

## Section I: Identification and JP Status

### Children, Food Security and Nutrition in Mozambique

#### Semester: 1-11

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	1-11
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	\$812,411.00
UNICEF	\$1,401,762.00	
WFP	\$1,159,000.00	
WHO	\$1,800.00	
Total	\$3,374,973.00	

**Total Budget Disbursed To Date**

	FAO	\$621,505.00
UNICEF	\$1,401,762.00	
WFP	\$1,159,000.00	
WHO	\$1,800.00	
Total	\$3,184,067.00	

**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
Parallel					
Cost Share				690	700
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
% difference		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 0
% difference	100.0	0	100.0	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

Output 1: Support was provided to trainings in the new nutrition rehabilitation programme (PRN, covering SAM and MAM): a regional training of trainers in the South and a training of health workers in Sofala province. Several activities were funded with (UNICEF's) own funds, since there is a delay in the request for the last fund transfer. These will be reported later. In addition, between February and April 2011, 150 health centres in seven Provinces (Maputo City, Maputo Province, Gaza, Inhambane, Sofala, Manica and Tete) received on the job trainings on how to implement the PRN guidelines for MAM. They also received recording material and job aids to support the classification of patients, and are in the process of receiving the new MUAC tapes for children.

There was very little distribution of CSB in most provinces except for Tete province in the month of January. In February, Maputo City, Maputo Province, Gaza and Inhambane did not report any distribution of CSB. In March and April, only Gaza and Inhambane did not distribute any CSB. In May, all seven provinces reported distribution of CSB. In June, the distribution of CSB decreased again because Sofala and Manica did not report any distribution of CSB.

Output 2: The National Health Weeks were not supported by the MDG-F in 2011.

Output 3: A total of eight NGOs/CBOs (three 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), and (iii) Kuyakana.

The signing of the Memorandum of Understanding (MoU) with selected partners is finalized (except for the LWF). The selected organizations will reach 7,500 households in Nampula and 7,000 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 is finalized. Three training packages have been developed: i) training of trainers package for nutrition education for urban settings; ii) training package on nutrition education for schools and iii) training package for the community volunteers who will be responsible to train the member of the households.

Four training courses in nutrition education for trainers of trainers were carried out in Nampula and Maputo cities. A total of 72 trainers of Activists were trained in Nampula (40) and Maputo (32), representing the government (health, social welfare, agriculture sectors and the city municipality of Nampula and Maputo) and NGOs/CBOs with whom MoUs were signed. These trainers are implementing the training of Activists. So far, 200 Activists have been trained in Nampula and 45 in Maputo. The Activists have started to implement community based nutritional activities both cities.

The training of teachers in nutrition education in schools reached 17 teachers in Nampula and 23 teachers in Maputo City.

With regards to the horticulture and fruit tree components of this project, the training package is also finalized and trainer of trainers courses conducted. A total of 62 trainers of Activists were trained; 40 in Nampula and 22s in Maputo. The trainers trained 80 Activists in horticulture and fruit tree planting and care in Nampula. Nurseries for seedling for the horticulture activity have been developed by the NGOs/CBOs in both cities. In Nampula fruit tree have been handed to two schools.

Supplies to establish the “model gardens” have been purchased and distributed to the activists. This includes the following items: (i) 5meters measuring tape, (ii) hoe, (iii) rake, (iv) pruning scissors, (v) vegetable seeds and fruit tree samplings.

The training materials for nutrition and horticulture have been reviewed, adapted and produced, namely : i) Guidelines for setting up a home garden, ii) Manual for horticulture, iii) technical guidelines for the cultures of lecture and tomato.

The Knowledge, Attitudes and Practices (KAP) study on food habits and nutrition knowledge is in progress; the field work is finalized and the draft report will be ready by end July.

FAO Headquarters provided a one-week technical backstopping mission in May 2011. The mission focused on reviewing the design of the KAP study and the implementation of the nutrition, horticulture and fruit tree planting training packages. The mission reviewed also the implementation of the project as a whole.

#### **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 reporting of nutrition rehabilitation data on time and of good quality remains a challenge, although the situation is improving slowly. All provinces and districts have now been trained in the new recording and reporting systems, but the reproduction and distribution of the relevant materials has not yet been completed so not all sites can implement the new system. By the deadline of this report, data were only available up to end May or June.

With regards to distribution of CSB for moderate acute malnutrition, DPSs decided to start the distribution of CSB when health centers had been trained. In some province the training took longer for some provinces, explaining why some provinces only started reporting the distribution of CSB in May. The DPS of Sofala and Manica did not distribute CSB to the health centers in the month of June, claiming that they did not have funds for transportation. Gaza province has not yet reported number of beneficiaries for the month of June even though distribution was carried out.

It has been observed that many health centres are giving CSB to children with SAM (without complications) when there is insufficient RUTF. However since these cases are reported under SAM, and the reports do not distinguish the nutritional supplement distributed, these cases are not included in the cumulative number of children that received CSB. In sum, a lot more children are receiving CSB than what is reported.

The request for extension of the programme (which is a lengthy process) has delayed the last disbursement significantly and thereby also implementation of several activities. WFP has been using other funds to cover the purchase and distribution of CSB for this reporting period. UNICEF is also using other funding sources to be able to implement some of the activities in Outputs 1 and 3.

The activities related to infant and young child feeding (IYCF) (Output 3) suffered some delay since the MoH agreed to adopt a newly published package for community counselling on IYCF. This package is currently being translated, after which activities can be implemented.

There were further delays in the support to nutritional surveillance (Output 3), due to discussions about to the most appropriate system to be used. This issue has now been clarified and implementation will be revitalised in the remainder of 2011. FAO faced delays in the recruitment process of staff and consultants at the start-up of the programme, which still impact on timely achievement of results in the nutrition and horticulture component. It is for this reason that an extension up to mid 2012 has been requested and is currently being processed.

#### **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 have been trained in these new protocols and registration materials. Monitoring and supervision will be strengthened to ensure that health centres are applying the new criteria and using new material correctly. The UN agencies will work closely with Government counterparts to guarantee that the data are reported and shared on time. WFP food monitors are trying to support health centres in preparing monthly reports correctly and on time.

Provincial and District Health authorities are 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 as well as a CSB with a longer shelf life.

Output 3: 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 was carried out during the second trimester of 2011. Measures to overcome the above mentioned delays included: train 50 trainers of trainer and support these to train 450 activists selected within the beneficiaries families. Each activist is expected to install a "model garden" at his/her house to serve as a training and demonstration site for the families in the neighbourhood to be trained.

The training of families will be done by the activists. The number of families per activists varies according to the organization with an average of about 33 families per activist, which will allow for reaching the 15,000 families targeted by the project. Each activist will subdivide its 33 families in 2 or 3 groups and provide practical training courses of 5

days. The nutrition component will follow the same path however; the training sessions will be done over the period of the duration of the MoU with ONGs/CBOs.

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.

## 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  
No

### What types of coordination mechanisms

The regular coordination meetings between the agencies involved were maintained.

Two MDG-F inter-programme meetings were held in the first semester of 2011. The Mid Term Evaluation was carried out in June. At the time of writing, the evaluation report had not been shared yet. One Programme Management Committee (PMC) meeting was held, to review progress and to discuss the need for an extension of the JP.

### 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	2	Meeting reports	JP Coordinator
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	0	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**

2 (May and June)

**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?**

UN Agency

**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**

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

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved health, nutritional and food security status for children by 2011		# of moderately malnourished children reached PER YEAR	27.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved health, nutritional and food security status for children by 2011		# of severely malnourished children reached PER YEAR	11.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved health, nutritional and food security status for children by 2011		# of children <5 reached with micronutrient supplementation (Round 2 of 2009)	3.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved health, nutritional and food security status for children by 2011		# of children <5 reached with micronutrient supplementation (Round 1 of 2010)	3.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved health, nutritional and food security status for children by 2011		# of children <5 reached with micronutrient supplementation (Round 2 of 2010)	3.0

### Additional Narrative Comments

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



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

## 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 data available on this age group

No. Urban

No. Rural

No. Girls

No. boys

##### Children from 2 to 5

Total No. No data available on this age group

No. Urban

No. Rural

No. Girls

No. Boys

##### Children older than 5

Total No data available on this age group

No. Urban

No. Rural

No. Girls

No. boys

##### Women

Total No data available

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 data available on this age group

No. Urban

No. Rural

No. Girls

No. Boys

### Children from 2 to 5

Total No data available on this age group

No. Urban

No. Rural

No. Girls

No. Boys

### Children older than 5

Total No data available on this age group

No. Urban

No. Rural

No. Girls

No. Boys

### Women

Total No data available

No. Urban

No. Rural

No. pregnant

### Men

Total No data available

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**

Data are only available for children aged 0-59 months, not for subgroups.

**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  
Local  
Urban  
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  
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  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Therapeutic feeding programmes**

National 27,620  
Local  
Urban  
Rural  
Girls 14,016  
Pregnant Women  
Boys 13,604

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National 11,621

*No data are available yet about the coverage for Homestead food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

Local

*No data are available yet about the coverage for Homestead food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

Urban

*No data are available yet about the coverage for Homestaed food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

#### Rural

*No data are available yet about the coverage for Homestaed food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

Girls 5,810

*No data are available yet about the coverage for Homestaed food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

#### Pregnant Women

*No data are available yet about the coverage for Homestaed food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

Boys 5,811

*No data are available yet about the coverage for Homestaed food production, Behavioural change communication and promotion of exclusive breastfeeding.  
Other = Supplementary feeding programme.  
Gender disaggregation as estimates.*

## **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	0
Local	0

#### **Laws**

National 0  
Local 0

**Plans**

National 2  
Local 0

**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 2 (Nutrition Surveillance System and Nutrition Rehab. System)  
Local 0  
Total 0

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>VAC 2010 (SETSAN): 22.6% of households had a borderline score, 11.2% had a poor score and 66.2% had a good score</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	27,620 (DPS/MoH data January 2011 – End of June 2011)	Provincial Health Directorate (DDS)/MoH reports	Monthly, annually	DPS/MoH	Risks: Delays in reporting, delays in distribution of food items. Weak nutritional screening in the health centre which will lead to low coverage and distribution of CSB to SAM cases.
	# 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	11,621 children (DPS/MoH data January 2011 – End of April 2011)	DPS/MoH program reports	Monthly, annually	DPS/MoH	Assumptions: Intervention protocol approved and disseminated timely Close collaboration between central and provincial levels
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	DDS/MoH program reports	Monthly, annually	DDS/MoH	Risk: Delays in distribution of Vitamin A supplements  Assumption: Mobile teams functioning well

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
				2010				
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 place # of districts	Not available Not available 0 0 0 0	15,000 15,000 10 11 20 20	Not available (no JP specific data available yet) Not available 2 9 6 This intervention	Survey Survey MINAG reports DDS/MoH Reports DDS /MoHReports Survey	Annually Annually Annually Report from activities Monthly collection data from sentinel site	MoH/SETSAN MoH/SETSAN MINAG MoH / DDS MoH / DDS MoH/SETSAN	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
	implementing actions improving food safety and nutrition practices			has not yet been initiated This intervention has not yet been initiated		Annually		

## MDG-F Monitoring Report

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	88,001	88,001	53%
	Capacity building and supervision of health and NGO staff in 48 districts for supplementary feeding, (including logistics).	X	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	86,347	86,347	78%
	Support for nutritionally enhanced products	X	X	X	WFP	MoH (central, provincial and district)	99,000	59,000	59,000	60%
	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%

## MDG-F Monitoring Report

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	507,054	324,814	32% (disb.mts ); 50% (commitments)

## MDG-F Monitoring Report

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
	Select primary and secondary schools in the 10 neighbourhoods		X		FAO	MINAG	480,000	305,357	296,691	62% (disb.mts ); 64% (commitments)
	Develop partnership MoU with the selected schools and the facilitating NGOs/CBOs		X	X						
	Carry out a technical review of species of fruit trees for use in the fruit tree initiative		X	X						
	Source fruit trees		X							
	Include use of fruit in the training packages of nutrition education material		X							
	Finalize the Nutrition Manual "Vamos Comer"		X							
	Promotion and support for improved infant feeding practices through health facilities and in the community		X	X	UNICEF	MoH	210,000	29,454	29,454	14%

### MDG-F Monitoring Report

	Promotion of food hygiene and safety  Training of health workers in all provinces on integrated infant and young child feeding (IYCF) counseling course  Training of nutrition focal point on M&E in targeted districts  Nutritional education and Promotion of Food Hygiene		X	X	WHO	MoH	22,000	1,800	1,800	8%	
	<b>Total Programme costs, committed and disbursed amounts</b>							<b>5,140,187</b>	<b>3,376,773</b>	<b>3,185,867</b>	<b>62%</b> <b>(disb.mts )</b> <b>66%</b> <b>(commitmts)</b>