Joint Programme on Health and Nutrition
"Support the Availability, Accessibility, and Provision of High Quality Sexual and Reproductive Health, Neonatal and Child Services and Nutrition"
"

FINAL PROGRAMMEME[1]NARRATIVE REPORT

Programme Title & Project Number	Country, Locality(s), Thematic Area(s)[2]
• Programme Title: MOZ • Programme Number (if applicable): n/a • MPTF Office Project/ Reference Number:	*Mozambique* *Thematic/Priority Sexual and Reproductive Neonatal and Child and Nutrition*

Participating Organization(s)	Implementing Partners
• *UNICEF, UNFPA,WHO, WFP*	• Refer to part I, section d for a complete list of implementing partners

Programme/Project Cost (US$)		Programme Duration (months)	
MPTF/JP Fund Contribution: • *by Agency (if applicable)*	3,556,518	Overall Duration*(months)*	29 months
Agency Contribution • *by Agency (if applicable)*	8,628,832	Start Date[3]	01 August 2009
Government Contribution *(if applicable)*		End Date (or Revised End Date)[4]	31 December 2011
Other Contributions (donors) *(if applicable)*		Operational Closure Date[5] 31	31 December 2011
TOTAL: 12, 185,350		Expected Financial Closure Date:	31 December 2011

Final Programmeme/ Project Evaluation	Submitted By
Evaluation Completed ■ Yes ☐ No Date: _____	○ Name: Alicia Carbonell ○ Title: FHP programme officer ○ Participating Organization (Lead): WHO

[1]The term "programme' is used for programmes, joint programmes and projects.
[2]Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.
[3] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY.
[4] As per approval by the relevant decision-making body/Steering Committee.
[5] All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

Evaluation Report - Attached ☐Yes/No ■	○ Contact information: +258 21491990

FINAL PROGRAMME REPORT

I. PURPOSE

a. Provide a brief introduction to the programme/ project *(one paragraph)*.

The Joint Programme on Reproductive Health, Neonatal and Child Health and Nutrition was developed as one of the components of the "Delivering as One" United Nations Framework in Mozambique in recognition of the fact that improving maternal and child health are fundamental factors contributing to the achievement of the MDGs.

The primary purpose of the Joint Programme is to support and ensure the availability, accessibility, and provision of high quality, reproductive, neonatal and child health and nutrition services by re-enforcing the capacity of government and civil society in designing, implementing and monitoring comprehensive sexual and reproductive/maternal and child health and nutrition services, with the objective of reaching every mother and child, and even the hard to reach, with an integrated package of maternal and child survival interventions

b. Provide a list of the main outputs and outcomes of the programme as per the approved programmatic document.

Outcome 1: Sexual and reproductive health, neonatal and child health and nutrition issues are adequately addressed in health policies, plans and strategies at all levels.

Outputs:

- Development and /or formal approval of the key strategic documents to support access, quality and use of maternal, neonatal and child health and nutrition supported.
- Capacity for planning, monitoring and evaluation of maternal and child health programmes at the national and sub-national level strengthened.

Outcome 2: Access to and use of cost-effective mother, newborn and child and nutrition interventions increased through integrated health services

Outputs:

- Government and community capacity improved for the implementation of integrated Maternal, Neonatal and Child Health (MNCH) key interventions, including nutrition in RED (Reaching Every District) plus districts,
- Government and community capacity improved to strengthen key nutrition interventions for reducing vulnerability and improving nutritional status of the mothers and children in selected food insecure districts.

c. Explain how the Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund.

The anticipated outcomes and outputs of this Joint Programme were defined considering the UNDAF Outcomes and Outputs, aiming to bring together the UN Agencies that have common interests and interventions on the field of Maternal, Child Health and Nutrition, using the complementary and synergies, to increase the impact of the UNDAF implementation and to support the commitment of the Government in meeting the MDG.

UNDAF OUTCOME 2: Increased access to and use of quality basic services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their

vulnerability by 2009. For this purpose, two CP Outcomes with specific outputs were identified this Joint Programme, namely:

CP OUTCOME 2.2: Access to, and use of quality basic health services increased, especially for the most disadvantaged populations.

CP OUTCOME 2.4: National, provincial and district level capacity increased to implement the Food Security and Nutrition National Strategy II and Plan of Action.

d. List primary implementing partners and stakeholders including key beneficiaries.

Programme areas	Implementation Partners		Agencies UN Participants
	Government	Others	
1.Sexual and reproductive Health	▪ MoH, DPSs, DDSs and health facilities,		**UNFPA and WHO**
2. Child Health	▪ MoH, DPSs, DDSs and health facilities,		**UNICEF, WHO**
3. Nutrition	MoH, MIC, DPSs, DDSs and health facilities	SETSAN, Save the Children, PSI	UNICEF, WFP

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

a. Report on the key outputs achieved and explain any variance in achieved versus planned results.

Expected Output 1- Development and/or formal approval of key strategic documents to support access, quality and use of maternal, neonatal and child health services and nutrition supported

Various key strategies, policies and studies for maternal, neonatal and child health and nutrition were developed during the period of implementation of this JP and where the UN agencies have played strong role with collaboration of relevant partners being the most relevant the following:

- The National Integrated Plan for MDG 4 and 5 for 2009-2012 (2015) finalized and launched in 2009 representing an important achievement to advance sexual and reproductive health and child health issues on the political agenda as well as for resource mobilization. This Plan has served as platform for the Annual Operational Plans at all levels and a reference for partners support. An operational guide for the implementation of the Integrated Plan was developed in 2010.
- The Multi-Sectorial Action Plan for the Reduction of Chronic Malnutrition 2011-2015, approved by the Council of Ministers.
- Relevant guidance documents and norms for improved services and cost-effective interventions as follow:

For sexual and reproductive health: The Family Planning Strategy and its operational plan approved in 2010; the norms for Antenatal Care, Post-Partum Care, EmOC and ENBC and Family Planning and abortion care, all of them approved in 2011. Guidelines for accreditation of health facility in IMCI and EmOC, developed and piloted throughout the country in 2011. The training package for the Traditional Births Attendants (TBAs) updated and the Reproductive Health Policy was finally approved.

The UN support included the edition, replication and dissemination of IEC materials to promote family planning services with key messages for families, men and youth through the mass media,

used during the Family Planning Campaign carried out during 2011.

For child health: The "at-risk child consultation" service to ensure that children exposed to or living with HIV/AIDS, malnourished children, pre-mature/low birth weight babies, twins, orphans or children with other difficulties can be adequately followed up, the guidelines and training manuals of postnatal visit guidelines and Guidelines for diarrheal diseases treatment for health workers and community health workers.

For nutrition: The protocol (manual) Volume I of the National Nutritional Rehabilitation Programme for the treatment of acute malnutrition in children up to 15 years has been finalized and approved in 2010, with UN support. Tools for registration and monitoring of data to be used at all levels were jointly developed. In 2011-2012 the UN is supporting the development of the manual Volume 2 for nutritional rehabilitation of patients suffering from acute malnutrition older than 15 years, including pregnant and lactating women. The UN also provided technical support for the National Food Fortification Strategy to consolidate inputs from the multi-sectoral working group on staple food fortification (government, private sector and development partners).

- The UN played a strong role in the **revitalization of the community health workers** programme with paid community health worker cadres implementing community case management (CCM) for major child killers. The plan for scaling up the programme, training and curricula was developed.

- The UN Agencies also provide **active support in advocating relevant health issues** such as the launching in 2009 of the 'Campaign on Accelerated Reduction of Maternal Mortality in Africa (**CARMMA)**' aimed to provide additional value to ongoing efforts towards the reduction of maternal and associated infant mortality in Africa and the National Partnership for Maternal, Newborn and Child Health, aiming to strengthen the national and sub-national capacity for the implementation of maternal and child health programmes in 2010.

- The advocacy the UN made on the need to address obstetric fistula, motivated the MoH to recognize it a**s** a priority and created a Fistula task force and initiated the development the National Fistula Strategy in 2011. The UN also supported the holding, in Maputo, of the International Experts meeting on Obstetric Fistula in 2011.

- The UN played a strong role in the revitalization of the community health workers programme with paid community health worker cadres implementing community case management (CCM) for major child killers. The plan for scaling up the programme, training and curricula was developed.

Output 2: Capacity for planning, monitoring and evaluation of maternal & child health and nutrition programmes at national and sub-national level strengthened.

As well as for development/ updating and dissemination of policy documents, the UN has played an important role in strengthening the capacity for planning, monitoring and evaluation MNCH programmes. Relevant achievements were:

- **For better planning**: For **strengthening the managerial programme capacity,** provincial and districts programme managers from Gaza, Inhambane, Zambézia, Manica and Cabo Delgado were trained in programming and implementing MNCH programmes with more than 100 programme managers were trained between 2010 and 2011.

In the context of working as ONE, support was provided to Zambézia province to develop the 2011 plan addressing keys MNCH interventions and, to conduct a rapid MNCH and nutrition needs assessment in all districts in order to improve planning addressing the gaps.

- **For improved monitoring**: In 2010, approximately 480 MCH nurses were trained in the new data collection tools (registry books) for maternal and child health services. This is an important step for improved monitoring of SRH/MNCH programme indicators. In addition, 94 programme managers in all provinces were trained in general management, supply chain management, and warehouse management for central warehouses containing durable equipment.

  In addition, the National **Maternal and Newborn deaths audit committee** was established with the UN support. The UN agencies are supporting the provincial audit committees, as a key structure for monitoring the institutional maternal and newborn mortality and for improving the quality of care management. Nevertheless, the national audit committee still faces challenges such as the development of a monitoring package (data collection, analysis and reporting and flow of data across the system) and regular supervision of provinces and districts.

  Through Partnership for Maternal, Neonatal and Child Health (PMNCH) initiative, UNFPA has supported **regular supervision** visits from provincial to district, including health facilities in the 12 districts. Support was also provided for the meetings of co-management committees in the 12 districts between health facilities and community leaders

- **Evaluate the progress**: During 2011, the implementation of the **National Integrated Plan** (NIP) for MDGs 4 & 5 was evaluated. A progress report was developed and distributed to key health programmes, departments and partners. Moreover, to assist provinces in better prioritize and carry out strategic planning of MNCH interventions; a guide to operationalize the NIP was developed.

  Among other efforts, the UN also supported the development/data analysis and dissemination **of surveys and studies**. For the second time, Mozambique undertook, in 2011, a survey led by the Eduardo Mondlane University regarding the availability of modern contraceptives and essential life-saving SRH/maternal medicines in SDP, results of which are expected to be published in early 2012. Similarly, UN supported a post-measles campaign coverage survey, a nationwide PMTCT programme review and a nationwide study on iodine deficiency in reproductive age women, whose results will be available in 2012. In addition, support was provided to the Sector Joint Annual Review Process (ACA), including the revision of the Health Performance Assessment Framework within the context of the Health SWAp.

Output 3: Improved Government and community capacity for the implementation of integrated MNCH key interventions, including nutrition in RED Plus districts.

With regard to child survival interventions, the **RED approach** was consolidated in 66 districts. Positive trends were noted in the process indicators, including micro-planning, mobile brigade outreach, supervision, monitoring for action and community linkage, and access indicators. However, the planned expansion to other 33 districts was not achieved due to a lack of funding from MoH and other partners. The training of health workers, with a focus on 66 Red districts in the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), training of community health workers in of Community IMNCI (C-IMNCI), with a focus on follow up of newborns and supervision of staff in the implementation of the new protocol, which includes neo-natal care and HIV/AIDS achieved the following results:

- The expansion and strengthening of the **IMNCI programme** and, **95 % of health facilities in the country** are implementing updated IMNCI.
- The Community-based ACSD was implemented in 66 RED districts and 26 out of 66 focus districts (39%) implement C-IMNCI including home-based new born care.
- The joint programme has supported the Ministry of Health to expand the case management component of IMNCI in the RED and not RED districts through the training of technical staff and re-orientation of staff in the use of the new child health card.

Two **National Health Weeks** per year were carried out complementing the RED approach. The

UN Agencies (WHO, UNICEF and UNFPA) provided technical and financial support to MoH and provinces during the roll-out of the health weeks. The health weeks have been carried out in Mozambique since 2008 as a means of giving every child, including the hard-to-reach, an opportunity to obtain a basic package of child health interventions. In 2010, the Minister of Health decided to expand the package to include maternal health. The package provided during the health weeks includes Vitamin A supplementation, de-worming and routine immunization offered to children and nutritional screening once a year, and Vitamin A and iron & folic acid supplementation was provided for postpartum women and TT vaccination for women of reproductive age as of the second round in 2010. That year, the National Health Weeks included a strong component of family planning and adolescents for the first time and has as a result increased demand by these important targets groups. The administrative coverage data for the child health and nutrition interventions were very high for each round; between 3.5 and 3.9 million children between 6 and 59 months. A post-coverage survey undertaken after the first round of 2011 showed coverage rates of 81% for measles vaccination, 82% for vitamin A supplementation and 80% for deworming.

The RED approach and the Child Health Weeks have reinforced the capacity of districts to plan and implement routine child survival activities, creating a platform for integrated delivery of maternal and child survival packages. Regardless of these improvements, a rapid evaluation of the RED approach indicated the need for a re-orientation of provincial managers and districts teams on the integrated approach as well as the need to use of RED concept as a platform for delivering integrated Mother and Child Survival interventions.

In order to strengthen the **health services provision capacities**, the UN supported the trainings in all provinces in IMNCI, Nutrition Rehabilitation for acute malnutrition, on new HIV guidelines for PMTCT and in pediatric treatment of HIV, EmOC, and Family Planning. Also for **managing children with severe conditions**, around 443 health professionals were trained and the UN in turn, supported an assessment on pediatric care in 9 referral health facilities of Gaza province and the review of the implementation of ETAT in 3 provinces (Maputo, Gaza and Inhambane). Findings highlighted the need to strengthen the implementation by pursuing training and acquiring training materials such as manikins/dummies as well as improving monitoring mechanisms.

For the **Community Case Management (CCM),** 179 CHW were equipped with working and drug kits, deployed to their communities in 8 districts of the country. With this intervention it is estimated that at least 60,000 children under the age of five, living in remote areas have access to prevention messages and treatment of main killer disease (malaria, pneumonia and diarrhea). In addition, the UN has provided support for the scale-up of CCM in 42 additional districts.

Malaria control activities were also addressed, thanks to the contribution of the UN-JP. By September 2011, 619,215 pregnant women nationwide benefited from mosquito nets during the antenatal period, (72% of the total estimated pregnant women in the country, in 2011). By October 2011, nets distribution campaigns were implemented in 39 districts of the country and 1,976,094 mosquito nets were distributed. MoH estimates that as a result of this activity 67 per cent of all children in the country have access to mosquito nets (100% of children in those districts are not covered by indoor residual spraying).

Through the partnership support, with UNFPA (coordinator), UNICEF and WHO working together; approximately 330 new MCH nurses were trained at Provincial Training Institutions in 2009/2010. These basic MCH nurses are now in the process of being integrated into the health system.

As part of the improved implementation of integrated key MNCH and nutrition interventions, the UN supported the procurement, purchasing and distribution of essential commodities, as well as for the reinforcement of the referral system and infrastructures. These commodities were procured and distributed as follows:

- UN has supported Central Warehouse for durables to increase its capacity including the

rehabilitation of the warehouse (inaugurated in October 2011).

- In the area of **procurement**, UN Agencies were selected as procurement agents under an emergency procurement project financed by the World Bank: through this arrangement, essential goods (antiretroviral, malaria test kits, vaccines, contraceptives, maternal live saving medicines, etc.) were purchased at USD 23 million.

- Regarding the reproductive health, commodities procured include: Anatomical models for intrauterine device insertion for FP trainings; Manual Vacuum Aspirators (EmOC), Maternity kits, Ambu and aspirators. Contraceptives: microgynon, microlut, IUDs, Depoprovera, male condoms, and female condoms, that were received and distributed during regular services as well as during the Mother and Child Health weeks, through the UNFPA Global Programme funding.

- Procurement and purchasing of communication radios with PMNCH and JP funding. Following government procurement processes, UNFPA acquired 67 communication radios, 37 of them with solar panels. This support includes the installation and on-the-job training.

- Financial support was provided to improve the water and electricity systems in the selected district of Maputo and Gaza provinces.

- During this period, other demand creation-related activities were supported, such as procurement of baby clothing kits for some provinces, including the rehabilitation/ construction of waiting homes.

- Through JP funds, it was supported the rehabilitation of 2 waiting homes for pregnant women in Mandimba and Marrupa districts, two waiting homes in Nampula (CS Quissimanjulo / Nacala Porto); and one in Iapala (Monapo/Ribaue). In Sofala province funds from the Joint Programme were used for the construction of 5 waiting homes.

- Financial support was provided to improve the water and electricity systems in selected district of Maputo and Gaza provinces

Output 4: Improved Government and community capacity to strengthen key nutrition interventions, reducing vulnerability and improving the nutritional status of mothers and children in selected food insecure districts.

Under the nutrition programme several activities planned in this Joint Programme were carried out, as well as other relevant activities that complement the efforts put into this JP. Children under the age of five suffering from moderate acute malnutrition received CSB+ supplementation and children suffering from severe acute malnutrition received either therapeutic milks (as inpatients) or ready-for-use therapeutic food (RUTF) as outpatients.. Other key activities include:

- From January to March 2010, the provincial programme managers for nutrition and provincial managers from the pharmaceutical department were trained in the protocol for **supplementary feeding**, data collection, registration and reporting and CSB handling and stock, as well as warehouse management. The training was conducted in the 11 provinces.

- In 2011, the UN supported MISAU/FANTA in training of DPS and health personnel on the new protocol for the Nutritional Rehabilitation Programme Volume I in the entire country, and provided technical support to DPS and health centers for logistics and monitoring. The manual Volume I of the Nutritional Rehabilitation Programme of MISAU was distributed to Health Centers by the UN, as well as job aids (MUAC tapes, registry books, reference tables). The UN also procured scales and altimeters for health centers (both for children and adults).

- Health workers in two general hospitals in Maputo City were trained in the **Baby Friendly**

Hospital Initiative (BFHI), and support was provided for social mobilization activities in the context of the World Breastfeeding Week in 2010, the theme of which focused on the BFHI.

- Expansion of **Outpatient Treatment for Severe Acute Malnutrition with Community Involvement** in the provinces of Nampula, Gaza, Zambézia and Sofala, with in depth technical assistance to the MoH at central, provincial, district and health facility level, in collaboration with Save the Children.

- Support was provided to the NGO Save the Children for its activities in Nampula province, which has been piloting the outpatient treatment of severe acute malnutrition in three districts. The outpatient treatment, with the use of Ready to Use Therapeutic Food (RUTF), reduces the risk of cross infections as a result of lengthy hospital treatment, reduces dropout rates due to the caregivers' workload at home (a caregiver needs to stay with a hospitalized child), and reduces the burden on the health system. Save the Children's pilot started in one district and was very successful. It was subsequently expanded to two other districts and the provincial health directorate has expanded the activities to more districts in the province. In 2010 and 2011, the outpatient treatment was expanded to more provinces and it was the experiences from this pilot which lead to the new nutrition rehabilitation protocol which was approved in August 2010.

- **Evaluation of health workers' knowledge and practices as incorporated in the Basic Nutrition Package**. The implementation of this package has been supported for about five years and at least two health workers per health facility have been trained and the evaluation will provide information about the impact of the package and possible ways to improve it. Findings were presented in 2011 and Recommendations for improvement were drafted and a plan for the revision and updating of the Basic Nutrition Package is being developed.

- In addition, support was provided to **food fortification** – the Head of the National Laboratories for Hygiene and Water was supported to participate in training on quality assurance and quality control.

b. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes. Highlight any institutional and/ or behavioral changes amongst beneficiaries at the outcome level.

The JP contributed to improve one of the services premises of maternal and child health - the integrated services provision. The National Integrated Plan for the achievement of MDGs 4 and 5 is one of the examples, in which, UN agencies have played a key role in its development and implementation. This plan became the key reference for MNCH partner's support. Also with the inclusion of the family planning component in the National health weeks, apart from the increasing of the coverage of child interventions, there was an increase in the new users of family planning coverage.

The RED strategy has been promoted and implemented by the UN agencies and JP has been crucial. The MOH has adopted as a good approach to integrating services for maternal and child health at the most peripheral level. At this moment, the RED strategy is being promoted for its implementation in all districts.

In nutrition, there are registered improvements in the anthropometric evaluation and registration of nutrition data for nutritional rehabilitation. However, continuous on-the-job training is still necessary because of turn-over of health personnel and complexity of the subject. At national level there are improvements in coordination between MISAU, different UN agencies and clinical partners for implementation of the national nutritional rehabilitation programme and optimization of monitoring tools. However, monitoring still needs to be improved in order to allow evaluation of nutritional outcome data.

c. Explain the overall contribution of the programme to the Strategy Planning Framework or other strategic documents as relevant, e.g.: MDGs, National Priorities, UNDAF outcomes, etc

The JP gives emphasis to those activities considered by the government as priorities for the improvement of maternal, neonatal and child health, and tries to complement the different activities/program in a way so that efforts are all part of one holistic and not parallel programs running alongside each other. From this JP perspective, the main issues emphasized on include:

- Putting together resources and technical expertise on MNCH program among UN agencies in coordination with the government. This has contributed to better coordination/division of labor and decreased duplication leading to lower transaction costs. E.g. implementation of large scale interventions such as the First phase of Mother and Child Health Weeks. Benefits were reaped from joint management, especially of the logistics for supplies distribution to different field teams, and field monitoring during the implementation.
- Better information sharing between agencies by exchanging of experiences/best practices in focused areas. Eg use of the RED platform as basis for operationalization of the MDG 4&5 Strategic plan.
- Government capacity strengthened, through joint planning and monitoring sessions. E.g ongoing elaboration of 2011 AWP.
- Clearer structure for government in liaising with UN agencies and a higher level of understanding of the UN system and UN reform within government structure.

d. Explain the contribution of key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

The implementation of this JP was done maximizing synergies amongst the participating UN agencies and in collaboration with the government and NGOs. The collaboration with NGOs, community activists and community leaders, especially in the implementation of large scale interventions such as the Child Health Weeks, has been very useful in giving support to grassroots social mobilization, and increasing coverage and adherence.

e. Who have been the primary beneficiaries and how they were engaged in the programme/ project implementation? Provide percentages/number of beneficiary groups, if relevant.

The Joint Programme was closely aligned to national strategies and involved both government and national partners and under the leadership of the technical leads, close working relations were maintained. The direct beneficiaries of the JP were Community Health Structures, and the most vulnerable groups, in particular women and children in selected provinces and districts.

f. Highlight the contribution of the programme on cross-cutting issues pertinent to the results being reported.

During the JP implementation, the delivering as one, comparative advantages were treated as cross cutting issues, they included i) policy and advocacy, ii) capacity development iii) MNCH nutrition commodities and iv) community involvement. In the JP annual reporting, these themes were highlighted to show how the UN supports each of these areas demonstrating their strategic importance.

Maternal and Child Health are priorities issues, reflected in the country's Poverty Reduction Strategy Paper (PARPA II), and in the United Nations Development Assistance Framework (UNDAF). The JP contributes to two mainly outcomes: Access to, and use of quality basic health services increased, especially for the most disadvantaged populations and National and sub-national level capacity increased to implement the National Strategy on Food Security and

Nutrition and to the implementation of the National Integrated Plan to achieve MDG 4&5.

g. Has the funding provided by the MPTF/JP to the programme been catalytic in attracting funding or other resources from other donors? If so, please elaborate.

Yes. In 2011, the UN was approached by the Canadian International Development Agency (CIDA) for the development of a USD 20million proposal focusing on MDGs 4 and 5 with a national and a provincial (Zambézia) component. The same four agencies contributing to this JP (UNICEF, UNFPA, WFP and WHO) came together and drafted a proposal "Support to the Integrated Plan to Achieve MDGs 4 and 5 in Mozambique", which was approved by the end of 2011 and the implementation of which started in the first half of 2012 with a duration of four years.

a. Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section IV, if applicable.

Refer to section IV

III. EVALUATION & LESSONS LEARNED

a. Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no evaluation of the programme have been done yet?

The JP review was undertaken by all delivering as one JPs in Mozambique in 2010. The results of this assessment supported the MNCH and Nutrition JP to better align the priorities defined in the initial JP with the government priorities. Also helped to better planning and implement the planned activities in coordination with the relevant partners and government related programmes

b. Explain, if relevant, challenges such as delays in programme implementation, and the nature of the constraints such as management arrangements, human resources, as well as the actions taken to mitigate, and how such challenges and/or actions impacted on the overall achievement of results.

The signing of the JP took almost 2 years and was only approved in July 2009. This situation resulted in some planned activities were carried out or completed before the official start of the JP. At the same time the implementation of other activities had been identified as priorities by the MOH compromising the implementation of planned activities.

The late allocation of funds contributed to that some activities under the JP were not completed, even where the planned activities have benefited from funds provided directly by the participating agencies.

There have been constraints and challenges consistently with regards to collecting data for the supplementary feeding programme. It is not possible to ascertain where the bottle-neck occurs, but improvements might result from the ongoing training and joint supervision at district as well as health center level. Simple monitoring and reporting mechanisms are also being explored. Also

Constraints/ challenges in disseminating information among partners, and the lack of MoH capacity negatively affect the implementation process.

Apart from the mentioned above, in general, the constraints and challenges are applicable across

the different programmatic areas that this Joint Programme. The key challenges experienced have been:

- Severe shortage of human resources;
- Lack of MNCH programme management skills, leading to poor data quality and stock outs of essential medicines;
- Low access especially for clinical individual-oriented care and huge urban / rural disparities;
- The country is prone to natural disasters, cholera outbreaks and the HIV/AIDS pandemic;
- There are administrative bottlenecks that are delaying the movement of resources from the MoH to the provinces;
- Weak data quality, including lack of data reporting; and
- Lack of vehicles at district level to transport nutritional supplements to health facilities

c. Report key lessons learned that would facilitate future programme design and implementation, including issues related to management arrangements, human resources, resources, etc.,

- Planning and Management of the JP: Planning and reporting mechanisms and formats need to be aligned with existing mechanisms and formats to save time and ensure quality of the planning.
- Implementation: Government capacity for planning and management and absorption of financial support is low so plans need to be realistic and have Government ownership
- Monitoring: Development of robust results matrix (using credible RBM): as a fundamental requirement for such joint programming; and manage it with RBM (management and reporting by results) in order to provide justification and evidence of effectiveness and impact.
- Design of the JP must oversee country priorities and main bottlenecks, Agency mandate, and the needed solutions. Architectural set up of the programmed interventions must ensure that Interventions by individual agencies relay, covering gaps across the continuum of care to ensure effectiveness and efficiency.

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IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
UNDAF Outcome 2: Increased access to and use of quality basic services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their vulnerability by 2009							
CP OUTCOME 2.2: Access to, and use of quality basic health services increased, especially for the most disadvantaged populations							
CP Output 2.2.1: Approval and implementation of National Reproductive Health Policy and National Child Health Policy (including neo-natal component) CP Output- 2.2.3 80% of health facilities in all provinces to implement the Integrated Management of Childhood Illness in the treatment of diseases of children. CP output 2.2.4 75% of children 1 year old caught all vaccines through the implementation of the approach to cover all districts in 45 districts. CP Output 2.2.5 Increased access to and use of SRH services for 50% of women including EOC - Emergency Obstetric Care) and 10% of men of reproductive age in all provinces.							
JP Outcome 1 -Sexual and reproductive health, neonatal and child health and nutrition issues are adequately addressed in health policies, plans and strategies at all levels							
Outputs 1.1 Development and /or formal approval of the key strategic documents to support access, quality and use of maternal, neonatal and child health and nutrition supported.	SRH National Policy approved	Policy developed but not yet approved	Policy Approved	Approved in 2011		MoH report	
	Newborn and Child health Policy approved	Policy in draft	Policy document Approved	Not yet approved		MoH report	
	Basic Nutrition Package Evaluation finalized	0	Basic Nutrition Package Evaluation finalized	Finalized in 2011		MOH reports and partner reports	

	Number of selected provinces and its districts with NIP operationalized	Baseline: 1/6 (2010)	Target: 6	All provinces have adopted the NIP		DPS and MoH monthly reports	
Output 1.2. Capacity for planning, monitoring and evaluation of maternal and child health programmes at the national and sub-national level strengthened.	National Maternal and Neonatal Deaths Audit Committees well established	Baseline: Non-existence of National Committee.	Target: National Committee created	Established in 2010	Although the committee was created in 2010, only in 2011 started regularly working	MoH and National Committee reports	
	Annual planning meeting with all MNCH provincial managers held	Baseline: NA 2009	Annual planning meeting held before the submission of Provincial Annual Plans	Done: 2010 and 2011		MoH reprot	
	1. National iodine deficiency survey	0	National iodine deficiency survey report available	Not finalized		MOH & partners reports	Field work for National iodine deficiency survey started in October 2011; report expected by mid-2012

CP OUTCOME 2.4- Strengthening capacity at national and sub national level in order to implement the National Strategy for Food Security and Nutrition.

CP Output 2.4.1 Strengthened capacity of SETSAN to coordinate and implement the National Strategy on Food Security and Nutrition

Output 2.4.2 Improved availability at household level of diversified food types (including fortified food)

CP output 2.4.3 Underweight prevalence is reduced by 5% and vitamin A deficiency by 10% in 90 districts through the implementation of the Community and Health Facility Basic Nutrition Packages.

CP output 2.4.5 Disparities in malnutrition prevalence between vulnerable groups (OVC and PLWHA) and the general population reduced by half through the implementation of targeted interventions in 6 provinces							
JP Outcome 2 Access to and use of cost effective mother, newborn and child and nutrition interventions increased through integrated health services							
Output 2.1. Government and community capacity improved for the implementation of integrated Maternal, Neonatal and Child Health (MNCH) key interventions, including nutrition in RED (Reaching Every District) plus districts	% of health services implementing IMNCI	Estimated at 75% (2009);	80%	90%		PAF (Performance Assessment Framework) report 2011	
	Number of APEs trained and equipped to implement Community Case management (CCM	0 in 2009	580	179 trained.	Not achieved due in delaying the implementation of training this type of cadres	MOH reports and partner reports	
	Percentage of pregnant women who received a LLIN through antenatal care services	73% (2010);	(2011): 80%	72%		MoH report	
	Number of districts implementing Universal Access to LLIN	(2009): 14;	(2011): 45	39 districts		MoH report	
	% of HF offering the complete essential obstetric care package	(2009) NA	Target: (85%)		Although almost the HF with SSR/maternal health services offer a package of essential obstetric care the	MOH Reports and partners reports	There is a need to redefined this indicators and produce a database on its availability

					information is difficult to get,		
	Nº of HF in selected districts offering BEmOC	Baseline: 2HF/districts (2010)	Target: at least 3HF/districts	2	All district of the country providing EmOC in at least 2 HF (district HF and 1 peripheral). There is a need of finalize the guide for accreditation and monitor the HF providing EmOC.	MoH report	the guideline for accreditation of HF in EmOC is being revised
	Nº of selected districts with functional referral system (at least 1 ambulance & radio communication at district health facility)	Baseline: 6	Target: 12	12 (100%)		MOH Reports and partners reports	Selected districts are referring to the districts that are being supported by the JP and the UN PMNCH project
Output 2.2. Government and community capacity improved to strengthen key nutrition interventions, reducing vulnerability and improving nutritional status of the mothers and	Nº of health workers trained in the Nutrition Rehabilitation Programme	0 (2010) - only ToTs for new protocols	at least 400.	450 HWs trained		MOH Reports and partners reports	Trained in the new Nutrition Rehabilitation Programme protocols with UN support
	Nº of children with severe acute malnutrition (SAM) that received outpatient treatment	22,322 (2010);	Target: at least 30,000	15,184 children with SAM were treated as outpatients		MOH Reports and partners reports	(73% of all children with SAM; data from 9 provinces up to September 2011)

children in selected food insecure districts.	Nº of children with moderate acute malnutrition (MAM) that received supplementation	11,471 (2010);	20,000	17,960 children received CSB for MAM (WFP figures) and 5,941 children received Ready-to-Use Therapeutic Food (RUTF) for MAM		MOH Reports and partners reports	
	Nº of pregnant and lactating women HIV+ receiving nutritional support in HCs with MCH-PMTCT	4500; 2010	15,000 in 2011	19,310 pregnant and lactating women		MOH Reports and partners reports	Include all malnourished pregnant and lactating women in MCH not only those HIV+
	Nº of children under five at risk and HIV+ receiving nutritional support in HCs with MCH	4500 -2010	15000 in 2011			MOH Reports and partners reports	
	Coverage of vitamin A supplementation in each round of the National Health Weeks and via routine services	Baseline: 2010: >85%; %	Target: > 85%	82% (Post coverage survey)		MOH Reports and partners reports	

Annex 2 - List of Acronyms

BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CHWs	Community Health workers
DHS	Demographic Health Survey
DDSMAS	District Directorate of Health Woman and Social Affairs (Portuguese acronym)
DPS	Provincial Directorate of Health (Portuguese acronym)
DPC	Directorate of Planning and Cooperation
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
HW	Health Workers
IMCI	Integrated Management of Childhood Illness
IYCF	Infant and Young Child Feeding
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
DHPP	Department of Health Promotion and Prevention
NCH	Neonatal and Child health
PAF	Performance Assessment Framework
PES	Social and Economic Plan
SRH	Sexual and Reproductive Health
SETSAN	Secretariado Técnico de Segurança Alimentar e Nutrição
SWAp	Sector Wide Approach
RED	Reach Every District
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization