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ANNEX

of the Commission Decision on the Annual Action Programme 2016 (part 1) in favour of the Republic of Mozambique to be financed from the 11th European Development Fund

Action Document for "Nutrition Support Programme in Mozambique"

1. Title/basic act/ CRIS number	Nutrition Support Programme in Mozambique CRIS number: MZ/FED/038-044 financed under: 11 th European Development Fund (EDF)			
2. Zone benefiting from the action/location	Republic of Mozambique			
3. Programming document	National Indicative Programme (NIP) for Mozambique 2014 to 2020			
4. Sector of concentration/ thematic area	Sector 2: Rural Development			
5. Amounts concerned	Total estimated cost: EUR 34 000 000 Total amount of EDF contribution EUR 30 000 000 This action is co-financed in joint co-financing by: UNICEF for an amount of EUR 4 000 000			
6. Aid modality(ies) and implementation modality(ies)	Project Modality Indirect management with an International Organisation – UNICEF Indirect management with the Republic of Mozambique			
7. DAC code(s)	12240 – Basic nutrition			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main 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 (including Women In Development)	<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"/>
	RIO Convention markers	Not targeted	Significant objective	Main 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"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	Not relevant			

SUMMARY

In Mozambique, the rate of **chronic malnutrition (stunting)** is considered to be at critical and stagnating levels, with almost half of the population affected. Despite some progress in many health indicators over the past decade, Mozambique's nutritional status remains poor. Stunting is widely prevalent and remains a key public health concern, primarily affecting infants, young children and women of reproductive age. Stunting has well-known negative consequences on human development, limiting the country's economic potential.

This programme falls under the rural development focal area of the 11th EDF National Indicative Programme (NIP) for Mozambique. It will contribute to support the necessary co-ordination and strategic planning functions for nutrition of the government while scaling up the implementation of "essential" nutrition-specific interventions included in the Multi-sector Action Plan for the Reduction of Chronic Undernutrition 2011-2015 (2020) in Mozambique – PAMRDC (Plano de Acção Multisectoral para a Redução de Disnutrição Crónica)¹ plan. Interventions are foreseen to be geographically concentrated in the **provinces of Zambezia and Nampula**.

Firstly, the action entails **support to the "nutrition governance system"** being provided at both central and local levels, focussing on i) strengthening the government's capacity to address the chronic malnutrition challenge, ii) strengthening the PAMRDC monitoring and evaluation system, including data collections through specific surveys. The Action will implement national strategies while strengthening capacities and coordination to integrate nutrition issues at national and local levels.

Secondly, the action will **scale up the delivery of specific components of the provincial PAMRDC plans**, namely a package of essential nutrition services and water-sanitation-hygiene (WASH) interventions. The **"essential nutrition package"** has a specific focus upon young children and pregnant and lactating women. **WASH interventions** are considered necessary accompanying measures to any improvement. Social behaviour change has been underlined as a key element for nutritional improvement and is embedded in all interventions.

Finally, the action will **strengthen the capacity of Government and key stakeholders on multi-sector nutrition information management** and data analysis in order to provide context specific evidence and knowledge to guide the planning and decision making process of nutrition interventions and strategies, and to improve their coordination. In parallel, the action will **enhance the advocacy capacity of civil society** to keep nutrition at the top of the political agenda and ensure social accountability of nutrition interventions implemented under PAMRDC. The Action will build on existing platforms; in particular it will strengthen the National Evaluation Platform (NEP) of the National Institute of Health and the Mozambique's Scaling-Up-Nutrition (SUN) civil society network (CSN).

Under the **communication and visibility** is foreseen the production of a media product with the purpose to tap into the power of the mass media to bring nutrition information to households in Mozambique and to sensitise on good nutritional behaviour.

While this action aims at addressing key underlying causes of undernutrition through "nutrition-specific interventions" (health and WASH), a complementary programme will be formulated (under 11th EDF) with the objective of tackling the underlying causes in a sustainable manner through "nutrition-sensitive interventions" in agriculture and rural development. In addition, **complementary contributions** are also expected in 2016 (under thematic budget line) for specific actions to develop inclusive and sustainable "agriculture based value chains" and

¹ The acronyms and abbreviations are listed at the end of the Action Document

"fortified foods" that can improve food security in Mozambique. Coherence of these actions with the ongoing "Accelerate Progress towards MDG 1.C Programme" is ensured.

1 CONTEXT

1.1 Sector/Country/Regional context/Thematic area

Mozambique has a population of approximately 25.8 million, of which 46% are under 15 years of age. The country is among the poorest in the world, ranking 180 out of 188 on the 2015 Human Development Index. In recent years, economic growth, driven by the extractive sector, has been strong, exceeding 7%, and income per capita rose on average by 5% per year. In the same period of time, poverty rates did not decrease and the Gini-coefficient deteriorated from 0.445 (1998) to 0.457 (2013). While the agriculture sector still represents more than a quarter of the GDP, its growth has been slower, reaching an average 5%. In the absence of a vibrant manufacturing sector and given low contribution of mineral resources development to poverty reduction, agriculture will remain, for the foreseeable future, the biggest employer of the large majority of the population living in rural Mozambique (+/- 70%).

Despite positive economic prospects, nutrition status has barely improved in the country in the last decade, reflected in low birth weight and critical child stunting rates of 43% (of which 24% severely) in 2013, compared to 48% in 2003. These figures translated in absolute terms refer to 1,785,000 stunted children (2015).

Stunting is a nationwide critical issue and it is acknowledged that malnutrition in the first 1000 days has a permanent impact on a child's life chances, their physical and mental development, educational achievement and employment opportunities. It is recognised as one of the best indicator of the quality of "human capital". Besides the high cost for the nation, the high incidence of chronic undernutrition compromises the achievement of many international commitments on socio-economic development in Mozambique.

1.1.1 Public Policy Assessment and EU Policy Framework

◆ General strategic planning framework:

It consists of a package of documents, complementing each other in terms of objectives/time horizons and it includes:

- ✧ the **revised 'Agenda 2025'**, which takes into account the rapidly changing development context of Mozambique (e.g. extractives);
- ✧ the **National Development Strategy 2015-2035 (Estratégia Nacional de Desenvolvimento – ENDE)** with a more explicit and relevant objective of economic transformation and diversification of the production base
- ✧ the **Five-Year Government Plan 2015-2019 (Programa Quinquenal do Governo, PQG)**, which identifies nutrition as one of the key elements to improve living conditions of Mozambicans. The PQG includes systematic indicators for the various priority areas identified with targets to 2019, including indicators related to malnutrition.

◆ Strategic framework for nutrition:

A particular focus on nutrition and food security is found in the **Food Security and Nutrition Strategy (ESAN-II) 2008-2015²**, the Strategic Plan for Agriculture (PEDSA) 2011-2020, the Fisheries Master Plan (2010-19), the National Rural Water and Sanitation Programme (PRONASAR), the Health Sector Strategic Plan (PESS) and annual plans (PES). The

² The next ESAN-III is currently under preparation

Comprehensive Africa Agriculture Development Programme (CAADP) Investment Plan (PNISA, Plano Nacional de Investimento no Sector Agrário) was launched in April 2013 and includes nutrition outcomes as two of the three overall objectives. The Mandatory Food Fortification law was recently approved (March 2016) by the Council of Ministers.

The signing up to the "**Scaling-Up Nutrition (SUN)** ³" **movement** in August 2011 and the following "Calls to Action in Nutrition" by the government set off commitment from the highest levels of government to focus on nutrition as a national priority.

A sound national approach to reducing stunting has been established in the **PAMRDC** (the Portuguese acronym for the **Multi-sector Action Plan for the Reduction of Chronic Undernutrition 2011-2015 (2020)**).

The general objective of the PAMRDC is to accelerate the reduction of chronic under nutrition among under five children from 44% in 2008 to 30% in 2015 and 20% in 2020⁴. In addition, it targets adolescent girls of 11-19 years old as early pregnancy is very common, with consequent vulnerability for the mothers and new-borns. The key strength of the PAMRDC plan lies in achieving universal recognition that undernutrition has multiple causes and is not only the result of food insecurity. The plan has a particular focus on gender. Proposed interventions are therefore combined nutrition-related interventions in health, education, agriculture, water and sanitation, industries and commerce and social actions led by the Government in collaboration with the civil society and private sector.

The action plan stresses the need for a multi-sectoral approach to nutrition with a strong focus on decentralisation to ensure that nutrition is on the agenda at district and provincial levels and it seeks also to put into practice the necessary co-ordination of nutrition-related activities.

◆ **EU framework for nutrition:**

The PAMRDC plans are well aligned to the EU "Communication on Enhancing Maternal and Child Nutrition in External Assistance" (2013) and its related "Nutrition Action Plan" (2014) which aims to achieve the reduction of chronic malnutrition (stunting) among children under five years of age, and which has three formulated strategic priorities: (a) to enhance mobilization and political commitment for nutrition; (b) to scale up actions at country level; and (c) to strengthen technical expertise and knowledge-base on nutrition for decision-making.

1.1.2 Stakeholder analysis

◆ **Target group and final beneficiaries**

By directly supporting key component of the PAMRDC, the *target group* of the programme covers children under five years (particularly in the first two years of life from conception), adolescent girls, and women of reproductive age before and during pregnancy and lactation. Social Behaviour Change Communication (SBCC) would also target child caretakers in general, hence both mothers and fathers alike. The *final beneficiaries* of the action will be the population of the targeted communities of the two focal provinces of Zambezia and Nampula.

◆ **Key Governmental Stakeholders:**

✧ **Technical Secretariat for Food Security and Nutrition (SETSAN)**, based in the Ministry of Agriculture and Food Security (MASA). SETSAN has been legally established in 2010 and acts as a multi-sectorial coordination secretariat to facilitate and coordinate the various sectors'

³ <http://scalingupnutrition.org/the-sun-network>

⁴ The 2020 target was recently adjusted to 35% in the PQG 2015-19. Boletim da República de Moçambique N.29 (14 Abril 2015)

contributions to the PAMRDC plans at national and provincial level and to ensure their successful implementation. It has a technical role and facilitates the monthly meetings of the Technical Group for the PAMRDC (GT-PAMRDC) that helps to strengthen coordination and accountability for nutrition among public authorities. The GT-PAMRDC includes representatives from nine ministries, development partners and civil society. At provincial level, food and nutrition activities are coordinated by the provincial SETSAN under MASA in coordination/support with the Ministry of Health. SETSAN is the **focal point of the country-led SUN movement**.

The **upgrade of SETSAN's** to the status of an Institute for the Promotion of Food Security and Nutrition (IPSAN) is currently discussed, which could represent a valuable opportunity to raise political commitment and leadership for the national food security and nutrition agenda. In this **reform process**, a high-level Inter-ministerial Council for Food Security and Nutrition (CONSAN) positioned under the Prime Minister was also discussed, but for the time being this role and responsibility remains with SETSAN.

✧ Government partners at different levels, including 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 offices for health and WASH. MISAU is the lead ministry for the delivery of most of the nutrition-specific activities and services under the 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.

✧ Mozambique is also building the **National Evaluation Platform (NEP) hosted by the National Institute of Health (INS)**, with technical guidance from the Johns Hopkins University and funding support from the Government of Canada. INS maintains the data system, conducts analyses, and leads capacity-building workshops with teams of other public sector NEP stakeholders.

◆ **Key Development Actors and non-governmental stakeholders:**

✧ The **Nutrition Partners Forum** is a co-ordination mechanism for the Development Partners, which holds strategic policy dialogue twice a year with the Government. This forum, hosted by **SUN donor conveners** – is presently lead by IrishAid and USAID. The key development partners and their nutrition initiatives are outlined in chapter 3.2.

✧ **UN-REACH** (Renewed Efforts Against Child Hunger initiative)⁵ fosters coordination among UN agencies providing technical assistance to SETSAN and assist governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions. At present, REACH operates in Mozambique through neutral facilitators, with some facilitators hosted by government offices, such as SETSAN.

✧ **The SUN Civil Society Network (SUN-CSN)**, whose secretariat is currently based at the premises of the Nutrition and Food Security Association (ANSA) supports the advocacy work of civil society in order to encourage grassroots contributions and promote right to food.

1.1.3 Priority areas for support/problem analysis

Under the rural development focal area of the 11th EDF NIP, reductions in undernutrition have been included amongst the highest objectives. A two-pronged approach was followed: i) addressing key underlying causes of undernutrition through "nutrition-specific interventions"

⁵ <http://www.reachpartnership.org/>

(through this programme), and ii) tackling the underlying causes in a sustainable manner through "nutrition-sensitive interventions" in agriculture and rural development (currently under identification).

The formulation process of this programme has been carried out in collaboration with the Government, donor partners and civil society, and builds on existing studies of undernutrition in Mozambique. Geographic concentration of actions under the rural development focal area was also envisaged.

For the **identification of the areas for the geographic focus**, an analysis was carried out in April 2015. Over 80 socioeconomic and physical indicators were analysed, which brought to the definition of "aggregate sector indicators" providing an indication of the current level of rural development of the provinces. A single "rural development indicator" was then developed, leading to the definition of the provinces with the lowest level of rural development, namely Zambezia and Nampula, which account for around half of all stunted children in the country.

A. Nutrition-related problem analysis

Undernutrition traps individuals and society in a vicious circle of poverty and it is especially severe among poor rural populations and those suffering from discrimination (particularly women).

The main *immediate causes* of chronic undernutrition in Mozambique are inadequate nutrient intake, high rates of infectious diseases and early pregnancy. Diets are monotonous, with micronutrient deficiencies affecting the majority of the population. Malaria and gastro-intestinal parasites affect half of the population. Half of women who receive antenatal care have sexually transmitted diseases, while another half of them are adolescents. In addition, only 40% of infants under six months of age are exclusively breastfed. The *underlying causes* of chronic undernutrition are food insecurity (especially with regards to limited access and use of nutritious food), poverty and inadequate practices, when it comes to care of adolescent girls, mothers and children, as well as insufficient access to health, water and sanitation services. The *basic causes* of chronic undernutrition, apart from poverty, include low education levels and gender inequality, the latter being responsible for early marriages and pregnancies.

An updated situational analysis which helped to identify priority areas for support is available in several studies/reports⁶. The following key issues are identified:

✧ Measurement of progress against **global World Health Assembly (WHA)** targets indicates that Mozambique is currently lagging with regard to all the main nutrition indicators (under-5 stunting, wasting, overweight, and anaemia in women of reproductive age and low birth weight). In 2012, nearly 1.8 million children under five years of age were stunted. This number is projected to increase further without appropriate intervention. The current Average Annual Reduction Rate (AARR) in stunting numbers is 1.67%; in order to meet the (WHA) target on stunting in 2025, an AARR of 5.49% is needed, representing 721,000 children. The country will need to be more ambitious and to mobilize additional coordinated and strategic investments if the revised 35% national stunting target is to be reached by 2020, and even more so to reach the WHA global target of 40% stunting reduction by 2025.

⁶ i) "Relatório de Estudo de Base de Segurança Alimentar e Nutricional em 2013 em Moçambique, Nov. 2014, SETSAN; EU funded studies: ii) "Nutrition Situation and Causal Analysis - Mozambique, April 2014" and iii) "Food and Nutrition Security baseline survey for Mozambique, Dec 2014".

✧ **Micronutrient deficiencies** are widespread; especially anaemia is reaching alarming levels with around 7 out of 10 among the youngest (aged 6-59 months) and more than half of child-bearing age women – these figures are very high compared to other sub-Saharan countries. In addition, undernutrition displays significant disparities and inequities across geographical location, residence 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 mother did not attend school.

✧ While the **caloric intake** of the majority of the population seems to be satisfactory, the quality of diet is poor. Cassava and maize are the main staple providing almost 80% of the dietary energy supply. The inadequate access to nutritious foods including vitamin A, iron and animal proteins is related to the low productivity and limited diversity in agricultural activities compounded by limited access to non-farm incomes. While food security is a necessary condition, it has not proven sufficient to ensure nutrition security.

✧ **Poor water/sanitation** remains an important contributor to chronic undernutrition. Only 55% of all households had access to clean drinking water in 2013, with only 48% of rural households having access compared to 85% of urban households. The major concern is that only 36% of households in the country have access to safe sanitation, with 42% of urban families having access compared to only 13% of rural families. In the targeted provinces, the situation is alarming: Zambezia province has the lowest proportion (by a wide margin) of the population having access to improved drinking water sources (28%) and improved latrines (6%).

The positive impact of good water/sanitation on the nutritional status of a population is evident: i) it reduces sickness and death due to diarrhoeal diseases and other major causes of child mortality; ii) it lowers the risk of water-borne diseases which divert the child's uptake of nutrients causing undernutrition and anaemia; iii) it reduces the transmission of malaria and the risk of opportunistic infections among the growing number of children living with HIV/AIDS; iv) it reduces time spent by girls on collecting water and the risks of abuse involved in travel long distances.

✧ **Access and utilization of basic health care services** for women and children is still very limited in rural areas and for the poorest. Preventative interventions through health services have been proven to be an effective method for the reduction of chronic malnutrition, especially when high coverage has been achieved with at least 80% of the target population. However, in Mozambique only 36% of the population have access to a healthcare within 30 minute walk from their homes and the situation in the Northern provinces pose additional constraints with respect to access and geographical coverage.

✧ The **awareness** of the population, civil society, public and private sector and political decision-makers needs to be enhanced in relation to: i) the nutrition situation in the country, ii) the immediate and underlying causes and iii) the opportunities to rapidly reduce undernutrition. There has to be better understanding of child care in the first 1000 days from conception, mother's diet (i.e. before, during and after pregnancy), infant and young child feeding practices, early pregnancies, short birth spacing, and the detrimental effects of heavy workload of women (related to both agriculture, and household chores). Much of this is cultural, and underlines the need for efforts in social behaviour change taking into consideration the aspect of gender equity in line with the PAMRDC.

✧ **Food fortification**, including universal salt iodisation, is one of the key interventions in the PAMRDC plan. Implementation has made some progress, including i) the drafting of a legislation for mandatory fortification including salt iodisation (still awaiting approval), and proactive engagement with food processing sector. Long-term efforts are required to sustain

recent investment by IrishAid, the Global Alliance for Improved Nutrition (GAIN), Helen Keller International (HKI) and the EU.

✧ **Infectious diseases**, including Sexually Transmitted Infections (STI), malaria, diarrhoea, gastrointestinal parasites, and respiratory infections are widespread, while vaccination coverage remains low.

B. Government Capacity-related problem analysis

SETSAN's role in ensuring proper planning/co-ordination, budgeting and execution, including monitoring and evaluation and reporting is still not fully functional due to insufficient strategic and managerial capacities at various levels.

Good progress has been made so far **on the "process-side"** and in the operationalisation of the PAMRDC plans with the "multi-sectorial coordination" being launched and functioning to a reasonable degree. Food and Nutrition Security baseline surveys providing baseline information (2006 and 2013), a mapping exercise on nutrition interventions (compiled by REACH) and a capacity assessment stating needs of nutritionists have been finalized.

Strategic provincial 5-year plans, which are aligned to the national plan, have been approved in 9 out of 11 provinces. This effort will play a key role in ensuring the continued coordination effort of implementation on the ground. Nevertheless, **capacity to implement** nutrition specific and sensitive interventions is **very limited** within both SETSAN and key line Ministries (central and provincial) involved in the implementation of the PAMRDC.

SETSAN has engaged in a process of **operationalising the decentralization of the PAMRDC plans**. The objective is to ensure a proper planning/co-ordination, budgeting and execution of PAMRDC activities by the provincial and district entities in charge. Nevertheless, at the sub-national level (provincial, district and community levels), external support is still required to strengthen local government nutrition capacity on multi-sector coordination, programme management, monitoring and supervision.

There is also a concern that the key **development partners' commitment to align with the PAMRDC** is not being operationalized systematically. Moreover, enhancement of the capacity of community service providers on delivery of the interventions, as identified in the PAMRDC, will be paramount, particularly in the most disadvantaged areas.

C. Nutrition information systems and advocacy -related problem analysis

Food security and nutrition related policies emphasise the importance of better nutrition interventions, coordination, data surveillance and monitoring systems. Over the past few years, Mozambique has made important strides in incorporating food security and nutrition into its national development plans. Under the REACH initiative, the Government undertook a mapping exercise to increase understanding on how to best align all actors who have a role to play in scaling up nutrition, and ensure they can work together as efficiently as possible. A Monitoring & Evaluation (M&E) framework has been designed and is currently being rolled out.

Despite this progress, however, significant gaps remain in the country's ability to gather and effectively use food security and nutrition data. The **Government's capacity on multi-sector nutrition information management and data analysis** urgently needs to be strengthened in order to guide nutrition interventions and strategies, and to enhance coordination, based on evidence. An improved information system will also lead to a more reliable M&E framework for nutrition contributing to timely decision-making on policy and resource allocation.

Strengthening the ability of **Civil Society Organisations (CSOs) in advocating** and sustaining political will for government action, in monitoring and accountability of public/private sectors

allocated to nutrition, as well as in service delivery, will ensure a more effective national response to scale up nutrition. It is crucial that work of CSOs, including NGOs/CBOs, media, research and knowledge community and other non-state actors, continues to be resourced to play a meaningful and consistent role in making nutrition a priority. Civil society led nutrition organisation/coalitions/alliances are currently a key part of the Mozambique SUN-CSN movement, which is trying to coordinate CSO's advocacy efforts in nutrition. However, their capacity needs to be strengthened.

2 RISKS AND ASSUMPTIONS

Risks	Risk level	Mitigating measures
The coordination mechanism for multi-sector nutrition coordination and response is not operational.	Medium	This is an integral part of the proposed action. EU will emphasize jointly with other development partners the role of SETSAN with the newly reshuffled Ministry of MASA.
PAMRDC planning, budgeting, and accounting at provincial and district level will not improve so that any additional funding does not provide improved nutrition outcomes.	High	The intervention will address these capacity issues for planning and budgeting, particularly at provincial and district level.
Weak coordination among stakeholders, particularly from Health and WASH sectors at provincial levels	Medium	Establish a steering committee or equivalent to meet twice a year or at special request, and a coordination committee at provincial level
Unclear decentralization mechanism to provincial and district levels, creating delays in the decision making process	Medium	The EU will support capacity development at provincial level of SETSAN and key departments at provincial and district level delivering specific nutrition interventions. Monitoring of planning and budgeting processes at central, provincial and district level will be ensured through the upcoming GGDC programme.
Government of Mozambique will not increase its domestic funding for the social sectors, in particular nutrition.	High	The EU will continue its policy dialogue with other donors, and will also monitor and track Government expenditure. Close collaboration with MEF and dialogue with the Government of Mozambique in the framework of the upcoming GGDC programme.
Increased fragmentation in funding modalities and commitment to the nutrition by Development Partners	Medium	The EU will ensure that implementing partners of this programme are actively coordinating with others stakeholders through the existing coordination mechanisms
Lack of political commitment to tackle effectively chronic undernutrition, particularly in terms of timely mobilization of national resources for	Medium	EU and Nutrition Partners advocate with Government for prioritization of reduction of chronic undernutrition. This will also be a target for other EU interventions. EU geographical concentration of the entire "rural development

addressing the issue		package" under 11 th EDF provides appropriate political leverage at provincial level.
Major emergencies (flood, drought, political tensions) in the two provinces which may affect nutritional status of children and diverting government and partners effort to emergency response	Medium	Mapping of risks, contingency planning and preparedness, strengthening coordination and early response in case of emergency.
Low capacity of implementing partners to efficiently use the funds according to procedures	Medium	EU will closely follow up the implementation of the programme in order to timely find appropriate solutions if deemed necessary
Assumptions		
<ul style="list-style-type: none"> • The central and provincial governments remain committed to implement the PAMRDC plan and work within its multi-sectorial coordination mechanism • Strong relationship built with provincial governors and adequate level of participation and contribution from all concerned stakeholders • Overall economic development supports improvements in the targeted sectors • Proposed action will trigger more investment in resilience and nutrition challenges • Unforeseen external shocks will not prevent implementation • Appropriate staffing is available and development of a sufficient nutrition focused expertise is supported • The upgrade of SETSAN's to the status of IPSAN become a concrete opportunity to raise political commitment and leadership for the national food security and nutrition agenda 		

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

The **mid-term review of the PAMRDC** shows that the fight against chronic malnutrition remains high on the national development agenda, but progress has been slow. The review underlines the need to reinforce the provincial and district implementation of the PAMRDC plans, through prioritization and proper sequencing of activities in locally established plans. It also points to a need for increasing and expanding the coverage of interventions. The authorities at central level can only support this process where multi-sector coordination remains the key issue to be addressed. Nevertheless, government capacity on Nutrition and Food Security policy and coordination remains weak.

The difficulty to put in place a multi-sectoral approach was also underlined by the **Mid-Term Review** of the "Accelerate Progress towards Millennium Development Goal 1.C – **MDG 1.C Programme**" funded under the 10th EDF-NIP. SETSAN's institutional capacity has been identified as one of the main concerns, especially at the provincial level. Furthermore, capacity building for food security & nutrition planning and monitoring at district level is completely absent.

Within the Nutrition Partners Forum, it was concluded that more work is needed to reach a common understanding of the PAMRDC and to agree on how alignment with this national plan will be secured. Continued efforts are necessary to support and accompany the implementation of this cross-sectorial plan of action so as to ensure an efficient and effective public spending related to reduction of chronic undernutrition.

The experience built up by main implementing agencies at provincial level, highlights the **importance of a political entry point** – the governor – to underpin the subsequent technical work required for appropriate interventions. The EU Delegation's experience of working with the provincial level (in its ProDEL pilot programme – see below) equally points the need for political level commitment and follow-up.

3.2 Complementarity, synergy and donor coordination

There has been a **considerable increase in donor attention and a greater flow of resources** into Mozambique in support of major nutrition and food security initiatives in the last years. For the next 5 years (2015-2020) the development partners are committed to mobilise approximately USD320 million in support of nutrition (both sensitive and specific) interventions in Mozambique, most notably from DANIDA, Belgium including the Flemish co-operation, Ireland, Italy, DFID, Spanish Cooperation, the WB and USAID. UNICEF, WFP, FAO from the UN family have also been leading in the implementation of activities. Most of these programmes include a large variety of activities, from diversification of food production, food fortification to behaviour change for dietary diversity.

The **EU has increased its food security and nutrition-related activity** with the launch in late-2012 of the **MDG 1.C programme**, a €77.4 million initiative with EU contribution of EUR 67 300 000 over the period 2013-2018 aiming at improving the food and nutrition security situation in all its determinants. Within this programme, the EU has supported the national fortification effort, but also the strengthening of SETSAN's capacities at central level and its operational functioning, including the elaboration of provincial PAMRDC plans (ex. Manica province).

The EU is also supporting the expansion of **water and sanitation services for small towns** in the Inhambane Province (EUR 9 000 000 over the period 2014-2017) and the promotion of local economic development in the rural areas of Gaza, Inhambane and Sofala Provinces, by strengthening the productive base and the competitiveness of local micro, small and medium enterprises (**Programa de Desenvolvimento Económico Local (ProDEL)** (EUR 23 200 000 over the period 2012-2018).

A new **EU-FAO initiative** called "**Food and nutrition security Impact, Resilience, Sustainability and Transformation (FIRST)**" was launched in 2015 in selected priority countries, including Mozambique. The main purpose of the FIRST programme is to strengthen the enabling environment for food and nutrition security and sustainable agriculture and to provide policy assistance and capacity development support at country level. In Mozambique, the support will focus on the capacitation of SETSAN and on the decentralization and operationalization of the ESAN strategy and PAMRDC plans at provincial and district levels.

Mozambique is also one of the pilot countries of the initiative launched in April 2015 by New Partnership for Africa's Development (NEPAD) and the Southern African Development Community (SADC) to firm up actions needed to boost **food and nutrition security in SADC countries through a regional knowledge platform**. This initiative has technical support from FAO and has emerged from support provided through the "Improved Global Governance for Hunger Reduction" programme funded by EU through the FAO.

Under the **EU Global Public Goods and Challenges (GPGC) thematic budget line**, Mozambique is expected to receive in the second half of 2016 a complementary contribution estimated around 3-4 million euro for country specific actions to develop inclusive and sustainable agriculture based value chains and fortified foods that improves food security and reduces poverty and under-nutrition, complemented by support from a regional technical assistance.

Nutrition has also been part of the **policy dialogue under the General Budget Support** and this will continue also under the proposed Good Governance and Development Contract foreseen under the first focal sector of the 11th EDF-NIP. Important to notice that the new Performance Assessment Framework jointly used by Government and Development Partners supporting general budget operations includes a specific indicator on chronic malnutrition in children under 5 years old.

Several developing partners have actively supported the scaling up of PAMRDC implementation at decentralized/provincial levels, notably DANIDA, Ireland, USAID, the WB and the UN family – resulting in an implicit division of labour among the provinces concerned. In principle, key donors are **aligning with the PAMRDC's focus** on the first 1,000 days of life, and its multi-sector approach. However, there is a challenging issue related to the fragmentation in funding modalities which may hamper the effectiveness of development aid provided to nutrition. One of the key objectives of the **Nutrition Partners Forum** is to address this issue by fostering coordination/harmonisation of nutrition interventions funded by development partners.

While the provision of nutrition-related services is the responsibility of government, **CSOs** are 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.

This will contribute to **promoting a rights based approach to nutrition**, both independently and in conjunction with governments, and strengthen domestic accountability at large. International non-governmental organisations like HKI, Save the Children, GAIN, CONCERN, and national organisations like ANSA are also very active in working on food and nutrition security.

3.3 Cross-cutting issues

Support to nutrition implies to adopt a multi-sectorial approach. Thus, cross-cutting issues like gender, good governance and decentralisation and right to food and health are covered by this programme. Considering the target group and by having effective service delivery for nutrition as a focus, the programme is expected to deliver a very significant contribution to gender equality.

Good governance constraints in public resource management remain an issue that could derail the implementation of PAMRDC. There has been significant progress towards expansion of public services at all levels, however much less attention has been paid to service quality.

The national decentralisation policy framework has opened up opportunities for increased citizen participation, but effective accountability mechanisms lag behind. The transfer of the resources to lower level units to perform new functions has been slow, and the allocation of specific responsibilities is often unclear.

4 DESCRIPTION OF THE ACTION

4.1 Objectives

The **Overall Objective** is "to contribute to the achievement of Government targets in the reduction of chronic undernutrition in children under 5 years of age in Mozambique (from 43% in 2013 to 35%⁷ in 2020)".

⁷ 35% is the target included in the PQG, while the target in the PAMRDC plan was set 20% but considered too ambitious

The **Specific Objective** is to "Improve Government capacity for planning, coordinating and implementing nutrition interventions based on reliable multi-sector nutrition information, while scaling-up specific-nutrition actions to improve nutritional status of children under 5 years in Zambezia and Nampula".

Expected results are structured around the following three strategic "Result Areas". By the end of programme it is expected that:

Result Area 1 - Nutrition Governance at central and provincial levels is improved

- R.1.1 Multi-sector coordination capacities of SETSAN at central and provincial level for planning and implementation of PAMRD are enhanced
- R.1.2 Provincial and district capacity for planning, management and monitoring of nutrition and WASH services are strengthened
- R.1.3 Effective Monitoring & Evaluation (M&E) of nutrition interventions is strengthened and operational

Result Area 2 - Key nutrition interventions at the provincial level are scaled up

- R.2.1 Integrated package of WASH interventions are scaled up in the two provinces
- R.2.2 Integrated package of nutrition interventions are scaled up in the two provinces
- R.2.3 Adoption of key behaviours by the target group is increased

Result Area 3 - Coordination and nutrition information management through evidence-building and advocacy are enhanced

- R.3.1 Government capacities to provide reliable statistic information and to manage information (quality and use of data, storage and analysis) on nutrition is reinforced
- R.3.2 Civil Society advocacy for nutrition is strengthened and social accountability of PAMRDC interventions is enhanced
- R.3.3 Context specific evidence and knowledge on nutrition is available and relevant piloting actions are explored

The indicative logical framework is in Appendix.

4.2 Main activities

Main activities of the action are outlined below.

Under Result Area 1:

- ❖ Support to **SETSAN at central and provincial level** (in the two key provinces) in order to improve its capacity to plan, operationalise, communicate, advocate and monitor the PAMRDC plans, and to ensure co-ordination functions between ministries and active development partners implementing specific nutrition interventions
- ❖ Support to capacity **development of key provincial departments** in order to operationalise the provincial PAMRDC plans through improved service delivery of nutrition (specific or sensitive) interventions and to support their full engagement on the planning process. In particular, provincial health and public work / housing / water resources departments will be supported in order to improve their capacities in planning, implementation and monitoring of health and WASH services included in the PAMRDC in the two key provinces;
- ❖ Support for the improvement of the M&E framework of the PAMRDC, including the development and implementation of a "**data quality assurance**" process in coordination with other partners so that quality data are fed back to the WASH and health information system for improved programming. Specific elements to be developed may include **SMART**

surveys⁸ including provincial and targeted districts measures on malnutrition rates, hand-washing, and breast-feeding practises as well as "open defecation free" validation surveys.

Under Result Area 2:

- ❖ **Water-sanitation-hygiene (WASH) actions.** The WASH package will focus on scaling up the construction of sanitation and hygiene facilities and on the accompanying services, covering also the training needs of local administration and guaranteeing the involvement of community health workers or Agentes Polivalentes Elementares (APEs) and extension workers.

This approach will be used to reinforce decentralization and leverage opportunities for local government authorities to allocating budgets for sanitation as they have started doing for water supply. To stimulate community demand for safe sanitation, partners will apply the principles of community approaches to total sanitation, which aims to achieve 100% of open defecation free communities through affordable, appropriate technology and behaviour change

- ❖ **Delivery of an essential nutrition package targeted at children, adolescents and women.** The essential and preventive health package aims at ensuring the implementation of specific nutrition interventions to prevent stunting targeting the first 1000 days of a child's life. The target group will include children under 5 years old, adolescents (particularly women) and lactating/pregnant women.

The package will be aligned with the PAMRDC and delivered through the existing local health facilities and at the community level. Critical to delivering these interventions are again APEs who can deliver key nutrition services, including identification and treatment of child malnutrition, provision of supplementation to children (vitamin A, micronutrient powders, iron folate supplementation and deworming) and ensuring the adoption of good infant and young child feeding practices at facility level.

Under Result Area 3:

- ❖ **Strengthening the existing NEP** hosted by the INS of MISAU in order to build sustainable national capacity to manage and analyse health, nutrition, and contextual data, thereby increasing programme effectiveness and accountability. The support will aim at strengthening coordination and utilization of information for evidence-based planning and policy decision-making in nutrition. Linkage with national surveys and other ongoing data collection initiatives will be made to strengthen robustness and reliability of statistics.
- ❖ **Expanding the SUN-Civil Society Network (SUN-CSN)** presently hosted by ANSA and supporting its advocacy, monitoring and networking work under the framework of the PAMRD plan. The support will aim to implement advocacy activities targeting key decision makers (ex. parliament); to strengthen the "social accountability" (from the demand-side) of nutrition interventions implemented under the PAMRDC; and to increase awareness and encourage grassroots contributions in the development of national plans to scale up nutrition.
- ❖ **Supporting a "Knowledge Building Facility"** for activities aimed at strengthening the informational basis of "nutrition planning and co-ordination", which can be made available to the authorities and main stakeholders involved in nutrition in Mozambique. This may include (not-exhaustive list): research, studies, baseline/end-line and repeated surveys, data collection/compilation, repository of the existing national data related to the PAMRDC. Evaluations may also be fundamental in this result area and will focus on documentation of

⁸ <http://smartmethodology.org/about-smart/>. This work anticipates technical partners engagement for implementation of agreed protocols (compatible with national protocols) to be followed by a gradual transition to government departments for survey design and administration

district experiences and lessons learnt, for sharing across the two provinces and across the districts. Feasibility studies/assessment/workshops/seminars/events for piloting actions related to nutrition can also be covered.

4.3 Intervention logic

The **intervention logic** of the action builds on the existing strategic orientations of the PAMRDC, which closely matches the EU approach to nutrition, and is structured around three strategic components:

◆ **Component 1: "Nutrition Governance"** seeks to strengthen the government's own capacity to make the PAMRDC an effective coordinating and funding instrument. For this component the soundness of the PAMRDC strategic framework is recognised (emphasising the need for a multi-sector approach to orient public resources and awareness to nutrition objectives).

When required, technical assistance could be provided as needed to ensure the achievement of the programme objectives, in particular for the reinforcement of the planning and coordination process at provincial level.

◆ **Component 2: "Scale-up of key actions under PAMRDC"** includes specific WASH and essential nutrition activities in the key provinces. Under this component, government sectors will be targeted, including both MISAU and MOPHRH, in order to support system strengthening particularly in the areas of planning and budgeting, service delivery, supply chain management and information management.

Both the "WASH and the health packages" have embedded a **Capacity development component** addressed to key stakeholders (APEs, facility-based health workers, local administration, etc.) and a **SBCC component**, using multiple communication channels and combining a variety of tools. The main objective of SBCC activities is to build local support at community level which can drive social change and create an enabling environment for collective and individual practices leading to better nutritional and WASH outcomes. SBCC to prevent chronic undernutrition will tackle among other: improved infant and young child feeding practices, pregnant and lactating women care and dietary practices, improved food security practices, improved water, sanitation and hygiene practices, and malaria prevention.

The recently approved government's Nutrition SBCC Strategy (August 2015) provides a thorough guidance for implementers of SBCC and nutrition sensitive programmes in order to harmonize the content of the multiple communication messages used for the prevention of malnutrition.

Activities under this component will be implemented in selected districts of the 2 priority provinces. The selection of the districts will be determined within the priorities of provincial PAMRDC plans.

◆ **Component 3: "Knowledge-building and Advocacy"** focus on enhancing the existing **multi-sector nutrition information systems** in order to provide context specific evidence and knowledge to guide the planning and decision making process of nutrition interventions and strategies, and to enhance coordination.

In parallel, the action will focus on **enhancing civil society capacity and voice to advocate** to keep nutrition at the top of the political agenda and to monitor the implementation of the PAMRDC, in order to hold the Government accountable.

This component has a nationwide coverage.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a Financing Agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 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 authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of Regulation (EU) 2015/322.

Implementation modalities

5.2.1 Indirect management with an International Organisation

A part of this action may be implemented in indirect management with the United Nations Children's Fund in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of Regulation (EU) 2015/323. This implementation entails Component 1 and Component 2 as described above, focusing on Nutrition Governance and activities implementing key actions of the PAMRDC. Activities under Component 1 will be implemented in harmonisation with the already existing coordination mechanism (UN-REACH Initiative). This implementation is justified because UNICEF is a key development partner having successful experience in implementing capacity development actions and nutrition related services in Mozambique, in full alignment with the PAMRDC. UNICEF has proven to have the required capacity, experience and network at local and central level in order to successfully implement the 2 components:

- ❖ UNICEF has been actively involved in the provincial PAMRDC plan in Zambezia, having the required technical expertise at local level. Besides, UNICEF is reviewing its strategy for the next Country programme and is committed to add the Nampula province as geographical target since its weight in the national indicators is probably the most important in Mozambique.
- ❖ UNICEF is already working with SETSAN and the nutrition-involved sectors in Zambezia: Health, Education, Social Action, WASH, Finance and Planning, with local technical assistance UNICEF and WASH. UNICEF has designed and implemented the "One Million Initiative" project, an innovative and important reference to the rural WASH sector in Mozambique, aimed at coverage increase for 1million new users of clean drinking water and adequate sanitation under CLTS in 18 districts in three provinces (EUR 43 000 000, 2007-2013). In addition, experience with UNICEF as an implementing partner has been positive (3 projects with EU in the last 7 years, including an on-going EU contribution of EUR 9 000 000 for a "small town's water supply and sanitation project" in the Inhambane province).
- ❖ Specific monitoring for project activities at provincial and district levels are done by UNICEF through field visits, regular coordination meetings with stakeholders and mid-year/end-year reviews. Service provider reports, and district, provincial and national level reports all form the basis of UNICEF reporting

The entrusted entity would carry out the following budget-implementation tasks: procurement and grant award procedures, and awarding, signing and executing the resulting procurement contracts, notably accepting deliverables, carrying out payments and recovering the funds unduly paid, where two conditions are met: i) works, services, supplies and other benefits are directly provided to the partner country or to any other relevant beneficiary of the Action; and ii) a margin of discretionary power (not involving policy choices) is delegated to implement the Action.

5.2.2 Indirect management with the partner country

A part of this action under component 3 "Knowledge-building and Advocacy" may be implemented in indirect management with the Republic of Mozambique in accordance with Article 58(1)(c) of the Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of Regulation (EU) 2015/323 according to the following modalities:

The partner country will act as the contracting authority for the procurement and grant procedures. The Commission will control ex ante all the procurement and grant procedures. Payments are executed by the Commission.

In accordance with Article 190(2)(b) of Regulation (EU, Euratom) No 966/2012 and Article 262(3) of Delegated Regulation (EU) No 1268/2012 applicable in accordance with Article 36 of Regulation (EU) 2015/323 and Article 19c(1) of Annex IV to the ACP-EU Partnership Agreement, the partner country shall apply procurement rules of Chapter 3 of Title IV of Part Two of Regulation (EU, Euratom) No 966/2012. These rules, as well as rules on grant procedures in accordance with Article 193 of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of Regulation (EU) 2015/323, will be laid down in the financing agreement concluded with the partner country.

Grant: direct award "Strengthening the capacity of the National Evaluation Platform (NEP)" (indirect management)

(a) Objectives of the action grant, fields of intervention, priorities of the year and expected results

Main objective of the grant will be to support the NEP in Mozambique with a stronger focus on nutrition in order to:

- i) extend and strengthen its capacity to identify, analyse, and report on data related to nutrition policies and programmes in Mozambique;
- ii) support SETSAN, MISAU and other stakeholders to critically evaluate the nutrition activities planned and implemented as part of PAMRDC plan;
- iii) work with nutrition partners to facilitate the consolidation and use of diverse data related to nutrition-specific and nutrition-sensitive interventions and contextual factors (ex. support the National Health Observatory and high level government platform to track health and nutrition progress)

The grant will have a nation-wide coverage and a maximum period of implementation of 4 years.

(b) Justification of a direct grant

The grant may be awarded without a call for proposals to the National Institute of Health (INS).

Under the responsibility of the Contracting authority responsible, the recourse to an award of a grant without a call for proposals is justified because the beneficiary is in a legal monopoly situation (Art 190(1)(c) RAP).

In Mozambique, the NEP was launched in August 2014 with the National Institute of Health (INS) as the Home Institution. The mission and legal mandate of the INS is to generate, formulate and promote scientifically and technically sound solutions for public health problems, and in this sense the INS is the key partner to lead the development of the NEP in Mozambique. Over the past few years, the INS has had large increases in capacity to conduct essential public health functions, including capacity for evaluation and data analysis that has been developed through the NEP.

In addition, the establishment of the NEP at the INS is seen as an important step for building technical capacity for the Mozambique government's proposed "National Health Observatory", which will access and combine data from multiple sources to generate evidence on the determinants of health and nutrition. Reports generated by the National Health Observatory will represent a critical source of information and evidence to inform national policy making.

The NEP concept was developed by the Institute for International Programmes at Johns Hopkins University (IIP-JHU) – which may continue to be a key partner under this action - and has been rolled out by governments in four countries: Mozambique, Mali, Malawi, and Tanzania. Initial funding for the NEP was provided by the Canadian government's Department of Foreign Affairs, Trade, and Development. SETSAN is a member of the steering committee of NEP.

(c) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is 100% of the eligible costs of the action. In accordance with Articles 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100 %. The essentiality of full funding will be justified by the Contracting authority responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(d) Indicative trimester to conclude the grant agreement: 1st trimester 2017

Grant: direct award "Strengthening Civil Society – SUN-CS Network in Mozambique"

(a) Objectives of the action grant, fields of intervention, priorities of the year and expected results

Main objective of the grant will be to support SUN-SC network in order to achieve the following:

- i) An effective, inclusive and productive civil society networks are established in each provinces with the objective to actively participate in the development of nutrition and nutrition-sensitive policies and plans across all sectors, including advocacy for resource allocation
- ii) Monitoring of the operationalization / funding / implementation of PAMRDC and other national and regional strategies and plans on nutrition (social accountability and right to food)
- iii) Increased public awareness about nutrition, nutrition policies and monitoring and advocacy interventions targeting decision makers (ex. parliament)

The grant will have a nation-wide coverage and a maximum period of implementation of 4 years.

(b) Justification of a direct grant

The grant may be awarded without a call for proposals to the Food Security and Nutrition Association (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 because the beneficiary is in a factual monopoly situation (Art 190(1)(c) RAP).

Civil society is a key part of the SUN movement which puts particular emphasis on multi-stakeholder partnerships and the role of civil society "in advocating and sustaining political will for government action, in monitoring and accountability of both the public and private sectors, as well as in service delivery".

The "SUN / 1000 days Meeting" that took place in Washington DC in June 2011 provided a useful starting point to identify critical needs, gaps and some of the parameters to mobilize civil society actors in an efficient, coordinated and meaningful way at country level. ANSA, with the support of Helen Keller International (HKI), was identified as the focal point for the SUN-SC Network in Mozambique, with the responsibility to facilitate key actions to ensure the process is effective and inclusive. Priority was given to national organisations that have the capacity and expertise to lead on the project. The secretariat of the SUN-CS Network is based on rotation system, with ANSA being appointed since July 2011 (starting now a second term). The grant to ANSA is awarded for a period covering its mandate as secretariat of the SUN-SC Network.

(c) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is 100% of the eligible costs of the action. In accordance with Articles 192 of Regulation (EU, Euratom) No 966/2012, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100 %. The essentiality of full funding will be justified by the Contracting authority responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(d) Indicative trimester to conclude the grant agreement: 1st trimester 2017

5.3 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.

The Commission's authorising officer responsible may extend the geographical eligibility in accordance with Article 22(1)(b) of Annex IV to the ACP-EU Partnership Agreement on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realization of this action impossible or exceedingly difficult.

5.4 Indicative budget

	EU contribution amount (EUR)	Indicative third party contribution (EUR)
Component 1 - Nutrition Governance	4 200 000	1 000 000
<i>5.2.1 - Indirect management with UNICEF</i>	<i>4,200 000</i>	<i>1 000 000</i>
Component 2 - Scale-up of key actions under PAMRDC	18000 000	3 000 000
<i>5.2.1 - Indirect management with UNICEF</i>	<i>18 000 000</i>	<i>3 000 000</i>
Component 3 - Knowledge-building and Advocacy <i>5.2.2 - Indirect management with the Partner country</i>	4 500 000	-
<i>Grant to INS</i>	<i>1 500 000</i>	-
<i>Grant to ANSA</i>	<i>2 000 000</i>	-
<i>Knowledge Building Facility</i>	<i>1 000 000</i>	-
5.9 - Communication and visibility <i>Indirect management with the Partner country</i>	1 000 000	-
5.7 - Evaluation ; 5.8 - Audit	300 000	-
Contingencies	2 000 000	-
Totals	30 000 000	4 000 000

5.5 Organisational set-up and responsibilities

In light of the Aid Effectiveness agenda, in particular to ensure ownership and alignment, a Steering Committee of the project shall be set up to oversee and validate the overall direction and policy of the project (or other responsibilities to be specified).

Steering committees will bring together government stakeholders, the implementing parties and the EU. Other stakeholders and donors may be invited in order to improve coordination and complementarity of interventions, particularly when issues of delegated cooperation/ silent partnership, co-financing, etc. are involved.

Steering Committees for the programme will be held in each key province (at least once per year) and will be linked to joint (government-EU-UNICEF) monitoring visits in the field. The Governor or his delegate may chair the Steering Committee. Steering committee mechanism will be outlined in contractual modalities chosen for implementation.

A technical implementation committee will be held in Maputo, two times per year, between Government (provincial and central level), implementing agencies and EU.

5.6 Performance 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 partner's 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 outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

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).

5.7 Evaluation

Having regard to the importance of the action, a mid-term and final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission.

The mid-term evaluation will be carried out for problem solving, learning purposes, in particular with respect to steer and correct the implementation of the programme when required.

The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision).

The Commission shall inform the implementing partner at least one month in advance of the dates foreseen 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 shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Indicatively, two contracts for evaluation services shall be concluded under a framework contract after three years of implementation and at the end of the implementation.

5.8 Audit

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 audits or expenditure verification assignments for one or several contracts or agreements.

Indicatively, three contracts for audit services may be concluded, tentatively before the end of the implementation period of the programme.

5.9 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation and supported with the budget indicated in section 5.4 above.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements. The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

Visibility will be contracted through service contracts under indirect management. If appropriate, the NAO can request the Commission to contract on its behalf.

It is foreseen to have one service contract for the production of a media product (ex. TV-series, radio program, etc.) promoting local foods, good nutritional behaviour and the origin of foods for children and families in Mozambique. The intention is to tap into the power of the mass media to bring nutrition information to households in Mozambique.

ACRONYMS AND ABBREVIATIONS:

ANSA	Associação de Nutrição e Segurança Alimentar / Food Security and Nutrition Association
APE	Agentes Polivalentes Elementares – community health workers
CAADP	Comprehensive Africa Agriculture Development Programme
CBO	Community based organisations
CIDA	Canadian International Development Agency
CONSAN	Council for Food Security and Nutrition
CSN	Civil Society Network
CSO	Civil Society Organisations / Organizações da Sociedade Civil
DANIDA	Danish International Development Agency
DFID	United Kingdom Department for International Development
DPOPH	Departamento Provincial das Obras Públicas, Habitação
EU	European Union
ESAN	Estratégia de Segurança Alimentar e Nutricional
FAO	Food and Agriculture Organisation
FIRST	Food and nutrition security Impact, Resilience, Sustainability and Transformation (EU-FAO initiative)
GAIN	Global Alliance for Improved Nutrition
GDP	Gross Domestic Product / Produto Nacional Bruto
GPGC	Global Public Goods and Challenges
HKI	Helen Keller International
IFAD	International Fund for Agricultural Development
INS	National Institute of Health / Instituto Nacional de Saúde
IOF	Inquérito ao Orçamento Familiar
IPSAN	Institute for the Promotion of Food Security and Nutrition
MDG	Millennium Development Goals
MASA	Ministry of Agriculture and Food Security / Ministério da Agricultura e Segurança Alimentar
MEF	Ministry of Economic Finance / Ministério da Economia e das Finanças
MICS	Multi Indicator Cluster Survey
MISAU	Ministry of Health / Ministério da Saúde
MOPHRH	Ministry of Public Works, Housing and Water Resources / Ministério das Obras Públicas, Habitação e Recursos Hídricos
NEP	National Evaluation Platform
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation
NIP	National Indicative Programme
NPF	Nutrition Partners Forum
ODF	Open Defecation Free

PAMRDC	Plano de Acção Multisectoral para a Redução de Disnutrição Cronica/Multi-sector Action Plan for the Reduction of Chronic Undernutrition
PARP	Poverty Reduction Plan / Plano de Acção para a Redução da Pobreza
PEDSA	Strategic Plan for Agriculture
PES	Plano Económico e Social
PESOD	Planos Económicos e Sociais dos Distritos
PNISA	Plano Nacional de Investimento no Sector Agrario
PQG	Government Five-Year Plan / Plano Quinquenal do Governo
PRODEL	Local Economic Development Programme
REACH	Renewed Efforts Against Child Hunger (FAO,WHO,UNICEF, WFP)
SADC	Southern African Development Community
SBCC	Social and Behaviour Change Communication
SDPI	Serviço Distrital de Planeamento e Infraestruturas
SETSAN	National Food Security and Nutrition Coordination Group Secrariado Técnico de Segurança Alimentar e Nutricional
SINAS	Sistema Nacional de Avaliação em Saúde
SMART	Standardized Monitoring and Assessment of Relief and Transitions
STI	Sexually transmitted infections (diseases)
SUN	Scaling Up Nutrition
TA	Technical Assistance
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water-Sanitation-Hygiene
WB	World Bank
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation

6 APPENDIX- INDICATIVE LOGFRAME MATRIX*

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
Overall objective To contribute to the achievement of Government targets in the reduction of chronic undernutrition in children under 5 years of age in Mozambique	<ul style="list-style-type: none"> ○ % prevalence of chronic undernutrition in children under five¹¹ 	43% (2013)	35% ¹² (2020)	<ul style="list-style-type: none"> ○ DHS, MICS, ○ SMART Surveys or IOF ○ Nutrition survey reports ○ SETSAN reports ○ NEP reports 	<i>Assumptions:</i> <ul style="list-style-type: none"> ○ Political stability is maintained ○ Changing political and institutional environment (SETSAN reorganization into IPSAN) maintains or even increases the political commitment to reduce undernutrition <i>Risks:</i> <ul style="list-style-type: none"> ○ Unforeseen external shocks which will prevent implementation
Specific Objective Improve Government capacity for planning, coordinating and implementing nutrition interventions based on reliable multi-sector nutrition information, while scaling-up specific-nutrition actions to improve nutritional status of	<ul style="list-style-type: none"> ○ Number of households with access to improved safe drinking water and basic sanitation in targeted areas ○ % prevalence of diarrhoea in children in targeted areas ○ % Low Birth Weight in targeted areas ○ % prevalence of anaemia among 	To be determined (2016 or 2017 SMART Survey)	To be determined (2016 or 2017 SMART Survey)	<ul style="list-style-type: none"> ○ DHS, MICS, ○ SMART Surveys or IOF ○ Nutrition survey reports ○ SETSAN reports ○ NEP analysis 	<i>Assumptions:</i> <ul style="list-style-type: none"> ○ Appropriate staffing is available and development of a sufficient nutrition focused expertise is supported ○ The central and provincial governments remain committed to implement the PAMRDC plan ensuring mobilization of funds

⁹ Where baseline is zero, the reference year has to be intended as the first year of implementation of the project.

¹⁰ When not specified otherwise, the reference year for achieving the target is set "by the end of the project"

¹¹ Indicator aligned with the NIP-11th EDF programming document

¹² 35% is the national target included in the PQG, while the target in the PAMRDC plan was set 20% but considered too ambitious.

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
children under 5 years old in Zambezia and Nampula	children under 5 years of age and among women 15-49 years in targeted areas ○ % of households with an adequate diet				<i>Risks:</i> ○ Major emergencies (flood, drought, political tension) in the two targeted provinces which may affect nutritional status of children and diverting government and partners effort to emergency response
Result Area 1 – Nutrition Governance at central and provincial levels is improved					
R1.1 Multi-sector coordination capacities of SETSAN at central and provincial level for planning and implementation of PAMRD are enhanced	I1.1.1 # of GT-PAMRDC meetings at central and provincial level with participation of at least 75% of sectors	B1.1.1: 0	T.1.1.1: 80% of the meetings held	○ SETSAN annual reports on implementation of PAMRDC (central and provincial) ○ District reports and government annual reports ○ PESOD budget reports ○ DPOPH annual reports ○ SDPI annual reports	<i>Assumptions:</i> ○ Strong relationship built with provincial governors and adequate level of participation and contribution from all concerned stakeholders ○ The central and provincial governments remain committed to implement the PAMRDC plan ensuring mobilization of funds <i>Risks:</i> ○ The coordination mechanism for the multi-sector nutrition response
	I1.1.2 of targeted districts with functional multi-sectoral nutrition coordination mechanism	B1.1.2: 0	T.1.1.2: All targeted districts		
	I1.1.3 Realistic costing of PAMRDC plans in Zambezia and Nampula is completed	B1.1.3: No costing available	T1.1.3 Costing completed by 2019		

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
R1.2 Provincial and district capacity for planning, management and monitoring of nutrition and WASH services are strengthened	I1.2.1 # of provincial sectorial departments which include "priority-interventions of the PAMRDC" in the "Plano Economico e Social (PES)"	B1.2.1: 0	T.1.2.1: 80% of the provincial departments	<ul style="list-style-type: none"> ○ SINAS reports ○ REACH reports ○ UNICEF Activity reports 	<ul style="list-style-type: none"> ○ is not operational. ○ Government of Mozambique will not increase its domestic funding for the social sectors, including nutrition. ○ PAMRDC planning, budgeting, and accounting at provincial and district level will not improve
	I1.2.2 # of districts with integrated health, WASH and nutrition plans developed in the provinces of Zambezia and Nampula	B1.2.2: 0	T.1.1.2: All targeted districts		
	I1.2.3 # of annual reports on the implementation and financial execution (expenditure against budget) of provincial PAMRDC plans in the two selected provinces	B1.2.3: 0	T.1.1.2: 100%		
R1.3 Effective Monitoring & Evaluation (M&E) of nutrition interventions is strengthened and operational	I1.3.1 # of targeted districts and provinces reporting annually on PAMRDC M&E framework	B1.3.1.: 0	T.1.3.1: 80% of targeted districts		
	I1.3.2 % of provincial PAMRDC plans effectively implemented (expenditure against budget)	B1.3.2.: 0	T.1.3.1: 100%		
	I1.3.3 Number of annual nutrition surveys undertaken under the project	B1.3.3: 0	T1.3.3: eight (8) nutrition surveys (6 at districts and 2 at		

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
			provincial level) done annually		
	I1.3.4 # sustainability checks and ODF assessments completed and disseminated by UNICEF	B1.3.4: 0	T1.3.4: Yearly report		
Result Area 2 - Key nutrition interventions at the provincial level are scaled up					
R.2.1 Integrated package of WASH interventions are scaled up in the two provinces	I2.1.1 % increase in coverage of water supply in X districts by end of year 5	B2.1.1: To be determined (2016 or 2017 SMART Survey)	T2.1.1: To be determined (2016 or 2017 SMART Survey)	<ul style="list-style-type: none"> ○ SETSAN annual reports on implementation of PAMRDC (central and provincial) ○ District reports and government annual reports ○ DPOPH and SDPI annual reports ○ UNICEF Activity reports ○ SMART survey ○ ODF assessment reports ○ National health week report ○ HIS (Human Interest Stories) 	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Strong relationship built with provincial governors and adequate level of participation and contribution from all concerned stakeholders ○ The central and provincial governments remain committed to implement the PAMRDC plan ensuring mobilization of funds ○ Appropriate staffing is available <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Weak coordination among stakeholders, particularly from Health and WASH sectors at provincial levels ○ Unclear decentralization mechanism to provincial and district levels, creating delays in
	I2.1.2% increase in the coverage of improved sanitation facilities in X districts by end of year 5	B2.1.2: To be determined (2016 or 2017 SMART Survey)	T2.1.2: To be determined (2016 or 2017 SMART Survey)		
R.2.2 Integrated package of nutrition interventions are scaled up in the two provinces	I2.2.1 % of children 6-59 months receiving two doses of VAS and deworming yearly	B2.2.1: >85% in Zambezia; >85% in Nampula (national health week)	T2.2.1: >90% in Zambezia; >90% in Nampula		
	I2.2.2.% of pregnant women attending at least 4 antenatal care consultations (ANCs)	B2.2.2: To be determined (2016 or 2017 SMART Survey)	T2.2.2: To be determined (2016 or 2017 SMART Survey)		
	I2.2.3 Cure rate of severe acute malnutrition	B2.2.3: <65% in Zambezia;	T2.2.3: >85% in Zambezia; >85% in		

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
		<65% in Nampula	Nampula	<ul style="list-style-type: none"> ○ PRN reports - Programa Nacional de Registo à Nascença ○ RED/REC report – Reach Every District/Reach Every Child 	<ul style="list-style-type: none"> the decision making process ○ Government of Mozambique will not increase its domestic funding for the social sectors, including nutrition.
R.2.3 Adoption of key behaviours by the target group is increased	I2.3.1 % of people living in open defecation free certified communities in X districts by end of year 5	B2.3.1: To be determined (2016 or 2017 SMART Survey)	T2.3.1: To be determined (2016 or 2017 SMART Survey)		
	I2.3.2 Rate of exclusive breastfeeding in infants under six months	B2.3.2: 59% in Zambezia; 41% in Nampula	T2.3.2: 66% in Zambezia; 48% in Nampula		
	I2.3.3 % of children under 6-23 months receiving an adequate diet	B2.3.3: 9% in Zambezia; 13% in Nampula	T2.3.3: 16% in Zambezia; 20% in Nampula		
	I2.3.4 # of additional people with hand-washing facilities and soap/ashes in their households	B2.3.4: To be determined (2016 or 2017 SMART Survey)	T2.3.4: To be determined (2016 or 2017 SMART Survey)		
Result Area 3 - Coordination and nutrition information management through evidence-building and advocacy are enhanced					
R.3.1 Government capacities to provide reliable statistic information and to	I3.1.1 # of analytical results provided by the NEP in response to questions posed by nutrition stakeholders	B3.1.1: 0	T3.1.1: To be determined (with implementing partner)	<ul style="list-style-type: none"> ○ NEP analyses and reports ○ Repository of data on nutrition 	<i>Assumptions:</i> <ul style="list-style-type: none"> ○ Civil Society Organizations members of the SUN-CSN continues to play a dynamic role in

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
manage information (quality and use of data, storage and analysis) on nutrition is reinforced	I3.1.2 A central repository for nutrition information is established and providing information to stakeholders	B3.1.2: No repository	T3.1.2 Repository established by 2020	interventions <ul style="list-style-type: none"> ○ SUN-SCN reports, presentations, position papers ○ Progress reports on implementation from implementing partners 	advocacy and awareness activities <ul style="list-style-type: none"> ○ Commitment of development partners (donors, civil society, private sectors, NSAs, etc.) to support the nutrition agenda in Mozambique remains high
R.3.2 Civil Society advocacy for nutrition is strengthened and social accountability of PAMRDC interventions is enhanced	I3.2.1 # of provinces with an established, capacitated and operational SUN-CS platform	B3.2.1: 4 provinces	T3.2.1: 11 provinces	<ul style="list-style-type: none"> ○ Studies, research, analyses produced under this component of the program ○ Reports on events, seminars, workshops, etc. produced under this component of the program 	<i>Risks:</i> <ul style="list-style-type: none"> ○ Capacity of implementing partners to efficiently use the funds according to rules and procedures is low
	I3.2.2 # of "advocacy actions" addressed to key stakeholders (ex. Parliamentarians) developed by SUN-SCN	B3.2.2: 0	T3.2.2: To be determined (with implementing partner)		
	I3.2.3 # of reports from the "community monitoring tool of PAMRDC" / analysis on "resource allocation for PAMRDC implementation" developed by the SUN-CSN	B3.2.3: 0	T3.2.3: To be determined (with implementing partner)		
	I3.2.4 A media monitoring tool for nutrition is developed by SUN-CNS	B3.1.4: No media monitoring tool for nutrition	T3.1.4 Media monitoring tool for nutrition established by 2020		

Project Description	Objectively Verifiable Indicators	Baselines (Ref. year) ⁹	Targets (Ref. year) ¹⁰	Sources & Means of Verification	Assumptions & Risks
R.3.3 Context specific evidence and knowledge on nutrition is available and relevant piloting actions are explored	I3.3.1# of relevant studies , research, evaluation related to nutrition supported	B3.3.1: 0	T3.3.1: To be determined (with implementing partner)		
	I3.3.2 # of events /piloting initiatives carried out by selected nutrition stakeholders which are contributing to the nutrition agenda of the country	B3.3.2: 0	T3.3.2: To be determined (with implementing partner)		

* The expected results and all the indicators included in the logframe matrix are indicative and may be updated during the implementation of the action without an amendment to the financing decision. Baselines and targets will be fine-tuned or established before the start of the implementation of the action on the basis of surveys and negotiations with implementing partners that may be performed during inception of the project. Indicators will be sex disaggregated whenever applicable.