and psychological violence, early and forced marriage, and unwanted and unintended pregnancies. Early childbearing in adolescents remains a key risk factor for both the young mothers and their children which contribute to low birth weight babies and high prevalence of stunting.

✧ **Climate change and natural disasters** poses an additional threat to food and nutrition security in Mozambique, particularly for children. Weather-related disasters are becoming increasingly strong and more frequent, with devastating impact across sectors and provision of services that are key for human capital development, including nutrition. As 70% of the fast growing Mozambican population depends on climate-sensitive agriculture for food and livelihoods, increased frequency and intensity of storms, droughts and floods are likely to pose pressure on agricultural income undermining livelihoods as well as the food and nutrition security of the whole country. The impacts are expected to increase the population at risk of malnutrition through multiple channels such as more frequent crop failures, diarrheal episodes due to inundated or unsanitary environments, contaminated water sources, and premature infant weaning in households facing climate-induced livelihood shocks.

Main stakeholders and institutional and/or organisational issues (mandates, potential roles, and capacities):

Government counterparts (duty bearers):

For coordination: Since 2010, the Technical Secretariat for Food and Nutrition Security (SETSAN)⁴⁵ and its decentralised offices at provincial level have acted as coordinator for the implementation of national strategies for stunting reduction. At district level, the functioning of *multi-sectoral technical working groups* have been supported (mainly through development partners' programmes) in order to strengthen yearly planning, budgeting and monitoring of nutrition interventions. These technical groups are crucial stakeholders as they are composed by focal points from relevant sectors involved in the implementation of specific and nutrition sensitive activities

⁴⁰ Analyses including Mozambique show that improving nutritional outcomes requires addressing the underlying determinants of poor nutrition in addition to empowering women and improving gender equality (Quisumbing et al. 2021).

⁴¹ Female secondary education enrolment remains as low as 27 percent at national (with Northern provinces having lowest women illiteracy rates).

⁴² All nutrition surveys carried out over the past years consistently show that Northern and Central provinces exhibit higher rates of chronic under-nutrition. In attempting to explain the reasons for such disparities, the Nutrition Situation and Causal Analysis commission by EU in 2014 compared the behaviour of four significant underlying and basic causal indicators at provincial level: maternal education (women illiteracy rates), prevalence of early pregnancies, household access to safe water and improved sanitation. The values for these four indicators clearly show that the conditions for better nutrition are poorer in Northern provinces compared to the Southern ones.

⁴³ ACLED 2021.

⁴⁴ OCHA, The cost of inaction, June 2021

⁴⁵ SETSAN is under the Ministry of Agriculture and Rural Development (MADER)

at district level. In 2017, the *National Council for Food and Nutrition Security* (CONSAN⁴⁶), which is chaired by the Prime Minister and composed of several key ministries, was created to steer the national nutrition agenda and to enhance coordination of nutrition intervention at inter-ministerial level. The *Agency for Integrated Development of the North* (ADIN), established in 2020, has also a role to play as it is mandated to coordinate all development and humanitarian activities in the northern provinces (Niassa, Nampula and Cabo Delgado) and to liaise with line Ministries and their decentralised structures.

For implementation: The implementation is to be handled in close coordination with the Ministries involved and aligned to the government strategies and implementation plans of the different sectors (mainly health, nutrition, water-sanitation and hygiene). In respect to this Action, important government stakeholders include the *Ministry of Health* (MISAU) with its *Nutrition Department* and the *Ministry of Public Works, Housing and Water Resources* (MOPHRH), and their provincial and district offices⁴⁷. MISAU is the lead ministry for the delivery of most of the nutrition-specific activities and services under the Multi-sector Action Plan for the Reduction of Chronic Undernutrition in Mozambique (PAMRDC). MISAU is equally leading the effort to improve the situation on nutrition human resources. MOPHRH is the lead ministry for the delivery of the WASH activities.

Main development partners

The *Nutrition Partner Forum* (NPF) represents the main coordination platform of development partners⁴⁸ in the sector in Mozambique, ensuring an effective, coordinated and strategic policy dialogue with national authorities (mainly SETSAN and MISAU) and for coordination of the different nutrition programmes. Within this forum, the ongoing EU-UNICEF partnership under PROMOVE-Nutrição has played a significant role in supporting SETSAN in steering the national stunting agenda and in advocating for a multi-sectoral approach. Civil society organisations and private sector are represented in the NPF through their respective *Scale up Nutrition* (SUN)⁴⁹ networks. Mozambique is part of the SUN movement since 2011 and the active SUN networks include:

- *SUN-government* (led by SETSAN) is the SUN focal point for the all movement in Mozambique - see above;
- the *Development Partners' network*, including the UN family (*SUN-UN Network*) and bilateral donors (*SUN-donors network*), which meets jointly through the NPF;
- the *SUN Business Network*, identifying businesses and sensitizing them to the role they can play as partners to scale up nutrition and to mobilise financial commitments in priority areas for better nutrition;
- the *SUN-Civil Society Platform* (*SUN-CS Platform*), supporting the advocacy work of civil society to encourage grassroots contributions in the development of national plans to scale up nutrition and promote right to food. The SUN-CS Platform is supported by the EU since 2017 under the PROMOVE-Nutrição programme;
- the *SUN Youth Network*, supporting youth involvement and empowerment for sustainable food system and better nutrition. The network was launched in 2021, with EU support channelled through the SUN-CS platform.

Main humanitarian partners

The *Nutrition Cluster*⁵⁰ represents the main coordination platform for humanitarian partners working on nutrition in emergencies, particularly in the northern provinces. The EU humanitarian aid under the yearly 'Humanitarian Implementation Plans' is crucial to these operations.

Main investments on nutrition relevant to the Action for ensuring coordination and building synergies:

- The *Investment Case of Mozambique* is a primary health care program funded under the *Global Financing Facility*⁵¹, with support from the World Bank. The program has a focus on 'Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition', which are delivered in most Mozambican provinces. Under this program, it was introduced the roll-out of an integrated 'Nutrition Interventions Package' (PIN⁵²), which

⁴⁶ Conselho Nacional de Segurança Alimentar e Nutricional, CONSAN. The decentralised level were also established which are: the 'Conselho Provincial de Segurança Alimentar e Nutricional' (COPSAN) and the 'Conselho Districtal de Segurança Alimentar e Nutricional' (CODSAN).

⁴⁷ The provincial services involved in the action includes: the 'Provincial Service of Infrastructure' (SPI), the 'Provincial Health Services' (SPS) and the 'Provincial Service of Economic Activities' (SPA). The district services benefiting most of the support will be the 'District Department for Health, Women and Social Affairs (SDSMAS)' and the 'District Department for Planning and Infrastructure (SDPI)', with some involvement of the 'District Department for Economic Activities (SDAE).

⁴⁸ As of April 2022, the most active NPF partners include: from donors: EU, GIZ, USAID, JICA, WB; from UN agencies: UNICEF, WFP, FAO, IFAD and WHO; from Civil Society Organisations: chair members of the SUN civil society and SUN business networks

⁴⁹ <https://scalingupnutrition.org/>

⁵⁰ <https://www.humanitarianresponse.info/en/operations/mozambique/nutrition>

⁵¹ <https://www.globalfinancingfacility.org/mozambique>.

⁵² Pacote de Intervenção Nutricional (PIN). The PIN covers seven key nutrition interventions for children under two years of age: 1) counselling on exclusive breastfeeding for children 0-6 months, 2) counselling on adequate and responsive complementary feeding, including the use of micronutrient powders, 3)

includes relevant nutrition services and a capacity development component addressed to community health workers and activists for counselling caretakers on improved nutrition.

- The *Transforming nutrition*⁵³, a USAID funded program launched in 2020, is led by the implementing partner ‘Save the Children International’ in Nampula province. It is based on a multi-sector approach with the objectives of strengthening host government capacity, increasing the adoption of optimal behaviours for better nutrition and increasing access to quality services and products for nutrition, sanitation, and hygiene.
- The *Transforming Access to WASH and Nutrition Services in Mozambique (T-WASH II)*, a FCDO/UKAID action launched in 2020, focuses on child malnutrition and improved delivery of WASH and nutrition services.
- The *Initiative for Food and Nutrition Security in Africa*⁵⁴ (IFNA) in Mozambique, a JICA funded program is promoting a multi-sectoral approach, integrating agriculture with health and WASH interventions. The program is implemented in Niassa until 2022 and has been an important source of data and field evidence.
- The *Movimento Social para Mudança de Comportamentos em Nampula*, launched in May 2019 by the Fundação para o Desenvolvimento da Comunidade⁵⁵, focuses on Social Behaviour Change Communication (SBCC) activities.
- EU (ECHO) funded interventions on multi-sectoral humanitarian assistance (about EUR 44 million since 2020), including nutrition and food assistance, protection and WASH interventions for emergency responses in Cabo Delgado.

Target group and final beneficiaries (rights-holders)

By directly supporting key component of the national stunting strategies, the *target group* of the Action includes children under five years (particularly in the first two years from conception), adolescent girls, and women of reproductive age before and during pregnancy and lactation, and child caretakers in general, hence mothers and fathers alike (across these target groups, attention will be paid to those most at risk, such as women, girls and children with disabilities). SBCC would also target several community-level platforms and change agents (among others: health and social workers, community health workers, health committees, water committees, religious leaders, traditional healers, community leaders, women’s organisations, community radios, mobile units, and theatre groups). The *final beneficiaries* of the action will be the population of the targeted districts/communities of the three provinces of Zambezia, Nampula and Cabo Delgado, with a focus on the most vulnerable and the communities most isolated from services, including the internally displaced and the population directly affected by conflict and violence. The advocacy activities carried out by the civil society will have a national coverage and will be targeting different audiences, from decision makers at national level to community arenas, from public to private sector.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective (Impact)** of this action is to contribute to the achievement of national targets in the reduction of malnutrition in children under 5 years of age in Mozambique.

The **Specific Objectives (Outcomes)** of this action are:

Specific Objective 1 - To improve nutrition governance for better multi-sectoral coordination, planning, and monitoring of nutrition (specific and sensitive) interventions.

Specific Objective 2 - To scale-up effective, equitable and inclusive delivery of quality key nutrition, health and WASH services at community level in targeted districts.

Specific Objective 3 - To promote social and behaviour change and advocacy for better nutrition

The **Outputs** to be delivered by this action contributing to the Specific Objectives (Outcomes) are:

deworming of children 12-24 months, 4) counselling on WASH, 5) growth monitoring, 6) vitamin A supplementation for children 6-24 months of age, and 7) provision of micronutrient powders for children 6-24 months

⁵³ Transforming nutrition, USAID

⁵⁴ <https://ifna.africa/mozambique/>

⁵⁵ <http://fdc.org.mz/pt/> The Organization is led by Graça Machel.

- Output 1.1 - Enhanced capacity of local authorities (provincial and district levels) and key community actors** to ensure that nutrition (specific and sensitive) interventions are effectively delivered through the existing decentralised government systems at the community level;
- Output 1.2 - Increased context-specific evidence and knowledge** to improve policy development, planning, coordination, accountability and advocacy for better nutrition.
- Output 2.1 - Strengthened delivery systems of integrated nutrition and health services** targeted at children, adolescents (particularly girls) and lactating/pregnant women at community level;
- Output 2.2 - Strengthened delivery systems of WASH services** at community level.
- Output 3.1 - Enhanced awareness and local support at community level to drive social behavioural change** and create an enabling environment for collective and individual practices which promote better nutrition
- Output 3.2 - Enhanced capacity and voice of civil society to advocate** and keep nutrition at the top of the political agenda

3.2 Indicative Activities⁵⁶

Activities related to Output 1.1 – Enhanced capacity of local authorities (provincial and district levels) and key community actors to ensure that nutrition (specific and sensitive) interventions are effectively delivered through the existing decentralised government systems at the community level;

- Capacity building of relevant government staff on multi-sectoral planning, budgeting, coordination and monitoring of nutrition (specific and sensitive) interventions, with a focus on decentralised plans;
- Development of national curriculum for nutritionist and training government nutritionists, based on gender responsiveness, cultural sensitivity and disability inclusion;
- Strengthening the nutrition supply chain management, particularly at sub-national level.
- On-the-job training and mentoring of community health workers⁵⁷ and other key actors (paediatricians, matrons, midwives, nurses and nutritionists working in hospitals, volunteers) on skilled counselling, taking into account gender, local cultures and disability inclusion;
- Training and capacity building of water committees and maintenance groups for WASH infrastructures and training for agricultural extension workers;
- Coordination and monitoring of SBCC activities implemented through established community-level platforms and change agents, ensuring gender inclusion and promoting social cohesion in the communities.

Activities related to Output 1.2 – Increased context-specific evidence and knowledge to improve policy development, planning, coordination, accountability and advocacy for better nutrition

- Strengthening the existing (national and subnational) WASH and nutrition information management systems;
- Strengthening capacities in multi-sectoral information analysis (with a focus at decentralised level) to better inform strategic and operational decision making processes. Lessons learnt and recommendations from the ‘National Information Platforms for Nutrition (NIPN)’⁵⁸ may inform this activity;
- Nutrition vulnerability and nutrition assessments, district level surveys and documentation of best practices and lessons learned through operational research. Evidence and knowledge created will be used for policy dialogue with the aim at increasing political commitment at national level for stronger nutrition governance.

Activities related to Output 2.1 - Strengthened delivery systems of integrated nutrition and health services targeted at children, adolescents (particularly girls) and lactating/pregnant women at community level

- Support the effective delivery of key ‘high impact’ nutrition and preventive health interventions to reduce micronutrient deficiencies (vitamin A supplementation, micronutrient powders to children 6 to 59 months, iron folate supplementation to pregnant women, and deworming tablets for children) to be delivered through routine health services (both district and community levels);

⁵⁶ Not exhaustive list

⁵⁷ Called Agentes Polivalentes Elementares (APEs) in Mozambique.

⁵⁸ NIPN is an EU-lead initiative. More information available at <https://www.nipn-nutrition-platforms.org/>

- Support the detection and treatment of severe acute malnutrition and its complications and strengthen the referral system as well as scale up of community management of non-complicated cases of acute malnutrition and outreach of nutrition services through community health workers;
- Scale up of services for counselling and support to pregnant women and mothers on infant and young child feeding (ex. Exclusive breastfeeding⁵⁹, cooking demonstrations with local foods rich in micronutrients) and other essential family behaviours (eg. on use of insecticide-treated net for malaria prevention, sexual reproductive health).

Activities related to Output 2.2 - Strengthened delivery systems of WASH services at community level

- Rehabilitation and construction of water points and water systems at community level, including the upgrade of accessible WASH infrastructures at health posts, ensuring empowerment and ownership of communities and promoting social cohesion;
- Provision of sanitation services and products at community level, improving their affordability and their gender responsiveness. This will include the promotion of construction of latrines at community level, safe water treatment and storage, handwashing points, safe disposal of infant faeces, etc., in order to maintain good sanitation practices at household level and achieve a sustainable Open Defecation Free status of communities.

Activities related to Output 3.1 - Enhanced awareness and local support at community level to drive social behavioural change and create an enabling environment for collective and individual practices which promote better nutrition

- Promotion of key healthy behaviours on nutrition and adequate diets, WASH, infant and young child feeding, malaria prevention and other sexual reproductive health and parenting practices. SBCC activities (encompassing cultural beliefs and misconceptions regarding malnutrition and its prevention) will be carried out at family and community level. They will target the first 1,000 days of life, focusing on barriers and motivators, using multiple communication channels and combining a variety of multimedia, advocacy and culturally sensitive communication tools;
- Promotion of an ‘Adolescent Package’ focused on capacity building and counselling of adolescents and young mothers on improving nutrition, health, menstrual hygiene management, wellbeing and parenting;
- Social mobilization and demand generation to improve uptake of nutrition services and health practices and to stimulate community demand for safe sanitation through community approaches to total sanitation;
- Advocacy work through communication activities, including production of multimedia products aimed at the general public, but also targeting messaging to national, provincial and district decision makers.

Activities related to Output 3.2 - Enhanced capacity and voice of civil society to advocate and keep nutrition at the top of the political agenda

- Strengthening the SUN-civil society network operational capacity at national and provincial levels, including expansion to targeted districts. Women’s empowerment will be supported, as they are critical agents for change in the nutrition area;
- Support to the SUN-civil society network for implementing key activities on advocacy, social mobilisation, communication, budget monitoring of national resources allocated to nutrition, and social accountability (from the demand-side). These activities will be targeting different audiences, from decision makers at national level to community arenas, from public to private sector (national coverage). Activities will also support women’s empowerment and disability inclusion. Synergies with other SUN networks, particularly the SUN business network, will be promoted.
- Support the development of the SUN Youth Network, supporting youth involvement and empowerment for more sustainable food system and better nutrition.

The commitment of the EU’s contribution to the Team Europe Initiative to which this action refers, will be complemented by other contributions from Team Europe members. It is subject to the formal confirmation of each respective member’s meaningful contribution as early as possible. In the event that the TEIs and/or these contributions do not materialise, the EU action may continue outside a TEI framework.

⁵⁹ The action will adhere to the principle of promoting exclusive breastfeeding in line with WHO recommendations.

3.3 Mainstreaming

Climate Change & Environmental Protection

Mozambique is among the most vulnerable countries to climate change and weather-related disasters. These are becoming increasingly strong and more frequent, with devastating impact across sectors and on the provision of key services for human capital development, including nutrition. At the same time, environment-poverty linkages remain very strong, where increasing competition over land, tenure insecurity, unequal access to natural resources and a weak institutional framework contribute to exacerbate inequality and vulnerability. The impact of weather-related disasters are expected to increase the population at risk of malnutrition through multiple channels such as more frequent crop failures (due to floods or drought), diarrheal episodes due to inundated or unsanitary environments, contaminated water sources (related to open defecation), and premature infant weaning in households facing climate-induced livelihood shocks. Poor households are disproportionately affected by environmental degradation and climate change due to their vulnerability, high dependence on natural resources and low capacity to cope with external shocks.

Within this context, this action will contribute to address climate change adaptation through the climate proofing of the construction/rehabilitation of WASH infrastructures and the promotion of the Build Back Better principles, including support to climate-resilience sanitation services at community level (such as rain-harvesting and water collection systems wherever is possible). Improved WASH will also have a positive contribution to the environment by reducing human-sourced pollution. Interventions targeting improved nutrition will also play a critical role in strengthening people's immune systems, thus contributing directly to community resilience. In terms of environmental protection, many of the activities at community level under this action will take place at existing facilities, with minimal/no change to the footprint, however paying attention to potential effect on the environment (ex. water management and waste management in health facilities). WASH infrastructures will use local material and renewable energy solution whenever feasible.

Outcomes of the SEA screening N/A

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project). The EIA (Environment Impact Assessment) screening classified the action as Category B (not requiring an EIA, but for which environment aspects will be addressed during design).

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project). The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment).

Gender equality and empowerment of women and girls

The Action is scored G1 against the OECD-DAC Gender Marker. It is expected that this Action will contribute to the advancement of gender equality and women's empowerment. Malnutrition, especially stunting, in Mozambique have significant gender dimensions as there is a direct relationship between gender equality and maternal and child nutritional status. Improved diets and nutrition for women contribute to their empowerment and are key to break the intergenerational cycle of malnutrition that traps families and communities in poverty. It is clear that 'good nutrition' underpins 'gender-transformative approaches' and empowering women and girls is key to tackling malnutrition. Given their role in the households and communities, if women and girls (including those that have disabilities or are otherwise more marginalised) are able to make choices around accessing resources and services required for improved nutrition, they can be fundamental agents in contributing to household food and nutrition security.

The Action has a strong focus on increasing gender equality, by addressing multidimensional drivers of malnutrition across a range of key sectors. In particular the action will improve access to basic health services by nutritionally vulnerable groups and will promote the consumption of diverse and nutritious diets for women and adolescent girls within social and behaviour change communication/health promotion ('Adolescent Package'). The Action will make all efforts to ensure that women are part of the programme planning, decision making and implementation processes through the existing community platforms. Another important aspect to consider is the increased risk of violence and exploitation which young people (particularly girls) can experience during and in the aftermath of crisis caused by extreme weather events or armed conflict and forced displacement. This risk is heightened when food insecurity increases, when collecting water and firewood, or when staying in temporary shelters.

Women and girls are also extremely vulnerable in conflict situations and they often bear a disproportionate burden in the post-conflict process, as existing inequalities are magnified and social networks broke down. Thus a special attention will be given to gender equality and women empowerment in post-disaster and conflict affected areas.

Human Rights

The Action takes a country-driven, locally adapted and human *right-based approach* (HRBA)⁶⁰ to ensure that all Mozambican men and women, boys and girls (especially in their first 1000 days) have equitable access to quality nutrition services (both nutrition specific as well as nutrition sensitive interventions). For this Action, a human rights-based approach with an emphasis on gender equity is indicated as a significant DAC marker. The Action includes an ‘Adolescent Package’ focused on capacitation and counselling of adolescents and young mothers which will empower them to be protected from violence and to seek sexual reproductive health services. EU investments will contribute to respect the right to good nutrition throughout the lifecycle to ensure that all women and children are well-nourished and able to live healthy and productive lives in the targeted districts. The action will be guided by the principle of ‘Leaving No One Behind’ and will respect the five human rights-based principles in all phases: i) respect of all human rights; ii) non-discrimination; iii) participation; iv) transparency, and v) accountability.

While the provision of nutrition-related services is responsibility of the government, the SUN-civil society network, supported under this Action, is well placed to advocate for better policies and laws, and for right to food, to introduce innovation, to encourage social behaviour change, to hold governments accountable, and to promote efficiency, transparency and equity in fund allocation and spending of both government and donor financing.

In Cabo Delgado and in areas affected by the conflict, the action will be implemented taking into account and abiding to the humanitarian principles of Neutrality, Independence, Impartiality and Humanity.

Disability

Persons with disabilities in Mozambique are among the most left behind population. In crisis settings such as in Cabo Delgado, persons with disabilities, particularly young women and girls face enormous barriers to access services and humanitarian assistance and face discrimination and stigmatization, which expose them to risks of physical, sexual and emotional violence and abuse. Given the high number of people and children with disabilities among families in Cabo Delgado, the Action will make all efforts to ensure that persons with disabilities are part of the programme planning, decision making and implementation processes through the existing community platforms. Most activities related to the delivery of quality key nutrition, health and WASH interventions will be targeting the most vulnerable groups, thus a special attention will be given to disability inclusion.

Democracy

In Mozambique most democratic governance indicators suffered a negative trend in recent years. The insurgency in the northern provinces made progress in this area even more urgent. The Action integrates participatory approaches and work with existing community-led platforms in order to ensure that the local population have a say in decision-making processes affecting them. This will lead to increased transparency and accountability in local government, and to better capacities of the latter to deliver quality public services. In particular, the Action will increase various forms of participatory, deliberative and collaborative approaches to water governance at community level and communities, especially women, will be actively included in policy making and service delivery. It is expected that by strengthening civil society through the SUN-civil society network, the Action will contribute to awareness-raising not only on nutrition but also on creating platform for dialogues on broader issues, also linked to promoting peace, social cohesion, inclusion of the most vulnerable groups, access to basic services, and educating for tolerance, diversity and cultural identity, the upcoming elections, etc.

Conflict sensitivity, peace and resilience

The programme follows an inclusive approach to ensure that actions respond to local perceptions and realities. Communities will be directly engaged in an inclusive way in the implementation of activities, through participatory mechanisms and existing community-led platforms. At district level, the ‘*multi-sectoral technical working groups*’ in place for planning, budgeting and monitoring of nutrition interventions will drive participatory planning and decision-making to define and implement community-defined priorities in a gender and conflict sensitivity sensitive manner. WASH and other actions might set the basis for greater social cohesion and conflict prevention. The Action has also the good potential to strengthen different resilience dimensions, at societal, institutional, community, economic and conflict prevention level, and will be mindful of the humanitarian-development-peace

⁶⁰ https://ec.europa.eu/europeaid/sectors/rights-based-approach-development-cooperation_en

nexus approach, especially in areas with specific humanitarian needs and in relation to displaced population and host communities.

In the provinces of Nampula and Cabo Delgado, the criteria outlined in the ERDIN strategy for prioritizing interventions will be guiding implementation of activities and include: (i) activities that contribute immediately and concretely to peace building and conflict prevention in the northern provinces; (ii) activities that contribute to eliminating the underlying causes of the conflict and reduce the exclusion and the marginalization of different groups in the northern provinces; (iii) activities that reinforce and legitimize the presence of the State and institutions and expand the space for civic participation by citizens; (iv) activities that take due account of cross-cutting issues; and (v) activities that are realistic and feasible (taking into account the security situation, human and financial resources) within the envisaged timeframe. The EU will strive ensure an overall conflict-sensitive engagement and will seek the integration and complementarity of actions. The Action will follow the principles of *do not harm* and *leave no-one behind*.

Disaster Risk Reduction

Lessons learned from recent response to tropical cyclones show that the humanitarian landscape in Mozambique remain extremely vulnerable to climate shocks and conflict with increased need for preparedness. Thus, specific shock-sensitive solutions, such as crisis modifiers, will be included in the implementation contracts, wherever considered feasible and suitable. This will enable early action and rapid response to new humanitarian needs that could occur in the project areas during the implementation phase.

For the rehabilitation and reconstruction of accessible WASH infrastructures, the use of climate resilient construction methods and techniques following the Build back better principle will be applied.

Digitalisation

The Action does not specifically target digitalization. Nevertheless, opportunities for digitalization and real time data collection and visualization for better nutrition-related information management systems will be explored. Digital solutions will also be looked at in relation to the supply chain management of nutrition assistance products, particularly to their transparent stock management. Under the SBBC component embedded in most of the intervention, the use of digital technologies which are the most suitable and accessible at community level will be encouraged.

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
Security and conflict risks	Increased attacks by non-state armed groups negatively impacting programme implementation and limiting access to targeted districts the northern provinces	H	H	<p>Mapping of risks, conflict sensitivity issues and constant coordination with security focal points, and establishment of 3rd party monitoring agreements. If unresolved, consider alternative districts.</p> <p>Work with community-based organisations, including women's organisations, communities, religious and traditional leaders to contribute to awareness-raising on nutrition and on promoting dialogue and inclusiveness among community members on issues peace, social cohesion, displacement and educating for tolerance.</p> <p>Gender equality and inclusion constantly promoted through all actions.</p> <p>Work with local media and in local languages, in particular radio, to facilitate larger information outreach on conflict prevention, create counter narratives and fight against disinformation.</p> <p>Prepositioning of key inputs which may be used for emergency response through the crisis modifier.</p> <p>Use of partners with permanent, in-situ presence.</p>

				Flexibility to adapt the approach based on contextual needs
Operational	Political instability, pre and post-election, uncertainty on authority to take key decisions	M	M	Proactive and high-level leadership engagement to protect the intervention from being politicized. Explore possibilities of trust building measures (dialogue, communication strategies, etc.) between communities and local authorities
Operational	Inconsistent coordination among key stakeholders, particularly from Health, Social Services and WASH sectors at provincial level due to competing priorities and weak leadership	M	M	Advocate for high-level ownership at provincial and district levels. Activate the steering committee established under the 'Partnership Agreement' with UNICEF in order to address issues related to poor decision-making mechanism, poor integration, and delays and inefficiencies in programme implementation
Operational	Limited support and technical capacity for decentralized procurement and management, causing delays in work; risks of corruption	M	M	Technical support provided at district level, political support from national government to provincial level, joint monitoring to districts with provincial/national counterparts
Operational	Weak coordination with other stakeholders and projects in the same area preventing efficient programme implementation and synergies	M	M	Reinforce existing coordination mechanisms and strengthen the humanitarian-development-peace nexus, also through appropriate conflict sensitivity monitoring Explore possibilities of trust building measures (dialogue, communication strategies, etc.) between communities and local authorities
Operational	Unclear decentralization mechanisms for service delivery to provincial and district levels, creating delays in the decision making process	M	M	Closely work and coordinate with government authorities at all levels to ensure clarity on roles and responsibilities and smooth implementation
External environment	Occurrence of new weather-related disasters affecting nutritional status of children and diverting government and partners effort to emergency response	H	H	Mapping of risks, contingency planning and preparedness, strengthening coordination and early response in case of emergency Focus on resilience community and apply 'Building Back Better' principles and disaster risk reduction and management. Activation of specific shock-sensitive solutions, such as crisis modifiers.

Lessons Learnt:

The Action builds upon the experiences and lessons learnt from previous EU investments on nutrition, with particular reference to the 'MDG programme' (10th EDF) and the ongoing 'PROMOVE Nutrição'⁶¹ programme (11th EDF), both aiming at contributing to the reduction of stunting levels in Mozambique. In relation to the capacity development package addressed to decentralised government structures (under the 'governance'

⁶¹ Final evaluation of PROMOVE-Nutrição will be available at the end of 2022. Findings, recommendations and specific lessons learnt will taken into account at contractual level.

component of the Action), the experience from the ‘Local Economic Development Programme (ProDEL)’⁶² is also relevant. Main areas where lessons learnt and evidence built under previous programmes are applied include:

Multi-sectoral approach: The multi-sectoral approach implemented under the MDG1c was defined through a comprehensive set of interventions addressing at the same time the different determinant factors of food security and nutrition with actions spanning across several sectors (agriculture, health, education, and fishery) and implemented in a coordinated manner seeking complementarities and synergies. The back-bone of PROMOVE-Nutrição remains also a multi-sectoral response for stunting reduction, nevertheless interventions are focused on fewer areas, notably nutrition, health and rural WASH. Key lessons learnt from the final evaluation⁶³ of MDG1c programme ended in 2019 include the following points: i) Selecting few interventions based on the context is more realistic and feasible to operationalize than very ambitious programmes; ii) appropriate targeting criteria is key to ensure that the target groups are receiving the multi-sector interventions at the same time; iii) strong governance, including coordination mechanisms are required at all levels from national to local to facilitate multisector programming and implementation; iv) cross cutting issues like gender and resilience to climate change should be considered across the whole programme cycle.

The experience built up under other programmes, including PROMOVE-Nutrição and PRODEL, highlights the importance of leadership at provincial and district levels to underpin the subsequent technical work required for appropriate interventions and the importance to design and implement interventions tailored to the specific needs and structural issues in targeted communities.

Social Behaviour Change Communication (SBCC): Lessons learned from previous EU investments and from global evidence show that SBCC is crucial for stimulating the adoption of key behaviours to improve nutritional status of communities, including the creation of social norms around hygiene and sanitation practices and family planning. The first 1,000 days of life remain the most crucial for improving the nutrition status of children. In line with this, the Action includes a comprehensive SBCC component in the areas of nutrition, hygiene and sanitation, with a focus on parenting and model families and involving agricultural extension workers. Under PROMOVE-Nutrição, it was proven effective to engage key influencers and caretakers for advocacy and social mobilization through existing community-led platforms (among others: health and social workers, community health workers, health committees, water committees, religious leaders, traditional healers, community leaders, community radios, mobile units, and theatre groups). Under this Action, a focus on ‘parenting skills’ (particularly of adolescent girls and young women) and on ‘early childhood development’ will also be included in SBCC package interventions. In this regard, the government approach of ‘model families’ (based on observable changes in practices and behaviour, ex. children vaccinated, latrines in their houses, use of mosquito nets, good WASH practices, open defecation free, family planning etc.) is proven successful and will be scaled-up under this Action. The social mobilization at community level will be complemented by the advocacy and communication work of the SUN civil society platform. This will ensure that the SBCC and advocacy components of the Action can reach a wide range of stakeholders through multiple communication channels (radio, television and social media, mobile phones, print media, etc.). In this context, the Action will support also the production of multimedia products and culturally sensitive communication tools.

Decentralization process: The Action capitalises on the first lessons learnt from PROMOVE Nutrição and from other EU funded programmes supporting decentralisation in Mozambique. As decentralization is not fully consolidated, decisions on most critical issues are often taken from Maputo and in some cases implementation is negatively affected or delayed. This is compounded by different institutions at provincial level without a clear separation of mandate and responsibility. For this reason, the Action will closely work and coordinate with government authorities at all levels to ensure clarity on roles and responsibilities and smooth implementation.

Operationalization of the Humanitarian-Development-Peace nexus: The Action aims at reinforcing the nexus between the life-saving humanitarian contribution already being provided by the EU humanitarian actions and the EU Member States, and the progressive reconstruction of a stable, more inclusive and resilient society in the northern provinces. Particularly in Cabo Delgado, the Action will build on the humanitarian response, scaled-up since the cyclone Kenneth hit the province in 2019, and will invest in equitable services provision to address immediate needs, while supporting the government in tackling systemic causes of vulnerability and conflict and enhancing prevention of tensions and divisions between displaced people and host communities. The support to essential services delivery and protection will be carried out with the objective of enhancing social cohesion and

⁶² ProDel is a government led programme funded by the EU under the 10th EDF (EUR 23.2, from 2013 to 2019) that aimed to strengthen the productive base and competitiveness of local micro, small and medium enterprises (MSMEs) in Gaza, Inhambane and Sofala provinces with a particular focus on the enhancement of specific agricultural value chains.

⁶³ Final Evaluation MDG1c programme

equality across all the project outcomes in a conflict sensitive manner. Similarly, the promotion of community and local leadership, as well as gender inclusion, and the strengthening the provision of essential social services through sustainable and locally-adapted interventions will be at the centre of the interventions. Opportunities to operationalize the triple-nexus within the different EU instruments/programmes will be pursued and strengthened, including synergies with EU and other development partners funded programmes.

Flexibility and effective coordination: In the northern provinces, particularly in Cabo Delgado, while there are considerable risks in engaging in an unfolding emergency, the risks of inaction could be even greater. EU engagement can help mitigate some of those risks by working in partnership with other actors (mainly UN agencies and NGOs) to put in place a development response for better nutrition that can contribute to stabilize the situation over the longer term. The flexible design of the Action should also allow for adjustments, in consultation with the Government and key partners, as the situation evolves. For this reason, the Action integrates a so-called ‘**crisis modifier**’, designed to quickly reallocate funding to address spikes in need and enable rapid response to new humanitarian needs that could arise in the project areas during the implementation. In parallel, with the increased humanitarian, development, peace and security initiatives by the international donor community, efficient and transparent coordination mechanisms of main actors involved are crucial in order to avoid a significant risk of ‘doing harm’. Under this Action, coordination will be sought with other development actors and local CSOs and with nutrition cluster partners active in nutrition in emergencies in order to foster synergies and avoid duplications.

3.5 The Intervention Logic

The intervention logic closely matches the **EU multi-sectoral approach to nutrition**, with a focus on gender and a human rights-based approach, and it is structured around three strategic components: i) Nutrition governance; ii) Scale up of key actions, with a focus on the effective delivery of quality key nutrition, health and WASH services at community level; iii) knowledge-building and advocacy, including civil society engagement. It is based on global evidence and on the latest UNICEF Conceptual Framework on Undernutrition⁶⁴, which identifies basic, underlying and immediate causes of malnutrition and it acknowledges the increasing triple burden of malnutrition⁶⁵. The Action will be implemented in targeted districts in the three provinces of Zambezia, Nampula and Cabo Delgado, while the advocacy activities carried out by civil society will have a national coverage. It will have a duration of 60 months.

The **underlying intervention logic for this action** is that:

If a comprehensive and multi-sectoral approach focused on key nutrition, health and WASH interventions with ‘high impact’ on nutrition outcomes is provided

and if relevant duty-bearers (from decentralised government authorities to community actors) are effectively capacitated

and if local support at community level which can drive social behavioural change is built

and if civil society capacity and voice to advocate and keep nutrition at the top of the political agenda is enhanced

And assuming that

- Improving nutrition during the critical 1,000-day window between pregnancy and a child’s second birthday is one of the best investments that can be made to ensure a brighter and more prosperous society;
- Strong governance and coordination mechanisms for improved service delivery are required at all levels, from national to local, to facilitate multisector programming and implementation and to build trust between citizens and institution;
- A locally adapted, sustained, and right-based approach, with a strong focus on gender equality and inclusion and following the principle of ‘Leaving No One Behind’, is a prerequisite to tackle entrenched inequalities, thus critical to the success of the Action;
- The ‘Do No Harm’ principle and a conflict-sensitive approach will frame the implementation of interventions in conflict areas, specifically in relation to displaced population and communities affected by insecurity;
- Linkages, synergies and geographical convergence with other interventions (also related to other EU-funded Actions) in crucial sectors like agriculture, climate change, education will enhance the achievements of nutrition targets and objectives.

Then

- Diets of Mozambican mothers and their children will be more diversified, access to nutritious food and different food groups will increase, Infant and Young Child Feeding (IYCF) practices will be more adequate and micronutrients deficiencies and anaemia cases will decrease;
- Decentralized governments at provincial and districts level will be more efficient and effective in the delivery of nutrition, health and inclusive and community managed accessible WASH services;
- Access to water and sanitation services will increase and the incidence of infectious and water-borne diseases which causes sickness and child mortality will reduce;
- The access and use of basic health care services will improve, the maternal and children health status will improve and infant and maternal mortality will decrease;
- Key behaviours will be adopted by communities (women and men, boys and girls, including those with disabilities), to improve their nutritional status, including the creation of new social norms around hygiene and sanitation practices, family planning, young child feeding and other parenting practises;
- Early marriages and pregnancies in adolescent age will decrease and social and economic status of women will have more chances to improve as well as their health status;
- Awareness and knowledge (gender-sensitive and culture-related) of relevant duty-bearers on multidimensional aspects of nutrition are expanded;

And

- Progress will be achieved toward improving the nutritional status of children under 5 years, adolescent, pregnant and lactating women in targeted provinces, thus contributing to reduction of chronic undernutrition in children under 5 years of age in Mozambique.

⁶⁴ 2020, UNICEF’s Conceptual Framework on the Determinants of Maternal and Child Nutrition. It was designed in 1990 and updated in 2020.

⁶⁵ Undernutrition (underweight, stunting and wasting), overweight and obesity, and micronutrient deficiencies.

3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention. On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision

Results	Results chain	Indicators	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	OO. To contribute to the achievement of Government targets in the reduction of chronic undernutrition in children under 5 years of age in Mozambique	SDG Indicator 2.2.1: Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age ⁶⁶	National: 38% (2019) Zambezia:44.6% (2019) Nampula:46.7% (2019) Cabo Delgado: 45% (2019)	National: 35% (2027) Zambezia: TBD Nampula: TBD Cabo Delgado: TBD	Demographic Health Survey (DHS) and Inquérito sobre o Orçamento Familiar (IOF) Ministry of Health (MISAU)/SMART survey	<i>Not applicable</i>
		% prevalence of wasting among children under 5 years of age, disaggregated by sex and by province	National: 7% (2019) Zambezia: 6.8% (2019) Nampula: 11.3% (2019) Cabo Delgado: 10% (2019)	National: <5% (2027) Zambezia: <5% (2027) Nampula: <5% (2027) Cabo Delgado: <5% (2027)	Ministry of Health (MISAU)/SMART survey	
		**SDG Indicator 2.2.3: Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)	Zambezia: 84% (2018) Nampula: 84.1% (2018) Cabo Delgado: 86.2% (2018)	Zambezia: TBD Nampula: TBD Cabo Delgado: TBD	SHD, Ministry of Health (MISAU)/SMART survey	
Outcome 1	SO.1 - To improve nutrition governance for better multi-sectoral coordination, planning, and monitoring of nutrition (specific and sensitive) interventions	1.1.1_# district economic and social plans (PESOD) in targeted districts that incorporate at least 80% of ESAN III activities	7 PESOD (one per district) (2022)	PESOD in all targeted districts (2027)	PESOD plans, progress reports	Strong relationship built with provincial governors and adequate level of participation and contribution from involved stakeholders
Outcome 2	SO.2 - To scale-up effective, equitable and inclusive delivery of quality key nutrition, health and WASH services at community level in targeted districts	Recovery rate from severe acute malnutrition of children under 5 years of age , disaggregated by sex and province	Zambezia:78.2% (2022) Nampula: 83.3% (2022) Cabo Delgado: 82.8% (2022)	Zambezia:85% (2027) Nampula: 85% (2027) Cabo Delgado: 85% (2027)	SISMA-Health information system for monitoring and evaluation (DHIS-2)	Appropriate staffing available, with defined roles and responsibilities
		% prevalence of diarrhoea in children in targeted areas, disaggregated by sex and by province	Zambezia:14% (2022) Nampula: 10% (2022) Cabo Delgado: 13.5% (2022)	Zambezia:5% (2027) Nampula: 5% (2027) Cabo Delgado: 5% (2027)	Ministry of Health (MISAU)/SMART survey	Central and provincial governments remain committed to implement the national

⁶⁶ Indicator aligned with the MIP 2021-2027

Outcome 3	SO.3 - To promote social and behaviour change and advocacy for better nutrition	% of children 6-23 months receiving a minimum acceptable diet in the targeted districts, disaggregated by sex	Zambezia:3% (2022) Nampula: 6% (2022) Cabo Delgado: TBD (2022)	Zambezia:13% (2027) Nampula: 16% (2027) Cabo Delgado: +10% (2027)	Baseline survey Endline survey	stunting strategy ensuring mobilization of funds
		% exclusive breastfeeding in infants up to six months in the targeted districts, disaggregated by sex and by province	Zambezia:60% (2022) Nampula: 44% (2022) Cabo Delgado: TBD (2022)	Zambezia:80% (2027) Nampula: 54% (2027) Cabo Delgado: + 10% (2027)	Ministry of Health (MISAU)/SMART survey	
		Minimum Dietary Diversity-Women MDD-W, disaggregated by province	Zambezia: TBD Nampula: TBD Cabo Delgado: TBD	Zambezia: TBD Nampula: TBD Cabo Delgado: TBD	Baseline survey Endline survey	
		% of people living in an Open Defecation Free environment in targeted districts	In targeted districts: 25% (2022)	In targeted districts: 40% (2027)	Baseline survey Endline survey MISAU reports Progress Reports	
Output 1.1	1.1_Enhanced capacity of local authorities (provincial and district levels) and key community actors to ensure that nutrition (specific and sensitive) interventions are effectively delivered through the existing decentralised government systems at the community level	1.1.3_# of community health workers and other key actors trained by the EU-funded intervention with increased knowledge and/or skills in planning and monitoring nutrition interventions, disaggregated by sex	Baseline: 0 (2022)	Target: TBD (2027)	Progress reports	Strong relationship built with provincial governors and adequate level of participation and contribution from all concerned stakeholders Government commitment to ensure data collection, analysis and their publication
Output 1.2	1.2_Increased context-specific evidence and knowledge to improve policy development, planning, coordination, accountability and advocacy for better nutrition	1.2.1_# of relevant studies, multi-sectoral information analysis, assessments, research, evaluation related to nutrition supported by the EU	Baseline: 0 (2022)	Target: TBD (2027)	Studies, research, analyses produced under the action	

Results	Results chain	Indicators	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Output 2.1	2.1_Strengthened delivery systems of integrated nutrition and health services targeted at children, adolescents (particularly girls) and lactating/pregnant women at community level	2.1.1_% of children 6-59 months that received vitamin A dosage in the last 6 months through routine services in targeted provinces, disaggregated by sex and by province	Zambezia:71% (2022) Nampula: 63% (2022) Cabo Delgado: 44% (2022)	Zambezia: > 90% (2027) Nampula: > 90% (2027) Cabo Delgado: > 90% (2027)	SISMA, UNICEF annual report	Good coordination among key stakeholders, particularly from Health, Social Services and WASH sectors at provincial levels Clear decentralization mechanisms for service delivery to provincial and district levels Appropriate staffing is available Central and provincial governments remain committed
		2.1.2_Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition related interventions supported by the EU (EU RF Indicator 2.02) GAP III indicator	In targeted districts: Baseline: 0	In targeted districts: 1,000,000 (2027)	Baseline survey Endline survey Progress reports	
Output 2.2	2.2_Strengthened delivery systems of WASH services at community level	2.2.1_% of the people that have access to improved water supply (rural, target districts) disaggregated by sex and province	Zambezia:51.3% (2022) Nampula: 53% (2022) Cabo Delgado: 54.1% (2022)	Zambezia:61.3% (2027) Nampula: 63% (2027) Cabo Delgado: 64.1% (2027)	Baseline survey Endline survey	Appropriate staffing is available Central and provincial governments remain committed
		2.2.2_% of the people that have access to sanitation (rural, targeted districts), disaggregated by sex	Zambezia:25.2% (2022) Nampula: 23.7% (2022) Cabo Delgado: 23.5% (2022)	Zambezia:35.2% (2027) Nampula: 33.7% (2027) Cabo Delgado: 33.5% (2027)	National water and sanitation sector information management system (SINAS), Programme report, Baseline, midterm and endline SMART surveys	
Output 3.1	3.1_Enhanced awareness and local support at community level to drive social behavioural change and create an enabling environment for collective and individual practices	3.1.1_Number of families certified as 'Model families' with support of the EU-funded intervention (Model families: government-led approach, based on agreed observable changes in practices and behaviour, ex. children vaccinated, latrines in their	In targeted districts: TBD (2022)	In targeted districts: 10% increase (2027)	Baseline survey Endline survey MISAU reports Progress Reports	Communities and final beneficiaries are actively engaged and committed to the reduce stunting targets

	which promote better nutrition	houses, use of mosquito nets, good WASH practices, open defecation free, family planning etc.)				Multi-sectoral approach and SBCC component of the action remain culturally sensitive Commitment of development partners (donors, civil society, private sectors, NSAs, etc.) to support the nutrition agenda in Mozambique remains high Civil Society Organizations members of the SUN-CSN continues to play a dynamic role in advocacy and awareness activities
		3.1.2_ Number of households with access to a place for hand-washing that has water and soap/ash (proxy to handwashing) with support of the EU-funded intervention, disaggregated by sex and location	Zambezia:61% (2022) Nampula: 44% (2022) Cabo Delgado: TBD (2022)	Zambezia:71% (2027) Nampula: 54% (2027) Cabo Delgado: + 10% (2027)	Baseline survey Endline survey Progress reports	
		3.1.3_# of caregivers including adolescent caregivers, reached with parenting skills development interventions through multiple community platforms and local and mid media (community level target) disaggregated by sex	In targeted districts: 0% (2022)	In targeted districts: 40% (2027)	Baseline survey Endline survey Progress reports	
Output 3.2	3.2_Enhanced capacity and voice of civil society to advocate and keep nutrition at the top of the political agenda	3.2_# of 'advocacy, social mobilisation, communication, and social accountability actions' addressed to key stakeholders (ex. decision makers) developed by SUN-SCN	Baseline: 0 (2022)	Target: TBD (2027)	Reports on events, seminars, workshops, etc. produced under this component of the program	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is envisaged to conclude a financing agreement with the partner country.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation of the Budget Support Component

N.A.

4.4 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures⁶⁷.

4.4.1 Direct Management (Grants)

Grants: (direct management)

(a) Purpose of the grant(s)

The grants will contribute to achieving the main Outcome through activities foreseen under Output 3.2 '*Enhanced capacity and voice of civil society to advocate and keep nutrition at the top of the political agenda*'.

(b) Type of applicants targeted

Legal entities non-profit making Non-Governmental Organisations (NGOs) or assimilated Civil Society Organisations, or respective networks, platforms or federations.

(c) Justification of a direct grant:

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to the current chair of the SUN-Civil Society Platform, which is the '*Associação de Nutrição e Segurança Alimentar* (ANSA).

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified due to the technical competence of ANSA, the beneficiary, which is in a factual monopoly situation (Article 195(f) FR).

Civil society is a key part of the SUN movement through the SUN-Civil Society Platform, which puts particular emphasis on multi-stakeholder partnerships and the role of civil society 'in advocating and sustaining political will for government action for improved nutrition, including social accountability and monitoring of both public and private sectors, as well as of efficient delivery of nutrition services to beneficiaries'. The SUN-Civil Society Platform was established in June 2011 in order to mobilize civil society actors involved the nutrition agenda in an efficient, coordinated and meaningful way at country level. ANSA was one of the leading organization which contributed to the establishment of the SUN-CSP in Mozambique and it is an active member of the platform since the beginning of its creation. ANSA was elected as the focal point/chair organization of the SUN Civil Society Platform in Mozambique through a transparent and open electoral process which was held in 2021. This would be the second consecutive mandate for ANSA in this role, for at least a two years period. In any case, ANSA, as

⁶⁷ www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

permanent member of the SUN-Civil Society Platform, will remain responsible for the financial management and execution of the grant until the end of its operational period.

4.4.2 Indirect Management with a pillar assessed entity

This action may be implemented in indirect management with UNICEF. The envisaged entity has been selected by the Commission's services using the following criteria:

- Technical competence in the nutrition and water and sanitation sector and leverage for policy dialogue
- Established presence in Mozambique, including the logistical and management capacities
- Administrative capability and the experience to implement this type of intervention due to its mandate and expertise;
- Experience with management of delegated funds from the EU
- Strategic relevance for EU multilateral engagement;
- Demonstrated capacity to coordinate with various stakeholders, including academia and private sector;

This implementation entails the management of the delegated funds of the EU for carrying out all activities contributing to the main Outcomes, through Outputs 1.1, 1.2, 2.1, 2.2, 3.1, 3.2.

In case the envisaged entity would need to be replaced, the Commission's services may select another replacement entity using the same criteria. If the entity is replaced, the decision to replace it needs to be justified.

4.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

4.6 Indicative Budget

Indicative Budget components⁶⁸	EU contribution (amount in EUR)	Third-party contribution, in currency identified
Implementation modalities – cf. section 4.4		
Indirect management with UNICEF cf. section 4.4.2 contributing to Outputs 1.1, 1.2, 2.1, 2.2, 3.1, 3.2	EUR 27 800 000	EUR 2 000 000
Grants – cf. section 4.4.1 contributing to Output 3.2	EUR 2 000 000	N.A.
Evaluation – cf. section 5.2 Audit – cf. section 5.3	EUR 200 000	N.A.
Contingencies	N.A	N.A.
Totals	EUR 30 000 000	EUR 2 000 000

4.7 Organisational Set-up and Responsibilities

The project will be implemented by two implementing partners:

⁶⁸ N.B: The final text on audit/verification depends on the outcome of ongoing discussions on pooling of funding in (one or a limited number of) Decision(s) and the subsequent financial management, i.e. for the conclusion of audit contracts and payments.

- i) through UNICEF, for all activities described in 3.2 contributing to the main Outcome, through Outputs 1.1, 1.2, 2.1, 2.2, 3.1, 3.2.
- ii) through the SUN-Civil Society Platform, for all activities described in 3.2 contributing to the main Outcome, through Outputs 3.2.

In light of the Aid Effectiveness agenda, in particular to ensure ownership and alignment, a Steering Committee shall be set up under the partnership agreement with UNICEF in order to oversee and guide the direction and planning of activities (or other responsibilities to be specified). Steering Committees will be held in the targeted provinces (at least once per year) and will be linked to joint (Government-EU-implementing partners) monitoring visits in the field. Steering committees will bring together Government stakeholders, implementing partners and the EU. Other stakeholders may be invited in order to improve coordination and complementarity of interventions. The Governor/provincial Secretary of State or his/her delegate may chair the Steering Committee. The Steering Committee mechanism will be outlined in detail in the contractual modalities chosen for implementation.

For the overall follow-up, a Coordination Committee will be held in Maputo at least once per year, between Government, implementing partners (UNICEF and the SUN-Civil Society Platform) and EU. This committee will serve the purpose: i) to keep all partners involved informed about the progress in implementation of activities; ii) to foster coordination and synergies between implementing partners; iii) to ensure alignment with Government priorities.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this Action will be a continuous process, and part of the implementing partners' responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcome) as measured by corresponding indicators, using as reference the logframe matrix. Indicators shall be disaggregated at least by sex. All monitoring and reporting shall assess how the action is taking into account the human rights-based approach and gender equality.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

The monitoring system will focus on process monitoring, progress and results indicators. UNICEF and the SUN-civil society network will be responsible for internal monitoring of the programme's outputs and impact results and reporting to the Coordination Committee. This monitoring will include periodic collection of information; primary sources of verification will be activity reports, field visit reports, survey, assessments and other sectoral review reports.

External monitoring under the form of external Results Oriented Monitoring (ROM) exercises will be commissioned by the EU Delegation at selected times of the project.

Relevant information for the indicators related to access to services at district levels will not be available until the baseline survey is undertaken. Once the baseline data are available, the programme's logical framework and activities framework will be updated to reflect the baseline value before, and target values after the action. The EU delegation will participate in joint monitoring missions. Joint reviews or other consultation mechanisms may provide platform where all parties can agree to modify the logical frameworks and adapt the Action accordingly.

Regular monitoring will also be assured by implementing partners and local authorities, providing as such immediate feedback, on the pace and quality of activity implementation for immediate corrective action to achieve annual targets.

5.2 Evaluation

Having regard to the nature of the action, a final evaluation will be carried out for this action or its components contracted by the Commission. A mid-term evaluation may be carried out, if deemed necessary.

In case a mid-term evaluation is envisaged, it will be carried out for learning purposes, in particular with respect to assess the performance of the action, identify programme barriers to implementation and challenges, provide recommendations based on solid evidence and lessons learned on best strategies and approaches to improve nutrition in order to inform EU approaches in the same area in Mozambique and in other countries.

The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that important lessons may be drawn regarding the implementation of the humanitarian-development nexus in crisis settings.

All evaluations shall assess to what extent the Action is taking into account the human rights-based approach as well as how it contributes to gender equality and women's empowerment. The evaluation teams will thus count with the necessary expertise on human rights and gender equality.

The Commission shall inform the implementing partner at least one month in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

Evaluation services may be contracted under a framework contract.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

It will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

Appendix 1 REPORTING IN OPSYS

An Intervention⁶⁹ (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: ‘a given contract can only contribute to one primary intervention and not more than one’. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a ‘support entities’. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

The present Action identifies as:

Action level		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Contract level		
<input checked="" type="checkbox"/>	Single Contract 1	Indirect Management with an International Organisation
<input checked="" type="checkbox"/>	Single Contract 2	Direct Management with a Civil Society Organisation

⁶⁹ [Ares\(2021\)4450449](#) - For the purpose of consistency between terms in OPSYS, DG INTPA, DG NEAR and FPI have harmonised 5 key terms, including ‘action’ and ‘Intervention’ where an ‘action’ is the content (or part of the content) of a Commission Financing Decision and ‘Intervention’ is a coherent set of activities and results which constitutes an effective level for the operational follow-up by the EC of its operations on the ground. See more on the [concept of intervention](#).

Appendix 2: Team Europe Initiative e-Youth - Mozambique

Pillars	Country	Programmes (O)ngoing – (N)ew	Financial participation (M€)		Non-financial (M€)	Total Financial and non-financial (M€)	Delegated cooperation / Amount
			Grants	Loans			
Total (M€)	EU	All pillars	221	0	0	221	
	AT		3	0	0	3	
	BE		6	0	0	6	
	DE		178,4	0	0	178,4	
	ES		5,91	0	0	5,91	
	FR		28	0	23,75	51,75	
	FI		59,5	0	0	59,5	
	IE		50	0	0	50	
	IT		12,35	56	1,2	69,55	
	NL		18,9	0	0	18,9	
	PT		0	0	0	0	
	SE		32,94	0	0	32,94	
	ALL		616	56	24,95	696,95	0