

## Section I: Identification and JP Status Children, Food Security and Nutrition in Mozambique

### Semester: 2-10

Country	Mozambique
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Children, Food Security and Nutrition in Mozambique

Report Number	
Reporting Period	2-10
Programme Duration	
Official Starting Date	

Participating UN Organizations	* FAO * UNICEF * WFP * WHO
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Implementing Partners	* Ministry Agriculture * Ministry of Health (MOH)
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### Budget Summary

#### Total Approved Budget

FAO	\$1,590,662.00
UNICEF	\$1,805,090.00
WFP	\$1,978,430.00

WHO	\$125,818.00
Total	\$5,500,000.00

**Total Amount of Transferred To Date**

FAO	\$948,662.00
UNICEF	\$1,526,890.00
WFP	\$1,240,130.00
WHO	\$63,758.00
Total	\$3,779,440.00

**Total Budget Committed To Date**

FAO	\$315,475.00
UNICEF	\$1,369,120.00
WFP	\$1,125,000.00
WHO	\$1,800.00
Total	\$2,811,395.00

**Total Budget Disbursed To Date**

FAO	\$306,809.00
UNICEF	\$1,369,120.00
WFP	\$1,125,000.00
WHO	\$1,800.00
Total	\$2,802,729.00

**Donors**

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided in 2010 for each programme as per following example:

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
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Parallel

Cost Share

Counterpart

## DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

### Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number								
Reached Number								
Targeted - Reached	0	0	0	0	0	0	0	0
% difference	0	0	0	0	0	0	0	0

### Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	3000		7000				2	13
Reached Number	3000		7000				2	13
Targeted - Reached	0	0	0	0	0	0	0	0
% difference	100.0	0	100.0	0	0	0	100.0	100.0

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

#### Progress in outcomes

It is too early to have data on achievement of the outcome (Improved health, nutritional and food security status for children by 2011).

#### Progress in outputs

Progress in Outputs:

Output 1: The distribution of CSB was completed and MoH staff in all provinces was trained in nutritional supplementation (partly with other funds). The programme has been implemented since March (when the delivery of CSB was completed) in Maputo City, Maputo Province, Gaza, Inhambane, Sofala, Manica, Tete, and Sofala. WFP also suffered two pipeline breaks (due to problems with the supplier) which meant that in certain months CSB was not delivered on time. The programme has not yet been expanded to Zambezia, Nampula, Niassa and Cabo Delgado. The WHO Anthro Tool Manual for nutritional surveillance was translated into Portuguese. Other activities were delayed due to staffing constraints within WHO.

Output 2: The second round of the Child Health Weeks, renamed to National Health Weeks, was implemented from 1-7 November, 2010. The week included interventions for children under five including vitamin A supplementation, deworming, immunisation and nutritional screening. Interventions for women included tetanus toxoid immunisation and family planning counselling, and for adolescents, deworming, iron supplementation and tetanus toxoid immunisation (the latter two only for girls). 3,352,132 children aged 6-59 months received a vitamin A supplement (94% of the target), 2,812,335 children aged 12-59 months received deworming medication (89% of the target) and 3,002,824 children were screened for acute malnutrition (84% of the target). About 21,500 or 0.7% of all measured children were found to have severe acute undernutrition and were referred to treatment. In Nampula and Maputo cities, the families of these children are eligible for support for horticulture interventions.

Output 3: A total of nine NGOs/CBOs (five in Maputo city and four in Nampula city) have been selected to implement nutrition education and horticulture activities with vulnerable households in 10 neighbourhoods. In Nampula the NGOs are: i) Kulima, ii) UGCAN (União Geral dos Camponeses de Nampula), (iii) Solidariedade Zambezia and iv) Nivenyee. In Maputo the NGOs are i) Kulima, ii) AES (Association of Educational activities for Health), iii) Lutheran World Foundation - LWF, iv) Kindlimuka, and v) Kuyakana.

The signature of the Memorandum of Understanding (MoU) with selected partners is in process. It is expected that the selected organizations will reach 7,500 households in Nampula and 7,500 households in Maputo, providing them with knowledge and skills in horticulture and nutrition, to enable them to improve their dietary practices and reduce malnutrition. The development of the training material for nutrition education has started. Two training packages have been developed: i) training of trainers package for nutrition education for urban settings; ii) training package on nutrition education for schools. The development of a nutrition training package for the community volunteers who will be responsible to train the member of the households will follow.

The training in nutrition (education) for trainers of trainers started in Maputo city in November. A total of 17 volunteers and technicians participated in this first training,

representing the government (health, social welfare, agriculture sectors and the city municipality) and NGOs/CBOs AES and Kuyakana. The training for teachers on nutrition education in schools started in Nampula and Maputo Cities in October; 17 teachers were trained in Nampula and 23 in Maputo City . These are expected to implement the training of community volunteers in February and March 2011.

As to the horticulture component of this project the training package is under preparation. The implementation of this component is delayed due to problems in the recruitment of the international consultant (unexpectedly, the consultant had to reschedule his mission to Mozambique at the last minute). The training is now scheduled for February and March 2011. This delay may jeopardize the full accomplishment of the project outcomes in this component. Delays also occurred in the acquisition of the fruit trees, due to the fact that there are few certified providers of seedlings both in Maputo and Nampula City. A local provider has been contacted, who can import seedlings from South Africa.

The Knowledge, Attitudes and Practices (KAP) study on food habits and nutrition knowledge has been delayed as the Memorandum of Understanding (MoU) with the partners has not yet been signed. The selection of the consultants has been concluded and the study will be conducted during the first trimester of 2011.

FAO Headquarter provided two one-week technical backstopping missions, one in April and one in November. The missions focused on the design of the KAP study and the development of the nutrition training package.

The FAO Project Coordinator and the Project counterpart in Maputo City (the Counsellor for Economic Issues) participated in an international symposium on Urban and Peri-urban Horticulture in Dakar, Senegal. The primary objective of this symposium was to share experiences and lessons learned among the participating countries. The meeting was attended by participants from 39 African countries. The event was an important opportunity for both the project and for the Municipality to learn from different experiences and knowledge from several countries, especially the results and difficulties faced by the "Food for Cities" Initiative and also provided them with an opportunity for networking.

With regards to infant and young child feeding, a total of 49 journalists from five provinces and the capital city have been trained on breastfeeding. Funds for training of community workers to establish mother support groups, and for training of hospital staff in the Baby Friendly Hospital Initiative have been advanced; these activities will be implemented in the first months of 2011.

### **Measures taken for the sustainability of the joint programme**

Capacity building and involvement of national actors (Government and non Government) have been cornerstones of the activities to date. These measures will ensure that activities can be sustained in the long term.

### **Are there difficulties in the implementation?**

Administrative / Financial

### **What are the causes of these difficulties?**

Other. Please specify

*Timely and quality availability of monitoring data*

### **Briefly describe the current difficulties the Joint Programme is facing**

Output 1: The implementation of some activities related to nutrition rehabilitation (severe and moderate acute malnutrition) was delayed since the approval of the updated protocol was delayed. The protocol was approved in August 2010, following which activities focusing on training and implementation of the new protocol were revitalised. This

situation impacted more severely on the acute malnutrition interventions, since the protocol was revised considerably.

With regards to moderate acute malnutrition, there was some delay in the distribution of CSB since the product only arrived in Mozambique in February/ March 2010. WFP also suffered two pipeline breaks (due to problems with the supplier) which meant that in certain months CSB was not delivered on time.

The timely and adequate reporting of nutrition rehabilitation data from health facility, district and provincial levels remains a challenge, although the situation improved in the second half of the year, particularly with regards to severe acute malnutrition. Data from several provinces are still not complete, however, and by the deadline of this report, data were only available up to end September.

The delays in the support to nutritional surveillance and nutrition education/food hygiene (Output 3) were caused by staff constraints within WHO.

#### **Briefly describe the current external difficulties that delay implementation**

There are no external difficulties that impact on the implementation of the Joint Programme.

#### **Explain the actions that are or will be taken to eliminate or mitigate the difficulties**

Output 1: New, more user friendly, monitoring tools have been designed for the nutrition rehabilitation programme (which includes supplementary feeding and treatment of severe acute malnutrition). Provincial and district health staff and trainers will be trained in these new protocols. Monitoring and supervision will be strengthened to ensure that health centres are trained. The UN agencies will work closely with Government counterparts to guarantee that the data are reported and shared on time.

Provincial and District Health authorities will be supported financially and technically, so that distribution of CSB+ runs smoothly, and occurs on time. The support will focus on the larger health centres and not on the smaller health centres and health posts. This will reduce the distances. Moreover, the smaller health centres and health posts had a smaller case load, making the program less cost-effective.

WFP is also trying to expand the capacity for the local production of CSB+, which will mean less reliance on imported CSB+ and less pipeline breaks.

Output 3: WHO has recruited additional staff for the area of Nutrition, who will work on the nutritional surveillance and the nutrition education/food hygiene components of the Joint Programme. Project implementation will be closely monitored and the required technical backstopping provided to ensure that no additional delays will occur. Efforts are made to compensate for the delays in the urban gardening component. In order to obtain a more precise picture of the project's ability to achieve its intended results within the remaining project life time, a review and evaluation of project activities will be carried out at the end of the first trimester.

## **2 Inter-Agency Coordination and Delivering as One**

#### **Is the joint programme still in line with the UNDAF?**

Yes true

No false

#### **If not, does the joint programme fit the national strategies?**

Yes true  
No false

### What types of coordination mechanisms

The regular coordination meetings between the agencies involved were maintained.

During the National Health Week in November, joint monitoring visits were organised in the urban and peri-urban areas of Nampula (Ministry of Health/Municipality/CBO/FAO/UNICEF) and Maputo (Ministry of Health/CBO/FAO/UNICEF/WFP) cities. During these visits, the areas where (peri-)urban horticulture and fruit tree planting is implemented were visited and the collaboration between the CBOs and health services for the delivery of National Health Week services could be observed. The children who were identified with acute malnutrition were referred for enrolment in the Nutrition Rehabilitation Programme, and their families will be eligible for the (peri-)urban horticulture and fruit tree planting interventions.

MDG-F inter-programme meetings took place twice in the second semester of 2010. The meetings served to discuss common operational and implementation issues and share information about progress and constraints. One Programme Management Committee (PMC) meeting was held, to review progress and agree on the finalization of the bi-annual report and the Annual Work Plan (AWP) for 2011.

### Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs	0	0	N/A	N/A
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	Meeting minutes	MDG-F JP Secretariat
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	2	N/A	N/A

### 3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

#### Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not involved false  
Slightly involved false  
Fairly involved false  
Fully involved true

**In what kind of decisions and activities is the government involved?**

Policy/decision making

Management: budget

Management: service provision

**Who leads and/or chair the PMC?**

Ministry of Health

**Number of meetings with PMC chair**

3(March,June,December)

**Is civil society involved in the implementation of activities and the delivery of outputs?**

Not involved false

Slightly involved false

Fairly involved true

Fully involved false

**In what kind of decisions and activities is the civil society involved?**

Management: service provision

**Are the citizens involved in the implementation of activities and the delivery of outputs?**

Not involved false

Slightly involved true

Fairly involved false

Fully involved false

**In what kind of decisions and activities are the citizens involved?**

Management: service provision

**Where is the joint programme management unit seated?**

other, specify

*There is no separate joint programme management unit; the activities are incorporated into, or already part of, existing plans and strategies.*

**Current situation**

The supplementary feeding activities are led by the Ministry of Health. The treatment protocols and training manuals are developed jointly with UN and other partners and are official MoH documents. A Tripartite Agreement between MoH, UNICEF and WFP further guides these interventions.

The National Health Weeks are led by the Ministry of Health, with active involvement of civil society actors in the delivery of services.

For the urban gardening interventions, there is close and day-to-day collaboration with municipal councils. Local NGOs and CBOs will be closely involved in the delivery of services and nine such organizations have been identified.

#### 4 Communication and Advocacy

**Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?**

Yes true  
No false

**Please provide a brief explanation of the objectives, key elements and target audience of this strategy**  
(there is a joint strategy for the three MDG-Fund supported Joint Programmes in Mozambique)

The goal is to accelerate the progress towards the MDGs via awareness raising, strengthening support and actions for the MDGs and involvement of citizens in policies and practices. For nutrition, the development of a multisectoral action plan for the reduction of chronic malnutrition was supported by the four agencies collaborating for this Joint Programme. The plan was approved by the Council of Ministers in September 2010.

**What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?**

Increased awareness on MDG related issues amongst citizens and governments  
Key moments/events of social mobilization that highlight issues

**What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?**

Faith-based organizations	1
Social networks/coalitions	11
Local citizen groups	
Private sector	
Academic institutions	
Media groups and journalist	
Other	

**What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?**

Use of local communication mediums such radio, theatre groups, newspapers

## **Section III: Millenium Development Goals**

### **Millenium Development Goals**

#### **Additional Narrative Comments**

**Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level**

The Joint Programme is contributing to the achievement of MDG-1 (Poverty and Hunger) since it provides short-term and long-term interventions to improve nutritional status and food security. A contribution is also made to MDG-4 (Child Mortality), since the interventions also contribute to reduce children's risk of becoming sick or dying.

**Please provide other comments you would like to communicate to the MDG-F Secretariat**

The Word based reporting format is not very user friendly (in particular the text boxes and the financial data in a Word (as opposed to Excel) table). It is recommended to find a more user friendly format. The on-line uploading option inhibits sharing of draft documents and it requires the development of duplicate documents (the original report and separate pieces to upload on the website), as well as double data entry (Word and web site).

## **Section IV: General Thematic Indicators**

### **1 Integrated approaches for reducing child hunger and under-nutrition promoted**

#### **1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention**

##### **Children under 2**

Total No.

No. Urban

No. Rural

No. Girls

No. boys

##### **Children from 2 to 5**

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

##### **Children older than 5**

Total

No. Urban

No. Rural

No. Girls

No. boys

##### **Women**

Total

No. Urban

No. Rural

No. Pregnant

## **1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention**

### **Children under 2**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children from 2 to 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children older than 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Women**

Total

No. Urban

No. Rural

No. pregnant

### **Men**

Total

No. Urban

No. Rural

## **1.3 Prevalence of underweight children under-five years of age**

National % 18%  
 Targeted Area % 18%

**Proportion of population below minimum level of dietary energy consumption**

% National N/A  
 % Targeted Area N/A

**Stunting prevalence**

% National 44%  
 % Targeted Area 44%

**Anemia prevalence**

% National 51%  
 % Targeted Area 51%

**Comments**

The targets and information available all refer to children from 0-59 months of age (6-59 months for some interventions). Therefore, this age group was included in the table above. This was changed in the Word version of the report, but since that can not be done in this electronic format, the data are not submitted.

**1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected**

**Homestead food production and diversification**

National 1  
 Local  
 Urban 2  
 Rural  
 Girls  
 Pregnant Women  
 Boys

**Food fortification**

National  
 Local  
 Urban  
 Rural



Girls  
Pregnant Women  
Boys

**School feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Behavioural change communication**

National 1  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Gender specific approaches**

National  
Local  
Urban  
Local  
Girls  
Pregnant Women  
Boys

**Interventions targeting population living with HIV**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Promotion of exclusive breastfeeding**

National 1  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Therapeutic feeding programmes**

National 1  
Local  
Urban  
Rural  
Girls 18640  
Pregnant Women  
Boys 18640

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National SupplementaryFeeding  
Local  
Urban  
Rural  
Girls 5735  
Pregnant Women  
Boys 5736

**2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies**

## 2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

### Policies

National  
Local

### Laws

National  
Local

### Plans

National 2  
Local

## 3 Assessment, monitoring and evaluation

### 3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National 1  
Local  
Total

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Joint Programme Outcome: Improved health, nutritional and food security status for children by 2011	<p>Percentage of under 5 year old children with underweight</p> <p>Percentage of households with improved dietary diversity</p>	<p>18% in 2008</p> <p>VAC 2009 (SETSAN): 18.3% of households had a borderline score, 9.3% had a poor score and 72.4% had a good score</p>	<p>13% by 2015 (Government target – ESAN II)</p> <p>No target set</p>	<p>No new information available</p> <p>No new information available</p>	<p>Surveys</p> <p>Vulnerability Assessments</p>	<p>Surveys every 2-3 years</p> <p>Annually</p>	<p>MoH/National Statistics Institute (INE)</p> <p>Technical Secretariat for Food and Nutrition Security (SETSAN)</p>	<p>Risk: Low capacity of service providers</p> <p>Assumption: Good intersectoral collaboration</p>

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 1:  An effectively functioning and expanded system to treat severely and moderately malnourished children is operational in programme areas by the end of 2011.	# of moderately malnourished children reached.	11,527 in Sept. 2008	Up to 40,000 per year	11,471 (MoH data up to end September 2010)	District Health Director (DDS)/MoH reports	Monthly, annually	DDS/MoH	Risks: Delays in distribution of food items Weak nutritional screening at community levels which will lead to low coverage  Assumptions: Intervention protocol approved and disseminated timely Close collaboration between central and provincial levels
	# of severely malnourished children and pregnant women reached.	5,577 children in 2008, no data for pregnant women	Up to 8,000 children and 4,000 adults, including pregnant women, per year	37,280 children treated for SAM as in-patients or outpatients (MoH data up to end September 2010)	DDS/MoH program reports	Monthly, annually	DDS/MoH	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 2: An effective way of delivering key preventative interventions to children <5	# of children <5 reached with micro-nutrient supplementation	Second round 2008: 3,503,905	Up to 3.5 million children per round	3,440,770 Children in Round 2 of 2009, 3,787,289 in Round 1 of 2010 and 3,352,132 in Round 2 of 2010	DDS/MoH program reports	Monthly, annually	DDS/MoH	Risk: Delays in distribution of Vitamin A supplements  Assumption: Mobile teams functioning well
Output 3: An effectively functioning and expanded system to promote improved and diversified diets and knowledge on nutrition included in IYCF.	# of households with improved diversified diets # of households with improved nutrition knowledge # of neighbourhoods with tree planting programme # implementing the MoH Infant Feeding Policy and Strategy on the Promotion, Protection and Support of Breastfeeding # of districts with nutritional surveillance in	Not available  Not available  0  0  0	15,000  15,000  10  11  20	0  0  9  6  This intervention has not yet	Survey  Survey  MINAG reports  DDS/MoH Reports  DDS /MoHReports	Annually  Annually  Annually  Report from activities  Monthly collection data from sentinel site	MoH/SETSAN  MoH/SETSAN  MINAG  MoH / DDS  MoH / DDS	Risks: Lack of adequate staff capacity (number and skills) Weak intersectoral collaboration at provincial and district levels.  Assumption: Households capable of applying new knowledge

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	place # of districts implementing actions improving food safety and nutrition practices	0	20	been initiated This intervention has not yet been initiated	Survey	Annually	MoH/SETSAN	

JP outputs 1, 2 and 3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
<b>Output 1:</b> <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>	Supplementary feeding programme implemented jointly by the Ministry of Health (MoH), WFP and UNICEF for moderately malnourished children in 48 districts;		X		UNICEF	MoH (central, provincial and district)	167,000	90,008	90,008	54%
	Capacity building and supervision of health and NGO staff in 48 districts for supplementary feeding, (including logistics).	X	X		WFP		1,750,000	1,100,000	1,100,000	63%
	Management of severe acute malnutrition in inpatient and outpatient settings in all provinces		X	X	UNICEF	MoH (central, provincial and district)	110,000	38,168	38,168	35%
	Support for nutritionally enhanced products	X	X	X	WFP	MoH (central, provincial and district)	99,000	25,000	25,000	25%
	Support to MoH in integrating Nutrition surveillance into the National surveillance system		X		WHO	MoH (central, provincial and district)	95,587	1,800	1,800	2%

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
<b>Output 2:</b> <b>An effective way of delivering micronutrient supplementation and the package of PHC services to children &lt;5</b>	Nationwide Vitamin A supplementation, deworming, vaccination and MUAC screening through bi-annual National Child Health Weeks (NCHW) (MOH with support from UNICEF, WHO and HKI)	X	X		UNICEF	MoH (central, provincial and district)	1,200,000	1,197,960	1,197,960	100%
<b>Output 3:</b> <b>An effectively functioning and expanded system to promote improved and diversified diets and knowledge on nutrition included in IYCF.</b>	Select local NGOs/CBOs implementing activities with vulnerable households in the 10 densely populated neighbourhoods in the cities of Maputo and Nampula.  Develop partnership MoU with the selected NGOs/CBOs  Carry out KAP survey in the targeted areas on food habits and nutrition knowledge.  Review urban gardening techniques and source materials  Initiate development of training packages of nutrition education materials	X	X	X	FAO	MINAG	1,006,600	122,700	122,700	12%

