

**Mozambique**  
**Mid-Term Evaluation**

**Thematic window: Children, Food security  
& Nutrition**

**Programme Title: Children, Food Security and Nutrition in  
Mozambique**

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## **Prologue**

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

**MID-TERM REVIEW OF THE JOINT PROGRAMME “*CHILDREN,  
FOOD SECURITY AND NUTRITION*” IN MOZAMBIQUE**

**FINAL REPORT**

**VINCENT LEFEBVRE**

September 2011

## PROGRAMME CHECK-LIST<sup>1</sup>

Programme title	"Children, food security and nutrition"			
Programme ID	MDG-F 1693			
Basic data	Starting date : 10/2009	Expected closure date : 12/2011	Budget (\$) over 27 months <sup>2</sup>	
Implementing United Nations Agencies : FAO, WFP, UNICEF, WHO Government partners agencies : Ministry of Health, Maputo and Nampula City Councils, Ministry of Agriculture				
Covered area : FAO: Nampula & Maputo cities UNICEF: nationwide WFP: provinces of Maputo, Gaza, Inhambane, Sofala, Manica, Tête and Maputo City WHO: selected districts (still to be decided)				
			<i>Agency budget<sup>3</sup></i>	5.500.000
<b>Outcome :</b> <u>Improved health, nutritional and food security status for children by mid 2012<sup>4</sup></u>				
<b>Output 1:</b> An effectively functioning and expanded system to treat severely and moderately malnourished children is operational in programme areas by the end of 2011.	<b>Output 1.1</b> Up to 40,000 moderately acutely malnourished children will be reached with nutrition supplementation in each year (2009 & 2010)	<b>Indicator:</b> # of moderately malnourished children reached  # of severely malnourished children and pregnant women reached	UNICEF	167.000
	<b>Output 1.2</b> Up to 8,000 severely acutely malnourished children, up to 4,000 malnourished adults, including malnourished pregnant women, will be reached with the nutrition rehabilitation programme in the first year		WFP	1.750.000
			subtotal	1.917.000
			UNICEF	110.000
			WFP	99.000
			WHO	95.587
			Subtotal	304.587
<b>Output 2:</b> An effective way of delivering key preventative interventions to children <5	<b>Output 2.1</b> Up to 3.5 million children under five would be reached with micro-nutrient supplementation in one round of the National Child Health Week	# of children <5 reached with micro-nutrient supplementation	UNICEF	1.200.000
<b>Output 3:</b> An effectively functioning and expanded system to promote improved and diversified diets and knowledge on nutrition included in IYCF.	<b>Output 3.1</b> Up to 20.000 <sup>5</sup> households with improved diversified diets due to urban vegetable gardens and improved knowledge on nutrition	Indicators: # households with improved diversified diets # households with improved nutrition knowledge # neighbourhoods with tree planting programme # of provinces implementing the MoH Infant Feeding Policy and Strategy on the Promotion, Protection and Support of Breastfeeding	FAO	140.000
	<b>Output 3.2</b> Up to 10 densely populated neighbourhoods engaged in an active fruit tree planting programme to increase fruit consumption through the "one child one tree" education sector initiative.		FAO	480.000
	<b>Output 3.3</b> Improved infant and young child feeding (IYCF) practices in all eleven		UNICEF	210.000
			WHO	22.000
			Subtotal	232.000

<sup>1</sup> As per original PRODOC

<sup>2</sup> A 6 months extension was being considered at evaluation time (06/2012)

<sup>3</sup> As per original proposal

<sup>4</sup> As in <sup>2</sup>

<sup>5</sup> Increased from 15.000 to 20.000

	provinces.			
			Total effective	4.271.587
	Programme costs	Indirect support costs	%	Total per agency
<b>FAO</b>	1.486.600	104.062	29%	1.590.662
<b>UNICEF</b>	1.687.000	118.090	33%	1.805.090
<b>WFP</b>	1.849.000	129.430	36%	1.978.430
<b>WHO</b>	117.587	8.231	2%	125.818
<b>TOTAL</b>	5.140.587 (93%)	359.813 (7%)	100%	5.500.000

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## **THANKS**

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## EXECUTIVE SUMMARY

With over 20 million people and a strong natural resources basis, Mozambique has experienced one of the highest growth rates since the end of the civil war. Correspondingly, the vast majority of development indicators have rapidly improved until the mid 2000, then either improved marginally or stagnated. In particular, malnutrition has substantially decreased from 55% in the 90s to 44% albeit remaining among the highest in Southern Africa ; over half of the population lives below the poverty level and the HIV prevalence is now maintaining itself around 12%.

The United Nations in Mozambique, which is taking part in the initiative “Delivering as One” formulated a 5.5 million dollar Joint Program financed by the Millennium Development Goal Fund to support food security of urban poor households and improve countrywide children nutrition. The overall objectives of the programme are to improve the health, nutritional and food security status of children.

The programme is being implemented by 4 UN agencies (UNICEF as Joint Program Coordinator, WHO, WFP and FAO) in collaboration with governmental institutions (Ministry of Health, Maputo and Nampula City Councils, Ministry of Agriculture). In addition, the urban gardening component is collaborating through agreements with local NGOs.

The programme implementation started in October 2009 and is due to be closed by December 2011. As per requirement of MDG-f Secretariat, a mid-term assessment has been planned around mid 2011.

The objectives of this review were to provide direct stakeholders and the MDG-F Secretariat information to make an independent assessment on the performance of the programme. In particular, the consultant was to analyze in detail the design quality and coherence of the programme components, the programme management model, the programme effectiveness and contribution to improving nutrition and food security, and MDGs at both local and national levels.

The evaluator used a combination of direct and indirect data acquisition techniques (individual interviews, gender specific interviews, group interviews, documentary review, on-site review of programme achievements) and tried to cover as much as possible the entire range of stakeholders given the limited timeframe (less than 2 weeks): UN partners, national and provincial state institutions as well as municipalities, involved NGOs, final beneficiaries.

### **Findings:**

The programme idea came from the results of various discussions between the Government and donors, following the 2007/2008 food crisis with soaring food prices resulting in a period of instability, mainly in urban areas. Combating malnutrition was reasserted by the GOM as a leading priority.

In that context, the UN system captured a funding opportunity from the MDG-f and focussed its efforts in designing a programme addressing both children malnutrition and improving the nutritional status of very poor households in urban and peri-urban areas.

4 agencies (UNICEF, WFP, WHO, FAO) were involved in the formulation process and early on, the intervention approach diverged markedly between FAO and the other agencies: the urban gardening & nutrition component lead by FAO was small-scale, pilot in essence as being implemented in 2 municipalities, while the interventions of the other agencies were more nation-wide and integrated within the existing GOM programmes of MISAU.

The programme design and the type of relationship between agencies agreed upon would follow the line 'joint programming – individual implementation' through a Programme Management Committee chaired by MISAU. Coordination of activities between agencies are being identified at programming level and effectively carried out on an ad-hoc basis, mostly bilaterally. GOM was not actively involved in the design of the programme although it was able to comment on the programme before submission to the MDG-f Secretariat.

UNICEF's and WFP's relationship with MISAU is defined through a TPR agreement which identifies the roles and responsibilities of each party for the Mozambique supplementary feeding programme, which has been funded by this nutrition programme: for logistical reasons, WFP was unable to cover the Northern districts of the country, and the supplementary feeding programme was implemented in 50 districts instead of the 81 agreed. Synergies were effectively found between WFP and UNICEF (e.g. timing of trainings) in those 50 districts while UNICEF operated alone in the North of Mozambique. WFP did not propose any alternative to its absence in the North. This TPR required the contribution of MISAU in monitoring required food aid but it proved impractical and by 2011, WFP which had previously abandoned food delivery by NGOs made direct agreements with DPS. All this somewhat strained the relationship between WFP and MISAU. The new approach by WFP has put into light the (on occasion) very poor storage conditions of food aid in health centres premises.

UNICEF's support through the TPR included trainings on the new malnutrition protocol and handling over of materials to health centres (nationwide). This resulted in an upgrade of selected health facilities. The Child Health Week implemented in late 2009, 2010 and early 2011 has been a very successful activity.

For both WFP and UNICEF, the implementation rate is over 90%.

The implementation of FAO's activities has been very slow, possibly due to the pilot nature of urban gardening. It took considerable time for FAO to contract a technical team, design an operational plan and subcontract the implementing partners (NGOs) so that by that time, these were supposed to implement the component within 6 months (contract duration), which was deemed impossible to carry out. Therefore, FAO requested a 6 months no-cost extension of the programme, which would have allowed several horticulture cycles during the rainy season, plenty of time for nutrition related activities but still short for the planting of fruit trees.

Although it has a very small amount, WHO has not achieved any result yet due to a lack of internal HR and swift decision taking by MISAU on its proposal to upgrade the '*Sentinela*' malnutrition monitoring system.

In terms of advocacy and communication, UNICEF has sponsored a training of journalists on breastfeeding, funded the communication campaigns on the Child Health Week and FAO organised events of social mobilisation (at municipal level). There is little evidence of any joint communication and advocacy actions between agencies to divulge the programme results at national or even regional level though.

MISAU has been a very close (and proactive) partner for MDG-f funded activities by UNICEF and WHO like the supplementary feeding programme, Child Health Week and the Nutrition Surveillance System.

Ownership of FAO's activities among institutional partners seems to remain low possibly because FAO is focussing its efforts on implementation due to the extended delays observed so far. Still urban gardening has created strong expectations among the NGOs due to implement the programme.

Although WFP was not present in the North, new directives as part of the PNRN are enabling it to be on track in terms of number of beneficiaries and therefore impact positively and significantly the target population (children, lactating & pregnant women, HIV and TB malnourished patients. MISAU is covering the North with RUFT but the lack of resources show that actually, plumpy nut is often distributed to moderately malnourished children, which is putting pressure on the plumpy nut programme supported by the Clinton Foundation.

WFP is procuring CSB+ on the international market instead of within the region (Beira - Mozambique, Malawi) because of slow delivery in many isolated districts: internationally procured CSB shelf life is certified for 12 months while regional CSB is only for 6 months.

Interviews of health staff showed that UNICEF's trainings do not cover enough staff within a single health centre because of the very high turn-over. This results in a slow degradation of MISAU service delivery as staff is being moved and newly appointed staff not trained as appropriate. Due to the success of the Child Health Week, there is a tendency to overburden the health staff by including new actions which complicate the logistics and the delivery of the health package, especially for mobile brigades.

Differentiation of gender based roles was recognised in this JP: e.g. data disaggregation between genders, inclusion of men in the promotion of breast-feeding for UNICEF, more numerous female activists to promote FAO urban gardening actions.

The sustainability of UNICEF and WFP actions can only be appreciated through long term impact studies as the delivery of food aid and trainings of health staff only combined with population sensitisation campaigns resulting in nutritional behaviour change can effectively reduce malnutrition. These are not envisioned in this JP.

WHO's support to the Nutrition Surveillance system has yet to start. Discussions with health staff involved show that the proposition of WHO does not go far enough in addressing the issues of the system and the allocated funds will by no means make it satisfactorily operational again. WHO's support can only be considered as a first step or a test.

Sustainability of FAO's component is jeopardised by the very short time before programme closure, combined with the requirements of the agricultural calendar, as it is still only starting the implementation of the main activities. Weak institutional ownership has been observed so far.

Although Mozambique has joined the initiative "Delivering as One", there is little evidence of jointness between agencies in this JP; the programme was not designed with this approach in mind as there was no harmonisation in terms of procedures or single management unit; coordination between agencies was achieved on an ad-hoc basis and synergies created in the same way. In any

case, it is difficult to appreciate how closely the UN agencies have worked because the PRODOC lacks any jointness indicator.

Overall, the output 1 (system to treat moderate and severe malnutrition) has directly and significantly contributed to MDG1 although in terms of sustainability, one might have considered a much more robust combination with output 3 (sensitisation of populations to nutrition) through community worker, health centre staff or mass media; output 3 (FAO subcomponent) albeit small-scale, combines effectively nutritional education with the implementation of practical actions to improve diet, therefore combating on a long term basis malnutrition.

Child mortality – MDG2 – is being reduced in the same way as above and also through output 2 (micronutrient supplementation) with a very high delivery rate.

### **Conclusion:**

This JP has been an opportunity for agencies (but FAO) to implement activities that are regularly funded through their country programs. However, right at formulation stage, there was little evidence of any commitment to implement these in a joint manner. This was confirmed when the Programme Management Committee has been unable collectively to find solutions to implementation delays of some agencies (FAO, WHO). Neither is there an operational higher level National Steering Committee that can act as a supervisor of agencies and compel these to more collaboration and accountability for a common purpose.

In that context, the programme management committee has been acting more as a coordinating and programming platform than a managing body.

Still, with minimum coordination and a relative straightforward implementation process, this JP has been overall able to deliver as per original objectives, albeit not in a joint manner.

The main lesson learned is that the formulation process of JP is a critical phase that should allow for agencies to reflect on what can be achieved jointly for increased effectiveness, impact, and reduction of transaction costs.

### **Recommendations:**

#### **- Appropriateness of an extension:**

At the time of the evaluation, a 6 months extension of the programme was being considered: this would have allowed more time to deliver for FAO and WHO while being not relevant for UNICEF and WFP, which should have completed their activities by original JP's end.

In particular, FAO would be able to complete the nutrition subcomponent, deliver the horticulture gardening in inadequate conditions (wet season) instead of 'near' no-delivery but still be unable to follow a full calendar year for fruit planting. Therefore, an extension should be granted if FAO can effectively follow-up with additional funding the urban gardening component to avoid collapse at programme's end.

- **Recommendations for WFP:**

WFP should propose a new agreement with MISAU that includes support in terms of data collection and analysis in order to improve near real time nutritional data delivery that feed the supplementary food programme.

WFP should reconsider either direct or indirect support in the Northern provinces which are the ones with the highest rate of malnutrition; UNICEF and WFP should team up and on a short / medium term basis engage into more compelling interventions combining food aid/supplementary feeding with nutritional education.

- **Recommendations for UNICEF:**

Health staff trainings sponsored by UNICEF should be more systematic and cover more staff within a single particular health centre to cover staff rotation.

As the Child Health Week has been running for several years, apparently successfully in terms of coverage, a study should be commissioned to review the long term impact of the campaign (any clinical effect on the target population and/or behaviour effect on adult population) and review whether other types of interventions to be included might be necessary.

- **Recommendations for FAO:**

With little time before project's closure (with or without programme extension), FAO should concentrate on testing the combination of nutritional education and urban gardening, abandoning any quantitative target number.

Technical assistance should be sought within MINAG (e.g. IPM, orchard), which would enable the establishment of linkages with the Ministry

Municipal councils and their corresponding technical departments should be very closely associated with the intervention; in particular, resources should be allocated to the councils to facilitate appropriation of the concept and if relevant integrate it to their set priorities. This could be an exit strategy for FAO.

- **Combined actions for FAO, WFP, UNICEF:**

A study should be commissioned by project's end to analyse whether the combination in JP selected municipalities of FAO urban gardening and nutritional education, WFP food aid and UNICEF's actions can effectively reduce significantly the malnutrition.

- **RCO and donor:**

More attention should be paid to the JP formulation process, in particular whether jointness indicators are included in the PRODOC; more accountability of agencies is needed through a supervisory body like the National Steering Committee so that it can resolve outstanding issues that each individual agency cannot.

An institutionalised mechanism (periodic meeting / SITREP) should be set up between the RCO and AECID.

## LIST OF ACRONYMS AND ABBREVIATIONS

(N.B. many acronyms derive from Portuguese)

AECID	Agencia Española de Cooperación Internacional / Spanish Agency for International Cooperation
ASAP	As soon as possible
BMI	Body Mass Index
CCR	<i>Controle Criança em Risco</i> / Control for Children at Risk
CMAM	<i>Centro de Medicamentos e Artigos Médicos</i> / Centre for Medicine and Medical Items
CSB	Corn Soya Blend
CSO	Country Sub-Office
DAM	<i>Desnutrição Aguda Moderada</i> / Moderate Chronic Malnutrition
DAG	<i>Desnutrição Aguda Grave</i> / Serious Chronic Malnutrition
DDAE	<i>Direção Distrital de Atividades Económicas</i> / District Department of Economic Activities
DDS	<i>Direção Distrital da Saúde</i> / Health District Department
DPS	<i>Direção Provincial da Saúde</i> / Health Provincial Department
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ESAN	<i>Estratégia de Segurança Alimentar e Nutricional</i> / Food Security and Nutrition Strategy
FAO	Food and Agriculture Organisation of the United Nations
FLA	Field Level Agreement
GOM	Government Of Mozambique
HIV	Human Immunodeficiency Virus
HHH	Household Head
HKI	Helen Keller International
HR	Human Resources
ICAP	International Center for AIDS care and treatment Programs
IGA	Income Generating Activity
IPM	Integrated Pest Management
IYCN	Infant and Young Child Nutrition
JAM	Joint Aid Management
JP	Joint Programme
LOA	Letter Of Agreement
LWF	Lutheran World Federation
MDG-f	Millennium Development Goals Achievement Fund
M&E	Monitoring & Evaluation
MICS	Multi Indicator Cluster Survey
MINAG	<i>Ministério de Agricultura</i> / Ministry of Agriculture
MISAU	<i>Ministério da Saúde</i> / Ministry of Health
MDTF	Multi Donor Trust Fund
MoH	Ministry of Health
MOU	Memorandum Of Understanding
MSF	<i>Médecin Sans Frontières</i> / Doctors Without Borders
NGO	Non Governmental Organisation
MZM	Mozambican Metical

NSC	National Steering Committee
PARPA	<i>Plano de Acção para a Redução da Pobreza Absoluta</i> / Action Plan for the Reduction of Absolute Poverty
P4P	Purchase For Progress
PMA	<i>Programa Mundial Alimentar</i> / World Food Program
PMC	Programme Management Committee
P(N)RN	<i>Programa (Nacional) para a Reabilitação Nutricional</i> / (National) Programme for Nutritional Rehabilitation
PRODOC	Programme Document
RCO	Resident Coordinator Office (of the United Nations)
SAN	<i>Segurança Alimentar e Nutricional</i> / Food and Nutritional Security
SETSAN	<i>Secretariado Técnico de Segurança Alimentar e Nutricional</i> / Technical Secretary for Food Security and Nutrition
SMART	Specific, Measurable, Accessible, Realistic, Time specific
SMI	<i>Saúde Materna e Infantil</i> / Infant & Mother Health
TARV	<i>Tratamento Anti Retro-Viral</i> / Anti-RetroViral Treatment
TB	Tuberculosis
ToR	Terms of Reference
ToT	Training of Trainers
TPR	Tripartite
UGCAN	<i>União Geral dos Camponeses de Nampula</i> / Nampula Farmers Union
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children Emergency Fund
UNIFEM	United Nations Development Fund for Women
US	<i>Unidade Sanitária</i> / Health Unit
WFP	World Food Program
WHO	World Health Organisation

The exchange rate between US\$ and the Mozambique Meticais was at the time of the evaluation 29MZM per US\$.

# 1. Introduction

## 1.1. Background, context, program objectives

1. Mozambique has a population estimated at over 20 million people with around 70% located in rural areas<sup>6</sup>. It has a strong basis in terms of natural resources including agricultural land, forests, and fresh water, marine and mineral resources, resulting in a relatively diversified economy between agriculture, energy, fisheries, tourism and financial transfers from overseas Mozambican communities.

Area	786.000 km <sup>2</sup>
Total population	20,5 millions
Urban population	31%
Female population	52%
Population below 18 year old	51%
Drinking water access	43%
Chronic malnutrition (6-59 months, children)	44% (highest in Cabo Delgado province at 56%)
Literacy rate (adult)	48% (Men: 67%) (Women: 33%)
Child mortality rate (per 1000 live births)	95
Children mortality rate under 5 yo <sup>7</sup> (per 1000 live births)	141
Maternal mortality (per 100.000 live births)	500
Sources : MDG report 2008, MICS 2008 and 2007 Census	

2. Emerging from 30 years of civil war in 1992, the country's growth has remained high around 7-8% until the mid 2000. During that period, Mozambique was the non-oil producing sub-Saharan country with the highest growth rate although it is still one of the poorest countries in the world, ranking 172<sup>nd</sup> on 175 on the UNDP<sup>8</sup> HDI<sup>9</sup> (data 2009).

3. Over half the population (55%<sup>10</sup>) lives below the poverty level with malnutrition remaining a major underdevelopment issue in the country. Nonetheless, significant progress to reduce chronic malnutrition (stunting, low height for age) was registered as it decreased from 55-60% in the 90s to 48% by 2003 and 44% by 2008 while acute malnutrition decreased from 5% in 2003 to 4% in 2008 (both moderate [-2z score] and severe [-3z score] malnutrition). Since then chronic and acute malnutrition is somehow stagnating around these levels (40-45%).

4. HIV<sup>11</sup> prevalence (11,5%<sup>12</sup>) is high but has been stagnating as well for the past 4-5 years. It increases the vulnerability of the affected population through changes in ways of live and undermining the

Government development efforts.

5. In December 2006, the Government of Spain and UNDP signed a partnership agreement for an amount of 528M\$ to contribute to achieving the MDG<sup>13</sup> through the United Nations system and 2 years later an additional 90M\$ was pledged by Spain on MDGs focussing specifically on childhood and nutrition related MDGs.

<sup>6</sup> Source : Census 2007

<sup>7</sup> Year old

<sup>8</sup> United Nations Development Programme

<sup>9</sup> Human development Index

<sup>10</sup> Source : Household Budget Survey (IOF, 2008-2009)

<sup>11</sup> Human Immunodeficiency Virus

<sup>12</sup> Source Household Survey report (INSIDA,2009)

<sup>13</sup> Millennium Development Goals



Funds were accessible by UN<sup>14</sup> agencies through calls for proposals and, in 2009 selected UN agencies in Mozambique (UNICEF<sup>15</sup>, WHO<sup>16</sup>, FAO<sup>17</sup>, WFP<sup>18</sup>) presented to the MDG-f Secretariat managing the fund a proposal to reduce food insecurity and malnutrition in Mozambique. This proposal resulted from a series of meetings in 2008 between UN agencies and key Government ministries on how to respond best to the food crisis due to food price increases which severely affected the population in 2007 and 2008 and resulted in rioting in urban areas.

6. The resulting joint programme combines the expertise of 4 agencies, namely FAO, UNICEF, WHO and WFP, to reduce malnutrition and food insecurity with the ministry of health (MISAU<sup>19</sup>) and the municipal councils of Maputo and Nampula cities as official counterparts. The objective of the programme is to improve health, nutritional and food security status for children although Government policy changes as recent as 2010 (new PNRN<sup>20</sup>) resulted in malnutrition reduction actions for adolescents and the adult population as well which were included afterwards into the programme and reiterations over the priority to combat stunting. Most of the activities complement existing agency programmes (through scaling up) either at national level or in some selected provinces on nutrition while the FAO initiative is relatively new by nature and specifically focussing on improving diets and nutrition in urban areas, to tackle food insecurity in poor peri-urban neighbourhoods.
7. It is worth mentioning that this joint program was designed shortly after Mozambique was designated a pilot country for the initiative “Delivering as One<sup>21</sup>” which objectives are to provide technical assistance in a more coordinated way, capitalizing on the strengths and comparative advantages of the different members of the UN family and experimenting ways to increase the UN system’s impact through more coherent programmes, reduced transaction costs for governments, and lower overhead costs for the UN system.

## 1.2. Evaluation objective

8. The objective of this mid-term review is to provide relevant decision makers with sufficient information to make an independent assessment of the performance of MDG-F 1693 to date in relation to:
  - The achievement of the overall programme outcome: improved health, nutritional and food security status
  - Relevant MDG goals: 1. Poverty & hunger eradication, 2. Reducing child mortality.

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<sup>14</sup> United Nations

<sup>15</sup> United Nations Children Emergency Fund

<sup>16</sup> World Health Organisation

<sup>17</sup> Food and Agriculture Organisation of the United Nations

<sup>18</sup> World Food Program

<sup>19</sup> *Ministério da Saúde* / Ministry of Health

<sup>20</sup> *Programa Nacional para a Reabilitação Nutricional* / National Programme for Nutrition Rehabilitation

<sup>21</sup> More details on “Delivering As One” at <http://www.undg.org/?P=7>

9. The Terms of Reference are presented in [annex 1](#).

10. In addition, it will identify key lessons learnt, identify best practices and make practical recommendations for follow up.

As per ToRs<sup>22</sup>, the consultant has been requested to pay particular attention to the following:

- Design quality & coherence of the programme components, in relation with UNDAF<sup>23</sup>, MDG and the degree of national ownership
- Programme management model
- Effectiveness of the programme and its contribution to the main outcome, nutrition & food security improvement.

### **1.3. Methodology used for the evaluation**

11. The evaluation methodology was based on a 4 step approach: 1. Passive data acquisition (documentary review), 2. Active data acquisition (interviews & field trip), 3. Data analysis (turning data into relevant information), 4. Presentation of information & recommendations.

Several types of data acquisition methods were combined: namely focus group, semi-structured interviews; individual interviews were carried out during the mission and followed a detailed review of activities through the documentary analysis.

12. Specific sets of questions for each type of stakeholder (UN agencies, Government counterparts [MISAU, municipal councils for Nampula & Maputo], local beneficiaries [health centres staff, district and provincial health specialists], final beneficiaries [local population and/or selected community leaders, village chiefs], associated programme partners [e.g. NGOs<sup>24</sup>]) were designed based on a check-list of issues which details for each evaluation criterion and evaluation question what kind of information to obtain, from whom and how. The detailed methodological approach is presented in [annex 3](#).

### **1.4. Constraints and limitations on the study conducted**

13. The mission timeframe was too short to produce any statistically significant findings. Barely over 20 final beneficiaries around Nampula and Maputo were interviewed in 4 distinct areas which is not enough for building up a complete picture, as many activities were mostly carried out in rural districts. The emphasis was put therefore on reviewing as wide a range of issues as possible in the selected villages and urban neighbourhoods. With little or no quantitative data, the evaluator based himself mainly on indirect information and

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<sup>22</sup> Terms Of Reference

<sup>23</sup> United Nations Development Assistance Framework

<sup>24</sup> Non Governmental Organization

crosschecking of these (in situ field checks, stakeholders interviews, and documentary review) to reach certain conclusions and recommendations.

14. Attempts were made to gather information from as many sources as possible. Accordingly, people from beneficiary groups, NGOs not directly involved, various departments in MISAU at national and provincial levels, staff in local health centres were therefore interviewed. A list of meetings and persons met is provided in [annex 2](#). The methods used included focus group discussions, semi structured interviews and a detailed review of the activities implemented and documentary review.
15. As such, the mission tried to put together a relatively well balanced picture, yet not complete as such, of the situation at this stage of implementation (06/2011).
16. The field mission in the programme area was carried out in full collaboration with on-site programme staff who accompanied the evaluator during the field trips. Nonetheless, all evaluation interviews with institutional and final beneficiaries were done without the presence of programme staff so as to keep the evaluation process independent.

## 2. Description of interventions carried out

### 2.1. Initial concept

17. The program is financed by Spain through the MDG-f, which was created to contribute to reaching the Millennium Development Goals. Based on calls for proposals, United Nations agencies can tap in funds from 8 programme areas including Children and Nutrition.

Five principles steer the access to this fund: 1. Programme ownership within national priorities, 2. Sustainability of activities, 3. Implementation (including monitoring and evaluation) focussing on results (and not activities), 4. Collaboration between the United Nations agencies, leading to joint implementation and, 5. A reduction of transaction costs through minimum bureaucratic processes.

18. Accessing the fund is done through the elaboration of a concept note (call for proposals from selected UN country offices as per Spanish Government priorities) which if accepted and after revision, is turned into a full scale programme proposal.

19. The original program idea comes from various workshops and bilateral meetings in mid-2008 between the UN agencies, MINAG<sup>25</sup>, MISAU, the Ministry of Planning and Development on how to respond best to the food crisis (soaring food prices) which shook the country by the end of 2007 and early 2008. These resulted in a concept paper<sup>26</sup> reinforcing the need to address better children malnutrition and to divulge diet and nutrition advice including in urban areas through improved food production and social safety nets.

This concept paper was reviewed initially by 5 agencies, FAO, UNICEF, WHO, WFP, UNIFEM<sup>27</sup> but UNIFEM dropped out of the process rapidly for lack of expertise and linkages with the other agencies.

Within 6 months (by April 2009), the 4 remaining agencies redrafted the concept paper into a concept note tailored to the requirements of the MDG Secretariat addressing more specifically the nutrition issue. Still the concept note paid attention to gender based roles, and mainstreamed this thematic throughout the lower socio-economic and vulnerable groups which are the major targets of this JP<sup>28</sup>.

20. From early on, there was a split in approach between FAO and the other UN Agencies (see programme design - relevance): for these it was obvious that the JP was to be complementary to existing UN/Government programmes but for FAO, it was a pilot initiative (hence the contracting of a specialised consultant); this was confirmed by the different nature of the considered activities both in terms of outreach and geographical coverage: relatively small-scale and localised in 2 cities for FAO, in cooperation with the Government at municipal level and regional or nation-wide for the remaining agencies. Joint implementation of activities (as a guiding principle for the MDG-f) between FAO and the other agencies was not considered in this programme. Coordination would occur mostly bilaterally, on a case-by-case basis.

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<sup>25</sup> *Ministério de Agricultura* / Ministry of Agriculture

<sup>26</sup> UNCT Mozambique Situation Report: Response to Rising Food Prices - August 2008

<sup>27</sup> United Nations Development Fund for Women

<sup>28</sup> Joint Programme

21. MISAU was designated as the lead ministry for the programme with UNICEF as a coordinating agency for the UN. Each UN agency was to collaborate closely with corresponding Governmental institutions: MISAU with UNICEF, WHO, WFP, and MINAG with FAO, although FAO managed better to create linkages with the municipal councils of Maputo and Nampula as its component was localised in those 2 cities.
22. In order to facilitate the implementation of the Joint Program, a Programme Management Committee – PMC - has been created: it includes members of each UN agency, MISAU (chairman) and municipal council representatives; these GOM<sup>29</sup> counterparts are effectively participating in the meetings. MINAG is not represented though in the PMC<sup>30</sup>, possibly because of the local nature of FAO activities. The PMC is fed with information by each agency while the coordinating agency (UNICEF) has more an administrative role to combine agencies' progress and report to the Secretariat as per MDG-f guidelines (contents and formats). It decides on all technical matters on a quarterly basis.
23. As per MDG-F implementation guidelines, a National Steering Committee has to be created, made up of the UN Resident Coordinator, the Spanish Cooperation Agency (AECID) and a representative of Government (Ministry of foreign Affairs or Ministry of Planning). It should cover strategic decision taking, mainly financial and programming which might change the course of the program.

This committee is not formally operational for this programme (no periodic meetings for this JP): with the initiative “Delivering as One”, there is no steering committee at national level for any particular JP: all joint programmes of the UN system are discussed collectively with Government. However, this system is not appropriate to discuss specific JP problems; the PMC therefore becomes *de facto* the main structure to discuss operational and strategic issues. So far, the members from the (latent / inactive) national steering committee have never been called upon to take a decision on strategic issues of this JP as only minor funds reallocations were mentioned by FAO, not requiring any NSC<sup>31</sup> intervention. The lack of a higher operational (e.g. with periodic PMC progress reports) authority above the PMC prevents any discussion to reallocate budget between agencies as appropriate.

24. Overall, the programme conceptual framework follows the main MDG-f principles (see paragraph 17) but the one related to joint implementation (4<sup>th</sup> MDG-f principle). This approach resulting in an overall high implementation rate might be a lesson learned from another MDG-f programme (Environment and climate change) in which implementation was so much joined between agencies at activity level that it constituted the source of numerous bottlenecks.

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<sup>29</sup> Government Of Mozambique

<sup>30</sup> Programme Management Committee

<sup>31</sup> National Steering Committee

## 2.2.Detailed description of the evolution of the programme

25. The program document was signed in October 2009 for an implementation period of 27 months. Funds were made available readily to agencies and the programme took off within 3 to 6 months for all agencies but for UNICEF which disbursed funds nearly at contract signature to cover the 2009 Child Health Week. Overall, the effective implementation of core activities varied widely between agencies but achieved the 70% disbursement threshold by the 1<sup>st</sup> year:
26. UNICEF & WFP: the activities of both agencies were highly complementary to each other and their regular programme activities; these were basically resulting in scaling up prior and similar activities (e.g. capacity building of health staff in dealing with acute malnutrition, national child's week, food aid). The main (but not all) programme activities of both agencies were defined by a tripartite agreement<sup>32</sup> with MISAU on supplementary feeding, which was an extension of similar agreements in 2005, 2006 and 2008. Worth mentioning is the fact that WFP was unable to cover all the districts as per required agreement and did not communicate clearly on it to MISAU which had to endorse this *fait accompli*. This created wariness within MISAU as many districts in the North were eventually not covered by WFP's food aid. UNICEF remained present in the area through trainings in supplementary feeding, which included diagnosis and anthropometry. Consequently, there was no collaboration based on the new PNRN and nutrition manual between UNICEF and WFP in the North as was implemented in other parts of the country. This is very surprising because the North and Cabo Delgado in particular show the highest rate of malnutrition. As of now, the agreement which ended in April 2011 has not been renewed or extended. Instead, a letter was sent to MISAU informing the Ministry about a proposition of support to the PRN and (direct) support to the DPS (for technical reasons, WFP changed its approach and signed directly with DPS<sup>33</sup> partnership agreements at provincial level). This new proposal has yet to be discussed with MISAU on how to be effectively implemented but in any case, some DPS agreements were signed before this official communication to MISAU (in January 2011). Once again this is *fait accompli*. MISAU has now become perplex as to what should be the nature of its relationship with WFP.
27. FAO: due to the pilot nature of the activities (urban gardening), FAO took considerable time in contracting a technical team, discuss internally how to effectively operationalise the activities (selecting an implementation approach), identifying the beneficiaries, subcontracting implementation partners: in particular, the operationalisation of the activities by NGOs started way too late in February / March 2011 with barely 6 months to wrap up all urban gardening activities by the end of their contract in September 2011, and no time to take into account the agricultural calendar (e.g. inappropriate tree planting during the dry season or seed distribution too late in the season). By the end of 2010, 30% of funds were committed; this resulted in FAO explicitly requesting a 6 months extension of the programme although this might even be too short to cover 1 agricultural year.
28. WHO: although the agency's funds are minute compared to the other agencies, WHO was unable to implement its package of activities due to the lack of a nutrition officer (on leave in

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<sup>32</sup> *Programa de Reabilitação Nutricional – Componente de Suplementação Alimentar – MISAU / UNICEF / WFP*

<sup>33</sup> *Direção Provincial da Saúde / Health Provincial Department*

2010) but was also unable to find a replacement. Programme reports show that this is considered as an internal WHO issue; this points out towards the lack of flexibility of MDG-funded programs in finding swiftly solutions to bureaucratic issues (e.g. transferring funds to another agency, subcontracting outside of the agency to an NGO, contracting a short term consultant, appointing another staff internally). A JPO<sup>34</sup> was eventually recruited in early 2011 and WHO's activities are basically starting with over 1 year's delay (with still no concrete activities implemented so far after 20 months). In addition, MISAU was uncertain in early 2011 as to adopt or not WHO's upgrading software for its surveillance system as there was another software proposal from the Brazilian Government. By mid 2011, WHO's committed fund was still minimum (<2% of approved allocation) with the agency trying to coordinate with UNICEF some activities like food safety and tie it up within the framework of the PNRN.

29. In terms of coordination, there has been no need to create an overall technical structure for the programme but the PMC. So far, coordination has remained *ad-hoc* between agencies and has not been an obstacle for the programme.

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<sup>34</sup> Junior Professional Officer

### 3. Levels of analysis: evaluation criteria and questions

#### 3.1. Programme design

##### 3.1.1. Relevance

30. The program takes its origins from a request of the president of Mozambique for the UN to advise Government on how to respond best to soaring food prices: the early 2009 UNTC<sup>35</sup> concept note recommended actions on 1. food production and trade, and 2. on social safety nets. This joint program follows the working group's recommendations on improved nutrition, one of the 3 areas (*nutrition*, education, social protection) regarding the above mentioned safety nets thematic.
31. While malnutrition reduction has always been high on the Government agenda, many key development indicators are at best slowly progressing with most key MDG related to children and nutrition likely to be achieved with heavy investments<sup>36</sup> : under 5yo children wasting reaches 4% and stunting over 40% while HIV positive adult population is maintaining itself around 16%. This joint program proposes to address directly and in a coordinated manner food security and nutrition, therefore applying the principles that SETSAN<sup>37</sup> has been advocating since its creation.
32. While the joint program focuses on key PARPA<sup>38</sup> II cross-cutting issues (HIV and food security), it more importantly follows directly the recommendations of ESAN<sup>39</sup> II; in particular, the creation of safety nets and enhanced social protection through a series of activities which improve nutrition for the most vulnerable people: e.g. linking HIV with SAN<sup>40</sup>, taking into account not only rural malnutrition but urban malnutrition as well, adopting a multi-sectoral approach, identifying clearly the beneficiaries (under 5yo children, pregnant and lactating women, HIV+ people).
33. Operationally speaking, the joint program is implementing activities that should mitigate the effects of future food crisis through:
- improved nutrition by (re-)introducing urban gardening (trees and horticulture) in poor neighbourhoods – FAO and MINAG -,
  - scaling up the supplementary feeding programme – WFP and MISAU,
  - vitamin A supplementation and deworming, and infant and young child feeding – UNICEF and MISAU
  - manage severe acute malnutrition - UNICEF and MISAU and,
  - support the nutrition surveillance system – WHO and MISAU.

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<sup>35</sup> United Nations Country Team

<sup>36</sup> Source : MDG Progress by goal : [http://www.mdgmonitor.org/country\\_progress.cfm?c=MOZ&cd=508](http://www.mdgmonitor.org/country_progress.cfm?c=MOZ&cd=508)

<sup>37</sup> *Secretariado Técnico de Segurança Alimentar e Nutricional* / Technical Secretary for Food Security and Nutrition

<sup>38</sup> *Plano de Acção para a Redução da Pobreza Absoluta* / Action Plan for the Reduction of Absolute Poverty

<sup>39</sup> *Estratégia de Segurança Alimentar e Nutricional* / Food Security and Nutrition Strategy

<sup>40</sup> *Segurança Alimentar e Nutricional* / Food and Nutritional Security



34. The analysis of key activities for each agency shows that they are complementary to existing agency and/or Government programmes (e.g. TPR<sup>41</sup> agreement between UNICEF, MISAU and WFP). In the framework of decentralization of the competencies and resources from the central government to the municipalities, the thematic of urban gardening and nutrition focussing on fruits and vegetable is progressively being transferred to the municipalities albeit not yet finalised; therefore the capacity of these to implement such programs and projects has yet to be improved; Mozambique has a history of urban horticulture (green belts around the cities during the civil war) for commercial purposes. The nutrition surveillance system (WHO's support) is deficient and needs improvement if not a new design. The support for the Child Nutrition Week is a continuation of previous similar events since 2006 (UNICEF's activities) as is the scaling-up of supplementary feeding, which are governed by a TPR agreement with MISAU.
35. The JP formulation process did not envision close coordination of agencies regarding activities although it might be necessary when activities of different agencies overlap in districts; in any case, the activities could be carried out without the support of other agencies, but coordination could enhance impact wherever possible (e.g. preferably train health personnel on acute malnutrition – UNICEF - before starting food aid - WFP-). As required, close coordination could be required and could be localised with the implementation remaining definitely individual per agency. In that sense, while being multi-sectoral the joint program did not adopt systematically a holistic approach taking into account all activities of the agencies for a higher goal. This resulted in a much higher disbursement rate compared to other joint programs.
36. UNIFEM was involved at the concept note stage and it eventually withdrew from the formulation process. Still, the project design took obviously in consideration the special needs of women (lactating and pregnant women, UNICEF & WFP – women HHH<sup>42</sup>, FAO) and a gender specific approach was considered for this programme (e.g. the inclusion of men as a target group in the promotion of breastfeeding and gender-disaggregated nutrition surveillance data).
37. The original programme proposal had duration of 24 months. The MDG Secretariat advised for a substantially longer period of 36 months (+1 year) spreading out the activities over 3 years instead of 2. Eventually, the programme duration was established at 27 months (1<sup>st</sup> October 2009 – 31 December 2011). The rationale behind avoiding a 3 year programme was the dilution effect of the activities for the UN agencies (higher transaction costs). However, this short time frame has had serious negative repercussions on the FAO activities which were of a pilot nature and on WHO which unfortunately experienced staff constraints during this JP, resulting in little or no progress for that agency and delays of implementation for FAO over the first 20 months of implementation. By the time of the mid-term evaluation, an extension of the programme of 6 months had already been specifically requested from FAO.

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<sup>41</sup> Tripartite

<sup>42</sup> Household Head

### 3.1.2. Ownership of the design – national leadership in the development interventions

38. As for other joint programmes, national authorities (MISAU, MINAG, municipal councils) were mainly consulted during the formulation process of the concept note as to what are the priorities and necessities but they had no active role in the design which was carried out on an agency basis with UNICEF harmonisation (as lead agency) for MDG-f Secretariat presentation : as for the programme formulation *per se*, WHO, UNICEF and WFP proceeded internally while FAO contracted an international consultant who prepared a very detailed proposal for urban gardening (e.g. detailing the selection of poor neighbourhoods). It was basically a UN effort.
39. For MISAU, its implication within the design was not so much sought after as most of the activities envisioned in this intervention were more or less already carried out on a regular basis for some time: all JP activities carried out by MISAU are included in its national programmes (e.g. the Breast Feeding Promotion Action Plan and Social & Communication Action Plan, the Nutritional Development Plan Strategy, the National Child Health Week, the Nutrition Rehabilitation Programme and the 2010 Multi-sectoral Action Plan for the Reduction of Chronic Under-nutrition). Nonetheless, the Nutrition Cluster Coordination (chaired by MISAU & UNICEF) reviewed the programme and only minor adjustments requested by MISAU delayed slightly the PRODOC signature.
40. FAO designed its urban gardening component based on its consultant findings. Both municipal council technical teams were consulted during the design phase of this component while MINAG showed very little interest as the programme is highly decentralised at city council level and there is no formal department for urban horticulture within MINAG. Still technical expertise is present within MINAG (although scattered within various departments and institutes) but it was not fully taken advantage of in the design through possible technical collaborations (not to mention that this component is somewhat pilot in nature). This is now being reflected by the absence of any focal point within MINAG (e.g. for appropriation of methods and results leading to specific sector analysis and possible inclusion within MINAG policies on food security) and is an issue for appropriation by the Central Government which defines policies and strategies. As for the Municipal Councils technical teams, there is a misunderstanding in approach as to what is the objective of this programme: mainly nutrition improvement of vulnerable groups for FAO (accessorily IGA<sup>43</sup>) and for Municipal Councils mainly IGA for poor farmers in peri-urban neighbourhoods. This has led to opposed views as to what the FAO's component can deliver to the beneficiaries. This reflects a relative lack of consultation at inception stage or at least explanation during the initial stages of implementation.
41. The active contribution of authorities can only be found further back to the concept paper in mid-2008 which initiated the joint programme: several ministries including the Ministry of Planning & Development, MINAG, and MISAU at a later stage were involved through various workshops in developing a road map to protect better the population against food crisis, which included a nutrition component leading to this JP.

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<sup>43</sup> Income Generating Activity

42. MISAU took the lead though, right as design phase as the lead coordinating agency and is now chairing the PMC.

## **3.2. Process level**

### **3.2.1. Efficiency**

43. The programme relies more on joint programming and individual implementation of activities although coordination between agencies wherever possible (on a bilateral basis most of the time) has potentially substantially improved impact and sustainability. Therefore, the implementation rate of the programme is characterised by its great disparity between agencies, due to different types of issues specific to each agency.
44. For UNICEF and WFP, the implementation of activities was defined by 2 main elements: the TPR agreement (MISAU – UNICEF – WFP) which constituted the backbone for both agencies' activities (food aid / supplementary feeding, capacity building) and the new procedures for treating malnutrition as per PNRN which saw the application of a new version of the manual for nutritional rehabilitation.
45. The TPR agreement ensured maximum efficiency of the supplementary feeding programme with UNICEF providing training and material and WFP providing CSB<sup>44</sup> and logistics. In addition dual monitoring was carried out firstly by WFP monitors and secondly by clinical partners (NGOs). Still, WFP was unable for lack of capacity to cover all districts as per TRP agreement: in particular, its weak capacity in the North impeded it to cover Niassa, Cabo Delgado, Nampula and Zambezia: ±50 districts were covered instead of 81 as per agreement.
- In terms of operations, transport of CSB was provided by subcontracted NGOs which showed some deficiencies in terms of contract delivery (lack of capacity, poor monitoring). Therefore, WFP abandoned this approach and embarked onto a new agreement with DPS to provide to health centres CSB starting January 2011. In addition the TPR agreement did specifically rely on MISAU monitoring system to provide the monthly CSB quantities that WFP had to provide. This proved very difficult to implement as MISAU reporting system is bureaucratic, hence slow, and no provisions in the TPR agreement were made to upgrade it. By early 2011, DPS became the direct stakeholders for the supplementary feeding programme, therefore improving its information system (direct information from DPS on CSB stocks plus additional control by monitors and cutting intermediaries [NGOs]). This change of approach put into light other types of issues though such as the lack of proper storage facilities in health centres requiring a high turnover of CSB (and therefore a efficient information system) and the need to build capacity within health centres.
- UNICEF provided capacity building support (trainings on the new manual for nutritional rehabilitation) and materials to health centres and this was coordinated with WFP according to the list of covered health centres.
- Child Health Week was funded by MDG funds in 2009 and 2010; no particular negative issue is to be mentioned.

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<sup>44</sup> Corn Soya Blend

For both agencies, the implementation rate (committed / transferred) is over 90%. Both agencies will complete their activities as planned (within 27 months) although a 6 months' extension is being considered to accommodate FAO's delays of implementation.

Capacity building and trainings were coordinated with other donors (mainly NGOs) but were not necessarily tied up with WFP (e.g. trainings on the new nutrition protocol were carried out in the North where malnutrition is highest but WFP is inactive).

46. The implementation by FAO has been very slow due to the inadequacy of the timeframe and the pilot nature of the programme; in particular, the process to effectively operationalise the component was painstakingly slow with FAO requesting to potential partners (NGO) proposals for implementation which were reviewed, adapted according to the FAO budget and even with opposite views regarding technicalities (e.g. need for nurseries, greenghouses, longer preparation of activists, more coordination, etc.), culminating with the signature of letter of agreement in early 2011 (more than 6 months after partners identification). Further to this, it has proved impossible to coordinate according to the agricultural calendar the initial partner activist's trainings in horticulture and nutrition, the procurement of a basic set of tools, seeds and trees. At the time of the evaluation, some activists had been trained late during the cold season (ideal for horticulture) and had yet to practice 1 or 2 cycles before divulgation; seeds and trees had yet to be distributed (in the middle of the dry season) and partner NGOs still had no idea as to what would be the basic set of tools. The cold cropping season for horticulture was therefore lost, hence large scale divulgation (from activists to beneficiaries) would be done during the rainy season with the additional issue of pest management and still plans were for distribution of trees in the middle of the dry season This points out towards an inefficient management system within the organisation. Recognizing these very real challenges to achieve any result for this component, FAO was swift in early 2011, to request a 6 months extension of the programme.
47. FAO's nutrition component was based on technical guidance from nutrition specialists from FAO HQs, and MISAU nutrition material was used for the training of community level activists; part of that material was produced with support from UNICEF, WHO and other governmental partners; additional collaboration with JP agencies in terms of delivery of trainings could prove decisive though for accelerated implementation.
48. WHO has not achieved any result yet due to a lack of relevant expertise (nutrition officer) for the first 15 months of programme implementation (till January 2011). It is very worrying that the PMC has not collectively found a solution to WHO's inability to implement its activities. Although their budget is very small and the activities could easily be finalised by the end of 2011, a programme extension might be welcome as there are technical issues which still should be discussed with MISAU re. the computerisation of the surveillance system (see results - effectiveness). Alternatively, WHO's activities could be considered as pilot, reviewing what kind of issues would remain after computerising on a small scale the surveillance system (subject to other non-MDG-f funds for full scale operationalisation).
49. The PMC is supposed to be the main coordination mechanism to discuss issues and make recommendations. In this joint program, the PMC is merely a platform for agencies and their Government counterparts to present regular programme implementation updates and to prepare joint programming; activity planning is done per agency.

There is little evidence in this programme of any jointness between agencies but *ad-hoc* bilateral coordination (e.g. relevant timeliness of WFP supplementary feeding activities and UNICEF's trainings; discussions on how best carry out UNICEF and WHO nutrition trainings, avoiding duplication of contents, etc.): this is obvious as the combination of agencies' activities for increased impact (holistic approach) was not a prerequisite at design level.

50. In terms of advocacy, UNICEF has sponsored a training of journalists on the importance of breast feeding which was implemented by MoH<sup>45</sup>, while FAO partners (implementing NGOs) organised several events of social mobilisation (FAO) at community level. All means of communication media were used to publicize Child Health Week with ever more positive results year after year.

There have been few coordinated activities to divulge the joint programme results at national or regional level, possibly because the activities are not tied enough to make any imprint on the public. Communication is carried out per agency (through their regular country programme activities).

51. Joint monitoring was performed during Child Health Week but is not systematic with other activities.

### **3.2.2. Appropriation of implementation by national stakeholders**

52. MISAU (Nutrition Dpt.) is closely cooperating with the programme partners as the supplementary feeding programme, Child Health Week, the Nutrition Surveillance System are part of their regular activities.

- MISAU discussed for a very long time the opportunity of WHO's computerization of the nutrition surveillance system as it was competing with a more comprehensive system from the Brazilian Cooperation agency, only to eventually go forward with WHO's proposal in mid 2011. This combined with a lack of HR<sup>46</sup> in WHO delayed substantially the implementation by the agency.

At district level, there seems to be a lot of interest in any upgrade as the current nutrition surveillance system is not functional.

- Child Health Week was partly or totally funded by MDG funds in 2009 and 2010 and is fully internalised by MISAU. It did not suffer any major issue. Interviews of final beneficiaries showed that 100% (out of 25 of under 5yo children) had participated in them participated
- According to on-site interviews, the introduction of new registers for the supplementary feeding program, and accompanying trainings has been mostly welcome by the health centres personnel compared with the previous register format although mistakes were still inevitable: regular refresher trainings of staff should become routine activities: health staff rotation is high and taking over by new staff is rarely effective locally between staff, resulting in poor use of registers by staff who was not formally trained.
- This situation is similar for the *Pós-Sentinela* system with new staff unable to record and encode properly the (numerous) daily data as per current formats.

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<sup>45</sup> Ministry of Health

<sup>46</sup> Human Resources

In terms of data collection, MISAU has introduced several comprehensive databases at district level trying to speed up data recovery and analysis. Interviews showed that the data collection is still defective with poorly trained personnel in data handling, which results in delays for data analysis at provincial level. The programme has not addressed comprehensively this issue which is persistent mainly at provincial and district levels.

53. Urban gardening has created strong expectations from FAO's partners (NGOs), albeit only beneficiaries' selection by these NGOs was carried out with little information on any timetable being presented to potential beneficiaries. These expectations resulted in divergences of appreciation on how best to implement the FAO's component (criteria for final beneficiaries' selection, need of nurseries or not, type of support [selection & quantity of tools, seed, trees, methods & minimum duration of trainings, etc.).

Ownership is very low among institutional partners (municipal councils) as this is a pilot project; indeed due to delayed implementation, FAO has focussed its attention on the technicalities and put little emphasis on ownership (e.g. there is still no official agreement between FAO and the municipal councils – participation of these is informal - ; there is no plan to support appropriation of results by the municipal councils like inclusion into Economic Development Dpt. routine activities or annual work plans, which could be an elegant exit strategy, given the lack of long term support in MDG-f programmes; so far, MINAG is not involved either.

### 3.3. Programme results

#### 3.3.1. Effectiveness

54. The supplementary feeding programme was not implemented in the North due to WFP logistical constraints; WFP concentrated its efforts in the South and Centre on malnourished TARV<sup>47</sup>/TB<sup>48</sup>/pre-TARV-OI<sup>49</sup> patients, children under 15 years, lactating and pregnant women. The exact selection of health centres followed specific criteria like number of potential patients (critical mass of CSB to transport), the presence of TARV patients, and ease of access. In addition, the new PNRN has come into force since early 2011 with new guidelines: all undernourished patients are eventually to be supported; currently, under / malnourished children and adolescents receive CSB or RUTF; the protocol for adults has yet to be finalised. By being selective and not systematic within provinces or districts, closely located health centres can receive or not support from WFP; this is resulting in patients' migration from one centre to another where supplementary feeding is available.

In terms of numbers of beneficiaries, WFP is on track to achieve the programme objectives.

It is regrettable though that no alternative was found in order to cover the North of the country as planned in the TPR agreement where the malnutrition rate is highest (e.g. subcontract NGO for culinary demonstrations - preparations, train health staff in divulging the preparation of local *papas*, etc.). Malnutrition in the North is currently being covered by the GOM with RUTF but lack of resources result very often in providing to moderately malnourished children plumpy nut (Clinton programme) or only advice to mothers.

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<sup>47</sup> *Tratamiento Anti Retro-Viral / Anti-RetroViral Treatment*

<sup>48</sup> Tuberculosis

<sup>49</sup> Opportunistic Infection

This situation which was not anticipated by MISAU has put pressure on the plumpy nut programme (mainly funded by the Clinton Foundation) with new guidelines which included the distribution of plumpy nut to moderately malnourished children although the selection criteria were left to the discretion of the health centres staff (as per remaining stock, nutritional status of the child, etc.).

55. WFP decided to procure CSB on the international market as opposed to regional procurement in the past, therefore temporary (?) abandoning to its P4P<sup>50</sup> policy although it might still purchase local pulses and cereals for other programs:

- regional procurement resulted in a couple of pipeline breaks in 2010 (up to 2 weeks) or slow deliveries
- WFP has chosen to provide improved CSB<sup>51</sup> more widely available on the international market
- regional CSB (Malawi and Beira JAM<sup>52</sup> plants) must be consumed within 6 months as opposed to other CSB valid for 1 year: this is important as WFP switched to straight delivery of CSB to health centres with less than adequate storing conditions (typical delivery times are 2-4 months from production to main storage point + 2 months for delivery & distribution)

Interviews confirmed that CSB is delivered often just by the end of its shelf life (6 months) although there seems to be no case of large scale pest infestation of CBS (e.g. making sieving necessary).

56. UNICEF's provision of trainings and materials on combating malnutrition was not dependant of the supplementary feeding programme but defined by the TPR agreement although the policy change of WFP resulted in planning adaptations with trainings in the North being somehow covered by other donors and/or UNICEF with other funding sources.

Interviews indicated that the trainings are not systematic enough so as to become institutionally embedded within the health centre: high staff rotation results in constant personnel changes who have not received any training and in an inevitable degradation of the quality of services provided.

57. UNICEF's infant feeding activities (e.g. breast feeding promotion material, radio/TV communication, health staff trainings) have not been carried out yet; in particular new documents on counselling were not produced as planned in 2010; a briefing of journalists was done in 2010. These activities are highly likely to be carried out by the end of the programme (with or without extension).

58. WHO has not yet begun its activities on food safety and has difficulties in mainstreaming it into the new Multi-sectoral Action Plan for the Reduction of Chronic Under-nutrition. This activity has been outstanding for some time and could be blended with UNICEF or FAO activities on nutrition.

59. The Child Health Week activities in 2009 and 2010 achieved all its objectives in terms of target beneficiaries even though the campaign is repeatedly poised with logistical issues (lack

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<sup>50</sup> Purchase For Progress - <http://www.wfp.org/purchase-progress>

<sup>51</sup> Corn Soya Blend with vitamin premix, calcium phosphate and potassium chloride

<sup>52</sup> Joint Aid Management - <http://www2.jamint.com>

of transport requiring imaginative solutions at provincial level: use of motorbikes, team rotation, other departments' means of transport, etc. ) ; incidentally, the interviews of selected FAO beneficiary families in peri-urban neighbourhood of Maputo and Nampula showed that 100% of children had benefited from the campaign.

60. MISAU eventually decided to go ahead with the computerization of the nutrition surveillance system; however, discussions with health centre staff in charge and data collectors at district level show that computerization will not necessarily improve the surveillance system without additional activities not contemplated in this joint programme: in particular, the issue of human resources in relation to the quantity of data to collect at the health centre remains outstanding as is the staff rotation issue

61. By the time of the evaluation, there were not yet MDG-f specific success stories as such:

However, the Child Health Week has been particularly successful with ever increasing beneficiary coverage rates (over 80% in 2009 and over 85% in 2010). The campaign is so successful that there is a tendency to overburden the health workers, principally the US<sup>53</sup> and mobile brigades which human resources are always stretched to their limits during these campaigns. This was the case particularly for 2010.

62. In relation to FAO's activities on urban gardening, the delays of implementation seem ever more difficult to recover even if a 6 months extension is being granted; the stakes are therefore high for FAO as the concept of urban gardening is quite popular and picking up speed in other African metropolis (e.g. Mwanza/Tanzania, Lusaka/Zambia). This might require follow-up with other funds by the end of the MDG-f programme and/or scaling down the beneficiary number which by itself is not so relevant and consider higher intensity support to beneficiaries and NGO partners to make sure that the activity is successful and therefore transform this concept into a success story. Therefore, ultimately, the question is whether the municipal councils will appropriate the concept (as per programme results) and mainstream it in their strategies for action.

A series of actions have been so far carried out:

- Identification of beneficiaries
- Selection & contracting of implementing NGOs
- Procurement of seeds (to be distributed)
- Training of trainers in home and micro-garden production and training of trainers workshops on nutrition education (over 50 people in total who should train 450 activists who will divulge the programme actions to 15.000 beneficiaries)

63. While obviously many activities target women (nutritional education, pregnant women, female HHH), some specific actions were carried out taking into account the gender aspect like the inclusion of men as a target group in the promotion of breastfeeding and gender-disaggregated nutrition surveillance data. In relation to the FAO component (urban gardening), women are much more at risk in urban areas and suffering more from under-nutrition whether or not HIV related. This situation is recognised by FAO partner NGOs where female activists are systematically more numerous (>70%).

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<sup>53</sup> *Unidade Sanitária* / Health Unit



64. MDG-f requires the setting-up of an advocacy strategy per programme to divulge its objectives and goals (increasing public and institutional awareness of MDGs, improving transparency & accountability): there is no coordinated strategy on how to make this programme more visible to the public in general; visibility is done per activity and agency. The most prominent activity is the national Child Health Week which is widely publicized before and after the campaign by all the stakeholders (Government, UN agencies, NGOs).
65. The result indicators as per PRODOC<sup>54</sup> are obvious (and are SMART<sup>55</sup>) as they refer to the number of beneficiaries participating in the Child Week, benefitting from food aid or involved in the urban horticulture and tree planting activities. It is also the easiest type of indicator to monitor but they bring little information as to whether or not the outputs are effective to combat malnutrition or whether this joint programme is improving local capabilities. The PRODOC<sup>56</sup> lacks indirect impact indicators which should assess qualitatively or quantitatively the usefulness of the results from a beneficiaries' viewpoint. This would pave the way for assessing the impact of the programme. It might have been more relevant to add other types of indicators (effect or impact indicators) or activities which might measure the programme progress in relation to its overall objective: e.g. in terms of capacity building (number of *adequately* trained health staff), additional activities (commission an impact study by the end of the programme), ex-post monitoring indicators (any multiplication effect, 'copy-paste' effect, GOM appropriation, etc.).
66. A detailed local and national contribution of the programme to the MDGs is located in [annex 5](#).

### 3.4. Sustainability

67. For the vast majority of programme activities, sustainability can only be appreciated indirectly through capacity building, on a longer term basis with impact studies or stakeholders' appropriation. This is the case in particular with the supplementary feeding programme, the Child Health Week or trainings and capacity building activities; while combating malnutrition will continue to be funded externally by donors for the foreseeable future, it remains on top of the Government agenda. As evidence is the new PNRN that constitutes the Government backbone for reducing malnutrition and to which all donor activities (including this JP) must adhere to. Several major JP activities contributed to this PNRN. In terms of method and process, sustainability is achieved; however, it is not in terms of funding.
68. With regard to the supplementary feeding programme and the Child Health Week, sustainability remains very limited in time to the duration of the activity. In particular, there is no direct link between the supplementary feeding program and longer term activities which should avoid under-nutrition like food and nutrition educational activities, agriculture and horticulture; this is because these longer term activities would be far more costly (and

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<sup>54</sup> Programme Document

<sup>55</sup> Specific, Measurable, Accessible, Realistic, Time specific

<sup>56</sup> Programme Document

impossible to be funded) if implemented at the scale of the supplementary feeding programme.

Still, it would have been very relevant to review the impact of combining in Nampula and Maputo neighbourhoods, urban gardening and food aid: would this combination have any long term effect on reducing under-nutrition compared with each activity being implemented separately?

69. The program (mainly UNICEF, WFP, and possibly WHO at a later stage [?]) has spent resources on building capacity (HR, materials) within MISAU. The issue is that HR trainings do not embrace enough personnel within a single health unit to compensate for staff rotation although this is the objective of the agencies: as soon as the staff is moved, the quality of the service degrades because it is performed by someone untrained. Overall, the health staff is very satisfied of and eager to use their newly acquired knowledge and distributed materials (e.g. new formats for DAM<sup>57</sup>/DAG<sup>58</sup> registers, measuring equipment, etc.).
70. The Child Health Week is a successful campaign nearly entirely dependent of donors. The campaign is fully internalised by MISAU.  
Sustainability could be defined as increasing participation of the beneficiaries due to good mobilization campaigns which is true or increased health post attendance rates for Child Health Week treated / prevented pathologies. The latter case would give a good idea as to whether or not the population awareness has been raised to the point that it will report to health posts without the need of massive campaigns. However, there is no information in this case and can only be measured on a very long timeframe (many years).
71. WHO has not analysed enough the reasons why the nutrition surveillance system is non operational: computerising the system at district (and provincial?) level is important but the main cause of its deficiency is the inadequacy of human resources (quality, quantity) with the sheer number of data to be collected in each health post taking part in the surveillance system. The situation will remain the same after computerisation if no other action is undertaken (e.g. increase HR, reduce data collection, train staff on how to collect and compile raw data).
72. Sustainability of the urban gardening component (FAO) will not be achieved by the end of the programme: ToT<sup>59</sup> (activists) have barely been carried out in May/June 2011 and implements have yet to be distributed; fruit tree planting requires follow-up for at least 2 rainy seasons to ensure that the beneficiaries are properly caring for the trees to take root permanently. Further to this, as the cropping season during the 2011 dry season is lost, most of the horticulture trainings of final beneficiaries will occur during the warm season when pests are a real challenge without intense use of pesticides (requiring specific care by beneficiaries). In that context, finding an exit strategy is becoming urgent starting with securing long term follow-up, e.g. through new funding or agreement with the partner NGOs, and facilitate appropriation by both MINAG and the municipal council so that GOM prioritises more this area both locally and at national level.

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<sup>57</sup> *Desnutrição Aguda Moderada* / Moderate Chronic Malnutrition

<sup>58</sup> *Desnutrição Aguda Grave* / Serious Chronic Malnutrition

<sup>59</sup> Training of Trainers

### 3.5. Country level assessment

73. Although this joint programme was conceptualized within the context of the initiative “Delivering as One”, its lack of jointness is obvious: the UN agencies but FAO formulated a joint program to capture funding for activities that they would in any case have funded through other sources and that they will continue to fund after the MDG-f programme is closed; therefore, securing funding to carry out their own mandate is what has been driving WFP, WHO and UNICEF in this joint programme. There is no common implementation mechanism in place because there is no need for it: the programme was formulated and (approved by the MDG-f) in such a way that all activities can be implemented individually as their outputs are quite different although many activities are complementary by nature.

In that sense, the 4 agencies missed the opportunity to test new methodologies, approaches for a more coordinated and efficient action between them while focussing on their regular core business.

Programming is supposed to be common; still, the platform for discussion of programming (PMC) is unable to resolve very serious issues like the non implementation of WHO’s activities for over a year because of a lack of HR and uncertainties about technical choices of its national counterpart (MISAU), or gradual delays of implementation by FAO which by now threaten its entire component.

74. FAO seems to be the only agency that has taken the risk of advancing into new grounds with a holistic approach combining nutritional education and horticulture/orchards although the overall management of the component was less than optimum, resulting in serious delays of implementation and a request of programme extension. It is this kind of approach that should have been tested between agencies with an effective PMC, coordinating activities, reviewing progress and resolving implementation issues whenever other agencies can contribute with their own assets.

75. Overall, the programme has little contributed to the UN reform: compared with other JPs which adopted a joint approach for implementation and which are having a lot of difficulties in delivering results, this JP choose the conventional way of delivery, individually per agency which has been tested for decades and which evidently is still the most efficient way of implementation. This also points out towards the inability of the UN to find a balanced approach in this reform whose advancement is in any case not measured because the JP activity framework does not contain indicator on jointness.

76. In relation to outputs, the programme is having an impact on (details in [annex 6](#)):

- MDG 1 – Poverty & hunger eradication : output 1 is substantially contributing to this goal with the supplementary food programme directly reducing hunger and health staff capacity building ensuring long term GOM capacity. WFP and UNICEF’s actions are therefore highly complementary but in terms of sustainability, output 3 should have been reinforced so that it complements closely the areas covered by output 1. Output 3 – in particular FAO’s component - albeit very small in terms of outreach is innovative and directly seeking a solution to soaring food prices by combining at beneficiary level education (in nutrition) with practice (ways to improve nutritional status through horticulture and fruit trees). WHO’s activities will need more funding if the nutrition surveillance system is to become operational again.

- MDG2: Child mortality is being reduced through this JP in Output 1 (same as above) through treatment and output 2 preventively, hence resulting in an efficient combination although there is no indicator to measure this combined effect either.

#### 4. Lessons learned / conclusion

77. This JP was an opportunity for the agencies to get more funding under a common sector (nutrition) but without an active commitment to implement activities in a joint manner for increased efficiency and impact. Still, there were implementation delays for 2 partners which were not swiftly and collectively addressed at PMC level ; and yet the JP approach is to foster a swifter and more efficient implementation process which should allow for maximum flexibility between agencies in terms of timing, funding, HR, logistics to achieve common objectives.

As such the JP formulation processes should be redesigned resulting in a much more rigorous analysis of inter-agency linkages, synergies and complementarities so that there is verifiable added value (need for jointness indicators) by combining several UN agency components under a single programme.

78. The PMC is more coordinating than managing the programme; there is also no structure which the agencies should be accountable to, although this role was initially foreseen for the (currently inactive) NSC. Still, in other countries with a NSC, accountability remains very low as well, with the NSC rarely being an effective supervisor but only to concur with decisions already taken at PMC level and related to objectives or funding modifications. Again, this system lacks flexibility and authority.

79. Through a single donor - MDG-f -, two different JP (appraised by the evaluator) have been formulated in Mozambique with very different sets of specific issues and different outcomes:

- The Environment & Climate Change programme was formulated first and followed closely the guidelines of the initiative 'delivering as one', new at the time; it resulted in a very complex programme with numerous agencies whose actions were highly complementary at activity level. To be really effective, this kind of set-up needed a very strong coordination unit, sets of procedures common to all agencies (e.g. procurement, recruitment) and a very similar if not identical corporate culture of the involved agencies so that working methods are harmonised as much as possible; this is not the case and actually would not be welcome as what defines the UN family is exactly the contrary: different agencies with different ways of functioning, working methods and approaches. In this particular programme, very numerous implementation bottlenecks were created which were constantly threatening the output delivery.
- The approach was opposite in the case of the nutrition programme: one global objective, few agencies involved, simple outputs resulting from few large scale activities; in particular, many of the activities were not innovative but the extension of traditional core agencies activities. In that context, the implementation was facilitated and the coordination efforts were minimum and only bilateral between agencies. The JP has therefore added very little value compared to the same activities financed through regular agencies country programs. In a similar fashion to the Environment & Climate programme, FAO experienced serious implementation delays because of the pilot nature of its activities.

80. Conclusion:

'Delivering as One' as per initial concept can only be successful if all the UN agencies are profoundly reformed so that their working methods are at least harmonised with the risk of

losing their diversity. But is it what the UN really wants? The approach adopted by the nutrition programme is more robust in terms of results but is not in line with the 'Delivering as One' initiative. Still it delivers.

In this current context, joint programs should avoid at all costs integration of activities but seek right at the formulation stage complementarities and synergies for a verifiable increased effectiveness and impact compared with a more traditional project approach or through regular country programs. This JP on nutrition choose security under this option although at formulation stage, more consultations between agencies to look for innovative activities might have been welcome instead of transferring specific activities from their regular core programmes to this particular JP.

## 5. Recommendations

81. By the time the mid-term evaluation took place in June 2011, a 6 months extension of the JP was being considered with another 12 months or so of implementation becoming available mainly for FAO and WHO. This would release pressure for both agencies; for UNICEF and WFP, the budget resources are due to be exhausted by the end of 2011 and an extension of programme would likely be irrelevant.

82. Appropriateness of a 6 months extension:

As mentioned above, this will impact mainly WHO and FAO. The question is whether a 6 months extension as requested by FAO will enable both agencies as to carry out their activities as per original PRODOC.

83. The effective implementation of urban horticulture related activities started with the signature of letters of agreements with several NGOs in February / March 2011 – 6 months before the end of the project; in that context, it would be an illusion to believe that FAO could achieve any result. Therefore, a 6 months extension of the programme was requested. This would enable FAO to do the following:

- carry out the training of activists during the 2011 cold season and allow NGOs, enable the activities to have a couple of cropping cycles before the end of the cold season, and to divulge activists' knowledge to the final beneficiaries during the 2011/2012 wet season
- follow-up the planting of trees during the 2011/2012 wet season
- coordinate the nutrition activities with the horticulture activities
- give some time for FAO to find out an exit strategy: find additional funding to follow-up the MDG-f activities and enable GOM ownership of the activities

Still, a 6 months extension of the programme would still be short to do the following:

- appropriate divulgation of urban horticulture by the activists to the final beneficiaries ("to little time too late"): the divulgation of knowledge would have to be carried out during the wet season – the least appropriate period for horticulture related activities due to pest spreading- ; further divulgation of knowledge would be still required during the next cold season (out of MDG-f funding in any case) as too few cropping cycles would be carried out.
- proper follow-up of fruit tree planting: 2 wet seasons (2011/2012 and 2012/2013) monitoring are necessary to replenish losses, not to mention husbandry techniques necessary afterwards
- designing an appropriate framework of activities as requested by all involved NGOs (e.g. need for nurseries instead of providing seeds for effective divulgation, more time for trainings and divulgation).

84. Conclusion: a 6 months extension is an appropriate move if FAO related MDG-f activities are to be followed up with additional funding to support implementing NGOs so that the MDG-f activities do impact significantly the target populations and avoid collapse at JP's end ; otherwise, sustainability is not ensured and there is a high probability of complete collapse of activities by March 2012 (when NGO's contract are ended) – not to mention that there is no taking over (or even commitment) by GOM for follow-up.

If no commitment can be officially made on a short term basis (within weeks), it is recommended to channel funds exclusively to consolidate whatever has been achieved until now and close the programme as originally planned: proper training of activists, create structures that will sustain the activists' activities (e.g. greenhouses, nurseries) and design swiftly and effectively an exit strategy by supporting GOM (MINAG [?]) and municipal councils) in integrating urban agriculture within their agendas.

85. As for WHO, the small amount available can be disbursed by the end of 2011 or at a later stage (by early 2012) if there is a programme extension.

### **5.1. Operational recommendations for WFP / MISAU**

86. WFP has constantly experienced difficulties in obtaining reliable and just-in-time data from MISAU regarding the estimates of food aid within the supplementary food programme; this issue is systematic for all agencies working with MISAU: the data collection system in MISAU is deficient and staff poorly trained in data collection and compilation, at district level and even more within the health centres; this situation overburdens the district data collection specialist and in a cascading effect the provincial DPS statistics specialist who, has to go back and forth to health centres and districts to review and validate already collected data.

Central MISAU therefore receives data with very long delays on occasion.

This is part of the reason why WFP made direct agreements with DPS trying to speed up the flow of information. In that context, the added value of MISAU in data collection is reduced. This is particularly the case in 2011 as there has been no new TPR agreement to define the UN agencies framework of activities; still, these types of agreements are the only way for MISAU to coordinate its actions with donors and therefore, it is suggested to draft a new agreement possibly taking into account MISAU's weaknesses in data collection and analysis (e.g. enhancing monitoring by using tools developed by MISAU/FANTA); WHO could in that case participate as well if there were plans to upgrade as well the nutrition surveillance system (possibly with a new funding source).

87. WFP should reconsider the appropriateness of leaving out the Northern provinces which have the highest malnutrition rates: as these are apparently more food secure than the South and Centre, tackling malnutrition requires behavioural change (and therefore sensitisations). Still if there are logistical / funding constraints, other solutions might be considered like subcontracting NGOs for culinary demonstrations - preparations, train health staff in divulging the preparation of local *papas*, etc., look for other sources of funding or cooperate more closely with international NGOs in the North dealing with malnutrition. An intervention strategy should be devised with UNICEF and MISAU to combine food aid and nutritional education in a more robust way.

### **5.2. Operational recommendations for UNICEF / MISAU**

88. Interviews showed that capacity building trainings of health staff do not take into account the staff rotation effect in MISAU which reduces substantially the effectiveness of these trainings:



- UNICEF should recognize the MISAU weaknesses in terms of HR capability and give preference for the remaining of the programme in training several staff (e.g. pairs) from a health centre instead of less staff from more health centres: this would substantially improve the sustainability of trainings and knowledge transfer when there is staff rotation; in the future, UNICEF could possibly support MISAU in organising on a regular basis refresher sessions on the basis of health centres staff pairing (minimum).
- NB: MISAU should review its contractual procedures for staff movement and design a procedure of expertise transfer between staff when it is being moved, fired, retired or on leave. The same should be done when trainings are organised so that it becomes routine for trained staff to formally debrief their colleagues who did not have the opportunity to participate – the agencies should made clear that this is a major constraint that reduce the effectiveness of development aid in the health sector as repetitions of trainings and HR capacity building divert precious financial resources which could be assigned to other priorities

89. While the Child Health Week is ever more successful in terms of outreach, MISAU could commission (in/out MDG-f budget?) an impact study to analyse in which conditions the population is truly benefitting from the campaign or whether additional and/or different types of supports are required to achieve maximum impact.

### **5.3. Operational recommendations for WHO / MISAU**

90. The proposition of WHO does not go far enough to make operational again the nutrition surveillance system; although the system on paper can produce highly reliable statistics, the quantity of data to be collected is far too intense given the available HR in the selected health centres; currently, the system is not adapted to the realities on the ground of the country and should be reviewed albeit becoming possibly less statistically representative, but functional. Substantial efforts should be made not only on computerization at district level but also on training and incentivising (e.g. new materials, better data collection conditions, etc.) the local health staff in charge of data collection and compilation.

In any case, given the available budget, WHO should consider the activity pilot (as are FAO's) and review with MISAU (outside of this programme context) the entire system leading to an extensive redesign of it taking into account the HR and lack of expertise at the data collection points, the issue of data transfer and analysis at provincial and national levels. In any case, the funds for the surveillance system with or without a programme extension must be allocated not only for computerisation of the surveillance system (as originally considered) but also for support of downstream HR (within health centres), at the expense of outreach.

91. WHO plans to divulge food safety messages but the available budget is so small that it would be more relevant to tie it up with similar activities from other agencies: e.g. integrate it with UNICEF's activities or more preferably complement the FAO nutrition component in Nampula and Maputo especially if there is no programme extension.

#### **5.4. Operational recommendations for FAO / municipal councils**

92. Given the still very short time frame available and the nature of the activities dependant of the agricultural calendar, FAO must concentrate on making sure that the combination of urban horticulture and nutritional education is fully tested in both cities: emphasis should be put on the quality of support and not quantity of targeted beneficiaries; if necessary, the weakest NGO partners and corresponding beneficiaries should be discarded (no contract renewal by September) and available funds diverted to provide more support as requested by the remaining NGO partners (e.g. green houses, proper set of tools, nurseries); this would reduce the number of beneficiaries but it is of less importance in view of the pilot nature of the FAO activities.

In order to improve the quality of support, ad-hoc support in the form of advice (in terms of methodology AND technical assistance – e.g. IPM<sup>60</sup>, horticulture, orchard specialists) should be sought within MINAG and its sister institutes (e.g. research) to increase the quality of the outputs and ensure swift beneficiaries' ownership of urban gardening activities.

93. To ensure GOM appropriation, the municipal councils should be more involved in decision making processes (starting with the acceleration of implementation for the remaining 12 months) and additional resources allocated to support the Economic Activities Departments in setting up priorities in this sector if interested; a memorandum of understanding formalising this relationship should be drafted as soon as possible.

94. FAO must prepare an exit strategy well in advance as sustainability will not be ensured by the end of the programme (with or without a programme extension), that is appropriation by municipal councils and secure follow-up through new funding or agreement with partner NGOs.

#### **5.5. Combined activities for FAO, WFP, UNICEF**

95. An analysis should be carried out in a selection of FAO targeted neighbourhoods as to whether or not the combination of urban gardening, nutritional education activities, food aid & upgraded expertise of health centre staff in providing nutritional advise is making a difference in reducing the overall malnutrition; for this, there should be a closer linkage between the FAO partner NGOs and the local health centre staff who might refer beneficiaries at risk to the FAO project. This could be done either through more intensive monitoring, by commissioning a study but preferably at the end of the programme. This can be realistically carried out if an extension is granted.

#### **5.6. RCO & donor**

96. More attention should be put at the quality of the JP formulation: are there jointness indicators? Is there an added value for the country to tie up several agencies components in a JP instead of individual funding per agency? The overall JP quality of the PRODOC should be assessed independently of each agency by the RCO (or a consultant) with the possibility to

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<sup>60</sup> Integrated Pest Management

propose amendments. The formulation process should be a collective effort from agencies and not the compilation of each agency's proposal.

97. Joint programs results should be reported in a way that agencies are accountable to the NSC or PMC through a conventional annual report and annual plan for the next reporting period, either individually or collectively drafted. Any deviation from the annual plan should therefore be discussed first at PMC level, then at RCO (NSC) level; RCO should take on a much more prominent RCO role (and NSC) as the body to decide on how best to resolve issues like delayed implementation, facilitating and enforcing fund transfers between agencies as appropriate.
98. An institutionalised mechanism (e.g. periodic meeting) should be set up between the RCO and AECID so that the latter is informed on progress of current MDG-f JPs.

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*Annex 1: Terms Of Reference*

## TERMS OF REFERENCE FOR THE MID-TERM EVALUATION OF CHILDREN FOOD SECURITY AND NUTRITION JOINT PROGRAMME - MOZAMBIQUE

### **1. General Context: The MDGF and the Children Food Security and Nutrition**

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

## 1.1 The Joint Programme in Mozambique

The **Joint Programme on Children, Food Security and Nutrition** is one of the Joint Programmes designed for Delivering as One by the United Nations in Mozambique. This JP was developed in response to the effect of rising food prices on already marginalized and vulnerable groups in Mozambique, as documented by the Government's Secretariat for Food and Nutrition Security (SETSAN) and by the Famine Early Warning Network. Rising food prices push vulnerable households towards coping strategies that have irreversible impoverishing impacts on families and children, such as asset depletion, removing children from school and/or reducing children's daily caloric and nutrient intake.

In order to address the challenges of food security and nutrition, particularly relating to children in Mozambique, interventions were required that include both short term mitigating efforts, such as scaling up of the existing MoH-WFP-UNICEF Tripartite Agreement to provide support for moderately malnourished children in district health facilities, to longer term sustainable interventions aimed at improving the nutritional knowledge and skills of the vulnerable households in urban and per-urban areas on how to produce, prepare, and eat a nutritious diet. The Joint Programme Outcome is: improved health, nutritional and food security status for children by 2011.

The Joint Programme plans to support the following activities:

- A supplementary feeding programme implemented jointly with the MoH, WFP and UNICEF for moderately malnourished children
- Capacity building and supervision of health and NGO staff in 48 districts for supplementary feeding
- Management of severe acute malnutrition (including malnourished pregnant women) in inpatient and outpatient (144 districts for both), in partnership with MoH, UNICEF, WHO and NGOs
- Support to the National Child Health Week (a comprehensive package of preventative interventions including nationwide Vitamin A supplementation, deworming, vaccination, iodized oil supplementation and screening for malnutrition etc.)
- A small scale urban gardening programme in 10 densely populated neighbourhoods, designed to improve diets and self sufficiency of marginalized households in Maputo and Nampula
- Promotion and support for improved infant feeding practices, with emphasis on exclusive breastfeeding for the first 6 months
- Promotion of good food safety behaviours
- Strengthening the nutrition surveillance at national level.

All activities are in support of the country's poverty reduction strategy (PARPA II) and the United Nations Development Assistance Framework (UNDAF) 2007-2011 (including the 2010-2011 extension). The Joint Programme directly contributes to UNDAF outcome to improve health, nutritional and education status of poor and vulnerable groups in Mozambique by 2011, and contributes towards MDGs 1, 4 and 5. As a response to the problem of soaring food prices, it

provides interventions which address the issues of food security and nutrition in a multi-sectoral manner, supporting activities to prevent malnutrition, as well as activities that treat it and mitigate the negative effects of the food crisis.

In this context, this UN Joint Programme was developed, based on the identified priorities in Mozambique's poverty reduction strategy (PARPA II) and the United Nations Development Assistance Framework (UNDAF 2007 – 2009), in close consultation with the Ministry of Health and the and Ministry of Agriculture. The JP has been developed from a rights based approach and includes gender as a cross cutting issue for all interventions. For example, sex disaggregated data will be used wherever possible.

The joint programme was originally intended to cover the period October 2009 – December 2011, but a six-month extension i.e. up to June 2012 is now being proposed.

## **2. OVERALL GOAL OF THE EVALUATION**

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

## **3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS**

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the joint programme, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis or object of study for this mid-term evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following specific objectives:

1. To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the Millennium Development Goals, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action, in a Delivering as One (DaO) country context .



2. To understand how the joint programme operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the DaO framework.
3. To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children Food Security and Nutrition thematic window, and the Millennium Development Goals at the local and/or country level.

#### 4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

##### Design level

- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
  - a) To what extent the identification of the problems, inequalities and gaps, with their respective causes, are clear in the joint programme?
  - b) To what extent the Joint Programme takes into account the particularities and specific interests of women, minorities and ethnic groups in the areas of intervention?
  - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
  - d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
  - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
- 1. Ownership in the design: national social actors' effective exercise of leadership in the development interventions**
  - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?
  - b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

##### Process level

**- Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results**

- a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?
- b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
- d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
- e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?
- f) To what extent more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?
- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?

**- Ownership in the process: National social actors' effective exercise of leadership in the development interventions**

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?
- b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

**Results level**

**- Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.**

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
  - 1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
  - 2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
  - 3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?

4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
  - b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?`
  - c) To what extent is the joint programme having an impact on the targeted citizens?
  - d) Are any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
  - e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?
  - f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
  - g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
  - h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

**Sustainability: The probability that the benefits of the intervention will continue in the long term.**

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?
 

At local and national level:

  - i. Is the programme supported by national and/or local institutions?
  - ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
  - iii. Have operating capacities been created and/or reinforced in national and local partners?
  - iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
  - v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
  - vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent are the visions and actions of partners consistent with or different from those of the joint programme?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

**Country level**

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?

- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? One UN
- g) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- h) To what extent is the joint programme helping to influence the country's public policy framework?

## 5. METHODOLOGICAL APPROACH

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

## 6. EVALUATION DELIVERABLES

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

✧ **Inception Report** (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

✧ **Draft Final Report** (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation,

its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

✧ **Final Evaluation Report** (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
  - Background, goal and methodological approach
  - Purpose of the evaluation
  - Methodology used in the evaluation
  - Constraints and limitations on the study conducted
3. Description of interventions carried out
  - - Initial concept
  - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

## **7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION**

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

• **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.

• **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the Evaluator and the reference group of the Joint Programme in connection with the findings and/or recommendations. The Evaluator must corroborate all assertions, and note any disagreement with them.

• **Integrity.** The Evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.

- **Independence.** The Evaluator should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, the Evaluator must report these immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used by the Evaluator to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.
- **Validation of information.** The Evaluator will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the Evaluator shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

## 8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation are the Secretariat of the MDGF, the Programme Management and the Programme Management Committee (PMC). The Programme Management Office, PMC, and RC Office will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents (Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The Secretariat of the MDGF shall manage the mid-term evaluation in its role as proponent of the evaluation, fulfilling the mandate to conduct and finance the mid-term evaluation. As manager of the mid-term evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated; promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process. It shall also support the country in the main task of disseminating evaluation findings and recommendations.

## 9. TIMELINE FOR THE EVALUATION PROCESS

### A. Design phase (15 days total)

1. The Secretariat shall send the generic TOR for mid-term evaluation to the reference group. The reference group is then to adapt these to the concrete situation of the joint programme in Mozambique, using the lowest common denominator that is shared by all, for purposes of data aggregation and the provision of evidence for the rest of the MDGF levels of analysis (country, thematic window and MDGF).

This activity requires a dialogue between the Secretariat and the reference group of the evaluation. This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

2. The MDGF Secretariat will send the finalized, contextualized TOR to the Evaluator it has chosen.
3. From this point on, the Portfolio Manager is responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the Evaluator, to serve as interlocutor between the parties (Evaluator, reference group in the country, etc.), and to review the deliverables that are produced.

### B. Execution phase of the evaluation study (55-58 days total)

#### Desk study (15 days total)

1. The Portfolio Manager will brief the Evaluator (**1 day**). He/she will hand over a checklist of activities and documents to review, and explain the evaluation process. Discussion will take place over what the evaluation should entail.
2. The Evaluator will review the documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. The Evaluator will submit the inception report to the MDGF Secretariat; the report will include the findings from the document review and will specify how the evaluation will be conducted. The Evaluator will share the inception report with the evaluation reference group for comments and suggestions (**within seven days of delivery of all programme documentation to the consultant**).
4. The focal points for the evaluation (PMC Co-Chairs) and the Evaluator will prepare an agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (**Within seven days of delivery of the desk study report**).

#### Field visit (9-12 days)

1. In-country, the Evaluator will observe and contrast the preliminary conclusions reached through the study of the document review. The planned agenda will be carried out. To accomplish this, the Secretariat's Portfolio Manager may need to facilitate the Evaluator's visit by means of phone calls and emails to the reference group.

2. The Evaluator will be responsible for conducting a debriefing with the key actors he or she has interacted with.

### **Final Report (31 days total)**

1. The Evaluator will deliver a draft final report, which the Secretariat's Portfolio Manager shall be responsible for sharing with the evaluation reference group **(within 10 days of the completion of the field visit)**.
2. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The Evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat's Portfolio Manager can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed **(within 14 days of delivery of the draft final report)**.

The evaluation reference group may also comment on the value judgements contained in the report, but these do not affect the Evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.

3. The Secretariat's Portfolio Manager shall assess the quality of the final version of the evaluation report presented, using the criteria stipulated in the annex to this TOR **(within seven days of delivery of the draft final report)**.
4. Upon receipt of input from the reference group, the Evaluator shall decide which input to incorporate and which to omit. The Secretariat's Portfolio Manager shall review the final copy of the report, and this phase will conclude with the delivery of this report by the MDGF Secretariat to the evaluation reference group **(within seven days of delivery of the draft final report with comments)**.
5. **Phase of incorporating recommendations and improvement plan (within 21 days of delivery of the final report):**
  1. The Secretariat's Portfolio Manager, as representative of the Secretariat, shall engage in a dialogue with the reference group to establish an improvement plan that includes recommendations from the evaluation.
  2. The Secretariat's Portfolio Manager will hold a dialogue with the reference group to develop a simple plan to disseminate and report the results to the various interested parties.

## **10. ANNEXES**

### **a) Document Review**

MDG-F Context



2. MDGF Framework Document
3. Summary of the M&E frameworks and common indicators
4. General thematic indicators
5. M&E strategy
6. Communication and Advocacy Strategy
7. MDG-F Joint Implementation Guidelines

#### Specific Documents for Joint Programme

8. Joint Programme Document: results framework and monitoring and evaluation framework
9. Mission reports from the Secretariat
10. Quarterly reports
11. Mini-monitoring reports
12. Biannual monitoring reports
13. Annual reports
14. Annual work plan
15. Financial information (MDTF)

#### Other in-country documents or information

16. MDG report 2010
17. UNDAF Annual Report 2010
18. UNDAF evaluation (2010)
19. DaO evaluation (2010)
20. JP review (2010)
21. Document on team building
22. Tripartite agreement (MoH, WFP, UNICEF)
23. Protocol for nutrition rehabilitation
24. Child Health Week report (2<sup>nd</sup> round 2009, 1<sup>st</sup> round 2010)

### **b) File for the Joint Programme Improvement Plan**

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

<b>Evaluation Recommendation No. 1</b>				
<b>Response from the Joint Programme Management</b>				
<b>Key actions</b>	<b>Time frame</b>	<b>Person responsible</b>	<b>Follow-up</b>	
			<b>Comments</b>	<b>Status</b>
1.1				
1.2				

1.3				
<b>Evaluation Recommendation No. 2</b>				
<b>Response from the Joint Programme Management</b>				
<b>Key actions</b>	<b>Time frame</b>	<b>Person responsible</b>	<b>Follow-up</b>	
2.1			<b>Comments</b>	<b>Status</b>
2.2				
2.3				
<b>Evaluation Recommendation No. 3</b>				
<b>Response from the Joint Programme Management</b>				
<b>Key actions</b>	<b>Time frame</b>	<b>Person responsible</b>	<b>Follow-up</b>	
3.1			<b>Comments</b>	<b>Status</b>
3.2				
3.3				

Annex 2: Field visit calendar and people met

<i>Date</i>		<i>Place</i>	<i>Meeting</i>
29-30/5/2011	PM/AM	Travel Brussels – Maputo	
30/5/2011	15H00	Maputo – UNICEF office	Mr. De Bernardi – JP Coordinator
	16H00	Maputo – UNICEF office	WFP MISAU UNICEF
31/5/2011	8h30	Maputo – RCO	Mrs. J. Topping, Resident Coordinator Mrs. A. Jaureguibeitia, 1UN Programme Officer
	9H30	Maputo – WHO office	Mr. L. Passerini, WHO Nutrition Specialist
	11h00	Maputo – WFP office	A. Defraye, UNV Programme Officer
	12H00	Maputo – WFP office	Mr. S. Mabasso, Logistics Officer
	13H00	Maputo – FAO office	Mrs. Panguene FAO Nutrition Specialist Mrs. M. Pancas, FAO Coordinator
	14h00	Maputo – MISAU	Mr. L. Chavane, Adj. Public Health National Director MISAU Mrs. A. Defraye, UNV Programme Officer Mrs. E. Pruscini, Head of Operations Unit - WFP Mrs. M. Arts, UNICEF Nutrition Officer
	16H00	Maputo – SETSAN	Mrs. Lebombo, SETSAN Director SETSAN Staff
1/6/2011	8H00	Maputo – Municipal Council	Mr. C. Jamal, Economic Activities Councillor Mrs. XXX, FAO Coordinator Mr. E. João, Agronomist – Municipal Council Mr. W. Baudoin, Consultant – FAO Plant Production & Protection Division Mr. R. Membawaze, Economic Activities Department Chief
	11H00	Maputo – UNICEF office	Mrs. M. Arts, Nutrition Specialist
	14H00	Maputo – MISAU	Dr. Chavane. Adj. Public Health National Director MISAU Mrs. P. Vilaça, Nutrition Dpt. Mrs. Iracema, Head of Nutrition Rehabilitation Programme Mrs. L. Maringue, Nutrition Technician
	16H00	Maputo – MISAU	Mr. L. Chavane, Adj. Public Health National Director MISAU
2/6/2011	AM / PM	Maputo - Bairro 1° de Junho Health Centre 1° de Junho	Final beneficiaries (FAO activities) Health Centre Staff (UNICEF, WFP activities)
	15H00	Maputo – Kulima Office	Mr. D. Liuzzi, Kulima General Director
3/6/2011	AM/PM	Maputo – Bairro Zimpeto Zimpeto Health Centre	Final beneficiaries (FAO activities) Health Centre Staff (UNICEF, WFP activities)
	16H00	Maputo City Health Department	Dr. Wate, Maputo City Health Department Director

	18H00	Maputo City Agriculture Department	Mr. Niquisse, Agriculture Department Director
5/6/2011	AM/PM	Travel Maputo – Nampula	
6/6/2011	7H30	Nampula – Economic Activity Department	Mr. Filipe, , FAO Agronomist Mrs. Maria Piedade, FAO Nutrition Specialist
	AM/PM	Nampula – Bairro Mohala Mohala Expansão Health Centre	Final beneficiaries (FAO activities) Health Centre Staff (UNICEF, WFP activities)
	12H00	Nampula Health Department	Mr. Sevene, Nutrition Director - Nampula Health Department
	16H00	Nampula – UGCAN	Mr. Abaco, Deputy Director UGCAN Staff
	17H00	Nampula – Nampula Health Centre	Mobile Brigade staff
7/6/2011	8H00	Nampula – Nampula Municipal Council	Mrs. M. Zulina Armando, Economic Activities Councilor
	9H00	Nampula – Kulima Office	Mr. V. Souza, Kulima Regional Head Director
	AM	Nampula – bairro Namicopo	Final beneficiaries (FAO activities)
	12H00	Nampula – Nampula City Health Department	Mr. Makurusha, Vaccination & Pós-Sentinelas Head
	13H00	Namicopo Health Centre	Health Centre Staff (UNICEF, WFP activities)
	PM	Travel Nampula – Maputo	
	18H00	Maputo – WFP Office	Mrs. N. Osman, WFP Programme Officer
8/6/2011	8H00	Maputo – UNICEF Office	Mr. De Bernardi, Deputy Representative UNICEF
	9h30	Maputo - UNICEF Office	Dra. Eduardo, ICAP Director
	10H00	Maputo - AECID Office	Mrs. Violeta Domínguez, AECID General Coordinator
	11H30	Maputo – Helen Keller Office	Mrs. T. Goossens, Representative of Helen Keller International
	13H00	Maputo City Health Department	Mrs. Francina, Maputo City Health Department Data Management
	16H00	Maputo – FAO Office	Mrs. F. Panguene, FAO Nutrition Specialist
	18h00	Maputo – WFP Office	Mrs. Marta – WFP Maputo Sub-Office Chief
9/6/2011	13H00	Maputo - MISAU	Dr. Mouzinho Saide, Public Health National Director
	14H00	Maputo - MISAU	Mission debriefing: FAO, MISAU, Maputo City Council, UNICEF, WHO, WFP

10/6/2011	8H30	Maputo - RCO	Mrs. J. Topping, Resident Coordinator Mrs. A. Jaureguibeitia, IUN Programme Officer
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### Annex 3: Detailed methodological approach

## Methodological approach of the evaluation

Several basic principles have been used to carry out this evaluation:

- Effective participation of all stakeholders (government, agencies, communities including male / female interviews)
- Crosschecking of gathered information (a check-list of issues to review was produced prior to arrival by the consultant).
- Pushing for consensus and agreement of recommendations by the stakeholders.
- Transparency of debriefing (all programme stakeholders are convened to the debriefing).

The consultant has elaborated a checklist of issues to be investigated during the field mission and prepared questionnaires.

The check-list structures the field mission:

1. **Which** information to gather?
2. **Where** to get it (from whom ? which different sources of information for cross reference),
3. **How** to gather it (which appropriate tools? Interview, report, focus group, individual interviews, government data, etc.) ?

### Field mission check-list objectives

A 4 step approach has been adopted to carry out the evaluation: 1. passive data acquisition, 2. active data acquisition, 3. data analysis into relevant information and 4. Information interpretation,

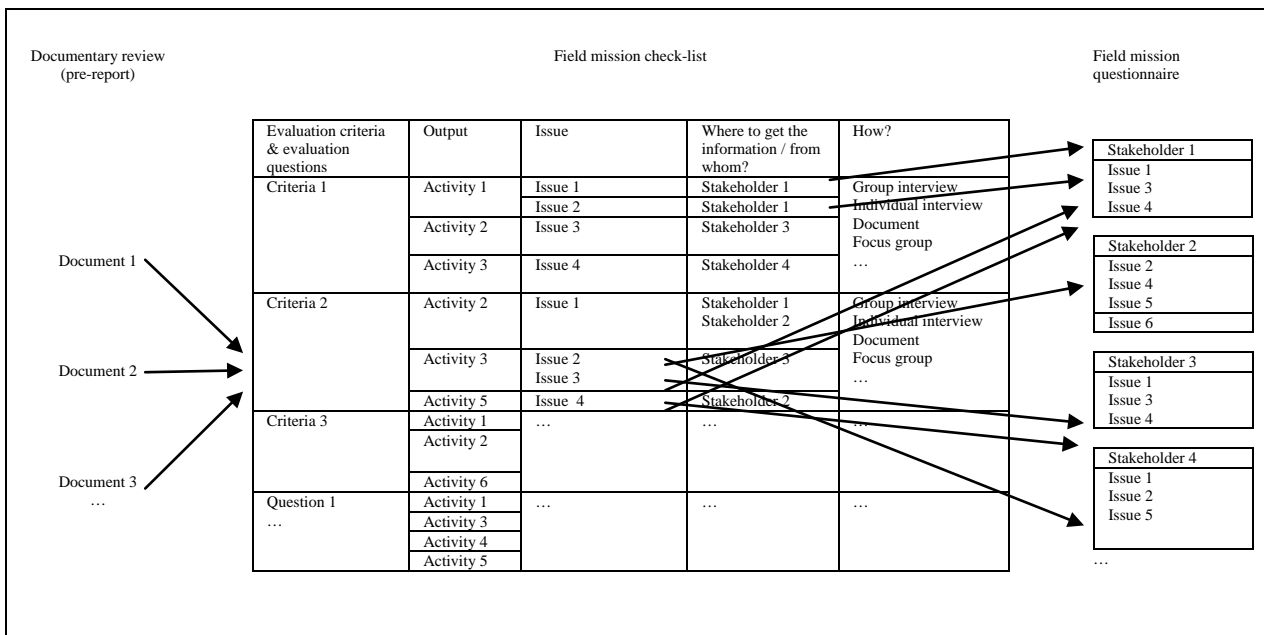
1. **Passive data acquisition:** documentary analysis: analysis of PRODOC, UN & partners' agency country programs, periodic planning and M&E reports, annual programme reports, etc.).

During this phase, the consultants elaborated a checklist detailing for each evaluation topic how and from whom to obtain relevant information. Beneficiaries' questionnaires were drafted from the checklist.

2. **Active data acquisition:** interviews of all stakeholders through individual/group interviews of final beneficiaries, institutional beneficiaries, implementation stakeholders, external stakeholders; the interviews (target, duration) are stemmed from the checklist.
  - In situ sampling of health centres, interviews of beneficiaries with an emphasis on health care (participation in health week), nutrition, food diet and food diversity)
  - Interviews of implementation partners (UN agencies, MISAU, municipal councils, associated NGOs) to assess the efficiency and effectiveness of project implementation
  - Open discussion with external stakeholders (to be defined on arrival) active in the project area and/or in nutrition



3. **Data analysis:** conversion of data into relevant information to assess the programme status and for decision making by the Secretariat, NSC & PMC; inclusion of the information into the evaluation report – proposal for recommendations.
4. **Presentation and discussion of findings** to all stakeholders; debriefing sessions were carried out at the end of the mission in Maputo.



Methodological framework for the programme evaluation – field mission

As with rapid evaluations like this one (4 days of fieldwork anticipated), no statistically significant findings was produced; hence the importance of cross-checking through interview & data collection of various stakeholders.

Annex 4: PowerPoint presentation at the debriefing

***Avaliação meio termo do programa MDG-f:  
“Crianças e nutrição em Moçambique”  
apresentação dos resultados preliminares***

## **Introdução**

### **Objectivos dessa avaliação rápida:**

- Revisitar os 5 resultados: sistema funcional para tratar malnutrição moderada e severa, suplementação  $\mu$ -nutrientes, promoção nutrição / alimentação
- Relevância objectivos MDG
- Lições aprendidas
- Melhoras práticas

# Metodologia

Princípios - chaves:

- Participação efectiva dos *stakeholders*
- Triangulação
- Transparência

Sem dados quantitativos estat. significantes (falta tempo)

1. Análise doc.
2. Entrevista multilateral
3. Entrevistas bilaterais 1a rodada
3. Visita de campo : beneficiários
4. Entrevistas bilaterais 2a rodada
5. Dados → informação
6. Informação relevante / seleccionada → recomendação

# Constatações

**Formulação do programa:**

+++ continuação de programas / actividades existentes (ou ampliação/melhoramento) para UNICEF, PMA, OMS → MISAU : apropriação / implementação facilitada: objectivo ST

+++ ligação nutrição / alimentação → agricultura: objectivo LT

+++ abordagem: tratamento – educação – apoio meios prod.

- - - programa piloto para FAO / GOM: pouca experiência em Moçambique/ curta duração: >> riscos: tudo a desenhar/ testar/ experimentar/ adaptar

# Constatações

## - Output 1 : sistema funcional para tratar malnutrição moderada e severa

+++ acordos MISAU/ UNICEF/ PMA (--- DAM só)

- Antes PRN: 2 sistemas // suplement. e HIV: 50 distritos sobre 80 previstos → sub-estimação da capacidade PMA

+++ compra P4P em risco agora (6 → 12 meses)

- PROBLEMA: distritos (norte) com + prevalência fora do programa / apenas HIV (centro / sul – progr. PMA focus HIV) / problema pobreza e educação

- Sem apoio diferenciado nas zonas não cobertas (ex. continuação formações alimentação por parceiro clínico ou outra ONG)

- Apoio DAG ??? (ainda entrevistas UNICEF?)

# Constatações

## - Output 1 : sistema funcional para tratar malnutrição moderada e severa

- NEW: PRN

+++ harmonização das intervenções

+++ Intervenção // : PMA (CBS e formação) e UNICEF (formação) → Mais eficaz

+++ toda pop. tem acesso (crianças, adol., adultos...)

+++ formações PMA ok mas pouca abrangentes

+++ livros + compreensivos (ex. BMI, + fácil para utilizadores)

+++ ToT regional UNICEF vol.1 (3 regiões)

# Constatações

**Output 1 : sistema funcional para tratar malnutrição moderada e severa**

PROBLEMAS RECURRENTES

- - - gestão informação (centro saúde → DDS → DPS → MISAU → doador): validação/compilação dificultada (sobrecarga trabalho) ; interpretação ok
- PMA cria sistema de monitoria próprio (monitores) <> Paris declaration?
- - - < centros de saúde (e zona norte) sem apoio DAM (apoio ONG com papas ou plumpy nut ou NADA)
- - - condições de armazenamento CSB (entregue mensal OK)
- - - formações muito pouco abrangentes / reforçar porque erros nos livros

# Constatações

**Output 1 : sistema funcional para tratar malnutrição moderada e severa**

OMS – Vigilância sanitária

Sistema Pós-Sentinela:

- Não funcional por falta de capacidade (RH e hardware)
- +++ informatização
- - - Não resolve o problema no centro de saúde (pessoal sem formação – não entende o sistema – falta pessoal – trabalho adicional)
- RH = ponto de bloqueio do sistema (>>> dados)

# Constatações

## - Output 2 : suplementação micro nutrientes

Semana da criança:

+++ Planificação ao nível provincial (ex. Nampula poucos problemas para brigadas moveis)

+++ Formações

Resultado +++ Cobertura >> a cada campanha

+++ estudo independente de cobertura: -10% dados oficiais (OK)

(100% dos beneficiários entrevistados FAO)

- - - sem estudo de impacto sanitário

# Constatações

## Output 3 : promoção nutrição / alimentação

OMS: nada implementado

FAO: tempo curto (27meses) + implementação lenta (12meses start-up → ONG implementadoras) = risco de não ter resultado : 6 meses de implementação efectiva → +++ extensão 6 meses

+++ critérios escolha (severos demais?)

+++ implementação local

- - - envolvimento conselhos municipais – não há MoU

- - - estratégia saída = activistas / falta apropriação GOM

# Constatações

## Output 3 : promoção nutrição / alimentação

UNICEF: aleitamento materno

- Formação centros saúde, campanha comunicação, mãe - modelo: não realizado
- Briefing jornalistas: ok

# Recomendações

## FAO: Aceleração + ponto da situação com parceiros:

- Envolvimento conselhos municipais para + apropriação (estratégia hortic. Urbana) → \$ necessário
  - estender contratos ONG (com \$!)
  - reanalisar com ONG pacote input (incluir rede ou similar)
  - apoio adicional para ONG com campo de demonstração (material)
  - apoio aos conselhos municipais se tiver MoU (com ligação aos bairros do projecto)
  - ligação a criar entre Dpt Saúde & Activ. Econ. nos municípios : questão nutrição
- Se \$\$ falta: não hesitar a eliminar / não estender certas ONG  
OU eliminar parte nut./hortic. → mudar n° beneficiarios



# Recomendações

## **OMS: Pós-sentinela: scale-down**

1. Questionar a validade de tantos dados em relação as capacidades reais: simplificação a considerar? Discussão MISAU
2. Formação nos centros de saúde (pessoal duplicado/triplicado)
3. Testar a informatização

# Recomendações

## **PMA:**

- Se sobrar \$: reforçar o M&E de dentro do MISAU / não fora (Ex. binômio monitor // DDS) → estratégia LT
- Apoiar de maneira diferenciada para centros < dimensão (ex. ONG)

## **UNICEF:**

- Semana criança: se focalizar sobre alguns tratamentos (se não sobrecarrega o pessoal: problemas de planificação)
- Formações: multiplicação necessária (movimentos pessoal)

Necessidade acordo tripartida MISAU / PMA / UNICEF para enquadrar acordos DPS e apoiar M&E

# Lições aprendidas

## 1UN:

- Formulação programa conjunto MDG:

Duração curta: mais adaptado para actividades de rotina / pouco adaptado para actividades pilotas

→ Dificuldade conhecer impacto programa ; tem indicadores de resultado / não de impacto (ou difícil de medir)

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- A alta autoridade (Res Coord) só valida decisões das agências / não tem capacidade para controlar ('boa vontade' entre agência) / sem mecanismo para transferir fundos entre agências

- programação conjunta / implementação individual = melhor abordagem

- não há mecanismo claro para o Secretariado / Coop

Espanhola saber do nível de implementação por agência

# Obrigado

Annex 5: Local and national contribution of programme activities to the MDGs

Goal	Target	Output	Potential contribution by programme's end based on current results
Goal 1: Eradicate extreme poverty & hunger	Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day	Urban gardening FAO Nutrition component FAO	The components of FAO are of a pilot nature and will not contribute substantially to this goal even at municipality level; therefore, it is important to test properly the actions in this component and if successful mainstream them into GOM for future scaling up
	Target 2: Achieve full and productive employment and decent work for all, including women and young people	Not directly addressed by the programme	The programme supports HIV positive adults through food aid
Goal 2: Achieve Universal Education	Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Not relevant	
Goal 3: Achieve gender equity	Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Not directly addressed by the programme	
Goal 4: Reduce child mortality	Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Vit A campaigns, food aid, surveillance UNICEF, WFP, WHO Nutrition component FAO	The programme is currently contributing strongly to this goal; however, the lack of collaboration between UNICEF and WFP, lack of very intensive sensitization campaigns on improved nutrition in the northern provinces where malnutrition is highest (whether implemented by FAO, UNICEF, WFP or other agencies) is somehow disappointing: priority should have been put on education and behavioural change at district level through health units AND community workers
Goal 5: Improve maternal health	Target 6: Reduce by three quarters the maternal mortality ratio	Idem above	
	Target 7: Achieve universal access to reproductive health	Not relevant	
Goal 6: Combat HIV/AIDS and other diseases	Target 8: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Not directly addressed by the programme	Still, the programme support HIV affected people (children) through WFP's food aid
	Target 9: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Not relevant	
	Target 10: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Not relevant	
Goal 7: Ensure Environment Sustainability	Target 11: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of	Not relevant	

	environmental resources		
	Target 12: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Not relevant	
	Target 13: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation	Not relevant	
	Target 14: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Not relevant	
Goal 8: Build Partnership for Development	Target 15: Address the special needs of least developed countries, landlocked countries and small island developing states	Not relevant	
	Target 16: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	Not relevant	
	Target 17: Deal comprehensively with developing countries' debt	Not relevant	
	Target 18: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Not relevant	
	Target 19: In cooperation with the private sector, make available benefits of new technologies, especially information and communications	Not relevant	