

Mozambique

Nutrition Thematic Report



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Acronyms

ANSA	National Association for Food and Nutrition Security (acronym in Portuguese)
APE	Agente Polivalente Elementar (Basic Community Health Worker)
BFHI	Baby Friendly Hospital Initiative
CIDA	Canadian International Development Agency
DANIDA	Danish International Development Assistance
FAO	Food and Agriculture Organization of the United Nations
GAIN	Global Alliance for Improved Nutrition
GT-PAMRDC	Working group of the Multisectoral Action Plan for the Reduction of Chronic Undernutrition (acronym in Portuguese)
HKI	Helen Keller International
IYCF	Infant and young child feeding
INAS	National Institute for Social Action
INS	National Institute of Health (acronym in Portuguese)
MDG	Millennium Development Goal
MoH	Ministry of Health
PAMRDC	Multisectoral Action Plan for the Reduction of Chronic Undernutrition (acronym in Portuguese)
ProPAN	Process for the Promotion of Child Feeding
REACH	Inter-agency Initiative on Child Hunger and Undernutrition (member agencies: FAO, UNICEF, WHO and WFP)
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
SETSAN	Food and nutrition security secretariat
WFP	World Food Programme
WHO	World Health Organization

I. EXECUTIVE SUMMARY

2016 was a difficult year for Mozambique as it faced a significant economic and financial crisis. In April it was revealed that the previous government had taken out approximately US\$2billion of undisclosed debt. This led to a suspension of IMF support while bilateral donors put on hold the General Budget Support and Common Funds given their lack of confidence and trust in sound financial governance.

Mozambique also faced the worst “El Niño” drought in 35 years, with an estimated humanitarian impact of 1.5 million people and a projected scenario of 2.3 million by March 2017. UNICEF’s response to the on-going drought emergency was informed by the SETSAN’s food security and nutritional assessment—and was conceived to complement both the government response strategy and the Humanitarian Country Team (HCT) Strategic Response Plan

Within the context of Mozambique’s El Niño drought emergency response, UNICEF is leading Water, Sanitation and Hygiene (WASH) and Nutrition interventions. UNICEF provided substantial technical and financial support to develop a better enabling environment for multi-sectoral action for nutrition. This includes development and operationalisation of several national strategies notably the social, behaviour change communication (SBCC) strategy. Elaborated through a multi-sectoral working group of government staff and development partners, the SBCC strategy was launched at national level in September 2016.

The promotion of breastfeeding and complementary feeding continued to expand, nationally, with the infant and young child feeding (IYCF) package at community level, training 94 health workers and 922 community health workers and volunteers in Zambézia, Sofala, Tete and Manica. In addition community WASH activists in 3 districts of Zambézia started a formative pilot to integrate sanitation and hygiene promotion alongside promotion of IYCF. UNICEF technical support has led to better coordination of activities and expansion of IYCF outside the health sector, including with agriculture (85 agriculture extension workers trained) and WASH community volunteers.

High coverage of high impact nutrition interventions was maintained through the NHW, reaching more than 85% of children 6-59 months with vitamin A, deworming, immunization and Mid-upper arm circumference (MUAC) screening and referral for acute malnutrition. Family planning and birth registration were also part of the expanded package provided during NHW activities

UNICEF supported the Ministry of Health, to integrate and strengthen linkages in primary health care services, covering maternal and child health, nutrition and community health workers. A national seminar was held and it identified bottlenecks to the provision of integrated services and synergies between the three critical programmes. In addition, more than 600 health facilities to provide severe acute

The table below illustrates the thematic contributions received in 2016 for Strategic Plan Outcome 4.

Donors	Income
Netherlands Committee for UNICEF	338,219
Total	338,219

II. STRATEGIC CONTEXT OF 2016

2016 was a difficult year for Mozambique as it faced a significant economic and financial crisis. In April it was revealed that the previous government had taken out approximately US\$2 billion of undisclosed debt. This led to a suspension of IMF support while bilateral donors put on hold the General Budget Support and Common Funds given their lack of confidence and trust in sound financial governance. The situation was compounded by a fall in commodity prices, a decline in foreign exchange inflows and significant currency depreciation and, as a result, the national budgets for 2016 and 2017 were reduced. UNICEF has remained very engaged and has continued to advocate that critical social services for children should not be affected and, when requested, has stepped in to ensure resources remain available.

Mozambique also faced the worst “El Niño” drought in 35 years, with an estimated humanitarian impact of 1.5 million people and a projected scenario of 2.3 million by March 2017. In addition, the continuing political-military tensions have resulted in population displacement and disruption of basic social services in health and education in various districts of Zambezia, Manica, Sofala and Tete provinces. UNICEF is co-chairing the HCT and leading clusters providing humanitarian assistance in the areas of WASH, Nutrition, Education and Protection.

Officially, the Government of Mozambique declared the emergency following the release of the report from Secretariado Técnico de Segurança Alimentar e Nutricional (SETSAN), the Technical Secretariat for Food Security and Nutrition in March 2016 which highlighted the severity of the drought both in terms of food security and nutrition, and the need to provide a coordinated and urgent response. The Instituto Nacional de Gestão de Calamidades (INGC) or the National Institute for Disaster Management activated the institutional Red Alert on 12 April initially for a period of 90 days to allow resource mobilization beyond the commitments in the National Contingency Plan but given the severity of the drought, the Red Alert continues to date.

Specifically on nutrition, undernutrition remains the main underlying cause contributing to the high level of child mortality in Mozambique. Undernutrition (in particular chronic undernutrition or stunting) affects cognitive development and is closely linked to future educational outcomes. Stunting, or chronic undernutrition, defined on the basis of the height to age ratio, shows undernutrition resulting from cumulative inadequacies in the nutritional and health status of a mother before and during pregnancy and of a child in the first two years of life (“the first thousand days”). Stunting rates are a good indicator for the wellbeing of a population. Children who are stunted suffer irreversible, compromised physical and mental development. It cannot be regained, even if the conditions for nutrition improve and a child gains in weight later in life. In Mozambique, stunting is the main nutritional problem. The prevalence has remained at a similar and very high level for several years; it currently affects 43 per cent of children under five. Mortality due to severe acute undernutrition is relatively high; it was 11 per cent in 2010 with several provinces having rates up to 15 per cent.

III. RESULTS IN THE OUTCOME AREA

UNICEF's response to the on-going drought emergency was informed by the SETSAN's food security and nutritional assessment—and was conceived to complement both the government response strategy and the Humanitarian Country Team (HCT) Strategic Response Plan (SRP). The response was designed to allow scalability based on evolving needs and increased complexities due to **El Niño**, on-going **political and military tensions** and the projected **La Niña** impact.

Within the context of Mozambique's El Niño drought emergency response, UNICEF is leading Water, Sanitation and Hygiene (WASH) and Nutrition interventions. In WASH 23,960 people were provided with access to safe water with 5 million cubic meters of water and 15,419 bottles of *CERTEZA* (household water purification solution) distributed to 23 communities in Magude district in Maputo Province. The response also included the investment in resilient WASH solutions consisting of drilling and upgrading of water points in 18 drought affected districts. In Nutrition, in coordination with the Ministry of Health 36 health and nutrition mobile brigades were trained to support community outreach, which includes screening, referral and treatment of children with Severe Acute Malnutrition (SAM). The mobile brigades have screened 140,850 children and treated 8,310 children with SAM.

Following the revision of the SRP and to address both the impact of drought and conflict, the response was expanded to also cover interventions in Education and Protection. UNICEF reached 2,760 school aged children affected by conflict in Manica and strong winds in Nampula and Maputo provinces. Humanitarian assistance included provision of 18 school tents and 300 kits of learning materials. In response to the increased population displacement and growing protection concerns because of the on-going military tensions, UNICEF participated in two assessments in Manica on Internally Displaced People (IDP) led by International Organisation for Migration (IOM). UNICEF also led the WASH and nutrition response to 3,600 conflict-driven IDPs in the province. In addition, support was provided to respond to a tragic fuel tanker explosion in Tete province, which killed over 100 people including a large number of children. The assistance consisted of donations of medicines, medical devices—consumables and equipment to assist the wounded.

UNICEF also provided substantial technical and financial support to develop a better enabling environment for multi-sectoral action for nutrition. This includes development and operationalisation of several national strategies notably the social, behaviour change communication (SBCC) strategy. Elaborated through a multi-sectoral working group of government staff and development partners, the SBCC strategy was launched at national level in September 2016.

The promotion of breastfeeding and complementary feeding continued to expand, nationally, with the infant and young child feeding (IYCF) package at community level, training 94 health workers and 922 community health workers and volunteers in Zambézia, Sofala, Tete and Manica. In addition community WASH activists in 3 districts of Zambézia started a formative pilot to integrate sanitation and hygiene promotion alongside promotion of IYCF. UNICEF technical support has led to better coordination of activities and expansion of IYCF outside the health sector, including with agriculture (85 agriculture extension workers trained) and WASH community volunteers.

IFA supplementation of adolescent girls has been expanded to cover more districts in the four target provinces with training of school teachers and health workers. The coverage of IFA to adolescent girls has greatly improved as a result of the National Health Week (NHW), in which mobile teams were deployed to schools and health facilities to enrol adolescent girls into the program and sensitise school boards/leaders. In total, 3,640,893 adolescent girls 10-19 years old received IFA supplements during the July round of

National Health Weeks. The decision of using mass supplementation through campaign was made due to the continuous lack of institutionalised routine capacity to supplement adolescent girl with Iron Folate acid.

High coverage of high impact nutrition interventions was maintained through the NHW, reaching more than 85% of children 6-59 months with vitamin A, deworming, immunization and Mid-upper arm circumference (MUAC) screening and referral for acute malnutrition. Family planning and birth registration were also part of the expanded package provided during NHW activities. The NHW experience is leading to sharper agreement on an expanded package to be provided during routine outreach services (see above under RED/REC).

UNICEF supported the Ministry of Health, to integrate and strengthen linkages in primary health care services, covering maternal and child health, nutrition and community health workers. A national seminar was held and it identified bottlenecks to the provision of integrated services and synergies between the three critical programmes. In addition, more than 600 health facilities to provide severe acute malnutrition (SAM) treatment. The support consisted of purchasing of anthropometric equipment (measuring boards and scales), therapeutic milks and RUTF. Capacity of providers at the provincial and health facility level received training and job aids. During the July NHW 10,881 children were identified with acute malnutrition and referred.

After some delay, technical assistance to strengthen nutrition information systems and particular the integration of nutrition data into the health management Information System is now in place.

Monitoring and evaluation

The monitoring and evaluation system includes the following approaches:

Joint reviews: Nutrition related indicators are monitored through joint reviews with the government. These indicators have been incorporated into the performance matrix of the government's Five Year Plan, as well as the United Nations Development Assistance Framework (UNDAF).

Integrated Monitoring and Evaluation Plan (IMEP): UNICEF Mozambique has a results-based Integrated Monitoring and Evaluation Plan for the duration of the country programme, which is a mandatory planning and management tool for all country office monitoring, evaluation, and research activities. This tool is reviewed quarterly and amended, if deemed necessary. The IMEP is consistent with the UNDAF and PARP result matrices.

Annual and mid-year reviews: Within the framework of the IMEP, the country office carries out annual and mid-year reviews to compare achievements against planned results, activities, inputs, and outputs as described in the Annual Work Plans, jointly developed and agreed upon with counterparts.

Regular field monitoring visits: Regular monitoring visits to the sites of implementation are jointly carried out with counterparts. These field visits are indispensable for monitoring progress of activities and their continuous consistency with the Annual Work Plans. They are also crucial in ensuring that the disbursed financial resources are utilized as intended.

Added value of thematic contributions

Earmarking of funds by donors not only restricts the use of funds, but also increases transaction costs and reporting burdens. Given the flexibility of thematic funding, the Country Office was able to allocate resources to underfunded areas, ensuring that all elements of the programme in 2016 could be implemented to achieve maximum results.

IV. FINANCIAL ANALYSIS

Table 1 illustrates the planned budget for 2016 and the funding received for SPO4. The information, in USD, is disaggregated by Output and funding type.

Programme Area	Funding Type ¹	Planned Budget ²
04-01 Infant and Young child feeding	RR	
	ORR	
04-02 Micronutrients	RR	
	ORR	
04-04 Community-based management of acute malnutrition	RR	
	ORR	
04-06 Nutrition # General	RR	486,213
	ORR	4,686,389
Total Budget		5,172,602

Table 1: Planned Budget for nutrition and available funding (2016)

In 2016, \$338, 219 of thematic funds were received for Strategic Plan Outcome 4.

Donors	Income
Netherlands Committee for UNICEF	338,219
Total	338,219

Thematic funds remain a critical source of funding and allow the Country Office to respond to priorities and demands in a more flexible way than many other sources of funding. The programme areas and specific interventions listed below were delivered with thematic funds received in previous years.

Table 3 provides details of expenditure in 2016, disaggregated by programme area and resource type. All figures are on US Dollars.

Programme Areas	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding	6	431,800		431,806
04-02 Micronutrients	27	1,810,461	57,922	1,868,410
04-04 Community-based management of acute malnutrition		97,408		97,408
04-05 Nutrition and Emergencies	129,590	267,891	155,066	552,547
04-06 Nutrition # General	27,273	865,173	241,137	1,133,583
Total	156,895	3,472,732	454,126	4,083,754

Table 2: Expenditure by programme areas

In 2016, UNICEF Mozambique utilized approximately \$4 million for programme activities and interventions related to nutrition. The utilisation of thematic funds is summarised below in Table 4.¹

In 2016 the following results were achieved specifically **with thematic funds**:

¹ ibid

Programme Areas	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding		27,756		27,756
04-02 Micronutrients		8,284		8,284
04-04 Community-based management of acute malnutrition		30,515		30,515
Total		66,555		66,555

Table 3: Summary of Financial Implementation in 2016 (in US Dollars)

Table 5 below illustrates the total funds utilized to deliver nutrition programming in 2016.

Specific Intervention Codes	Total Utilized (USD)
04-01-01 Infant and young child feeding implementation (including BFHI)	247,728
04-01-02 Breastfeeding	2,885
04-01-03 Complementary feeding and food supplements	124,722
04-02-01 Vitamin A supplementation	1,481,065
04-02-02 Elimination of iodine deficiency	201,277
04-02-03 Staple food and condiment fortification	-793
04-02-06 Micronutrient supplementation for women and adolescent girls	93,792
04-04-01 Treatment of Severe Acute Malnutrition	21,151
04-05-02 Nutrition # emergency preparedness and response	466,401
04-06-01 Nutrition # General	723,320
04-06-04 Nutrition surveys, assessments and surveillance	12,352
04-06-05 Routine nutrition information systems and reporting	264,498
08-01-01 Country programme process	3,437
08-01-06 Planning # General	113
08-02-01 Situation Analysis or Update on women and children	213
08-02-05 Other multi-sectoral household surveys and data collection activities	-105
08-02-06 Secondary analysis of data	25
08-02-07 Data dissemination	655
08-02-08 Monitoring # General	2,096
08-03-01 Cross-sectoral Communication for Development	65,161
08-03-02 Communication for Development at sub-national level	58,946
08-03-03 C4D # training and curriculum development	52,770
08-05-01 Supply # General	13,357
08-06-02 Building global/regional/national stakeholder evaluation capacity	195
08-09-01 Innovation activities	2,880
08-09-06 Other # non-classifiable cross-sectoral activities	231,810

08-09-07 Public Advocacy	2,967
08-09-08 Engagement through media and campaigns	2,213
08-09-11 Emergency preparedness and response (General)	694
10-04-01 Human resources management capacity at HQ	1,843
10-07-11 Country office leadership and direction	-1
10-07-12 Management and Operations support at CO	541
10-07-13 ICT capacity in CO	15
1031 Food and condiment fortification	4,697
3903 Support to C4D interventions for multiple OTs within FA3	-1
7921 Operations # financial and administration	835
TOTAL	4,083,753

Table 4: Major interventions using by specific intervention codes (2016)

VI. FUTURE WORK PLAN

For 2016, the Country Office will continue to build on its successes in nutrition, with a specific focus on addressing needs at a community level to respond to acute malnutrition. In addition the CO will be supporting the scale up of behaviour change interventions related to nutrition, in the provinces of Nampula and Zambézia.

Table 6 provides details of the 2017 planned budget for and the financial resources available, along with the any financial shortfall or surplus.

Programme Area	Funding Type	Planned Budget	Funded budget	Shortfall
04-01 Infant and Young child feeding	RR	20,000	20,000	
	ORR	368,000	102,000	266,000
04-02 Micronutrients	RR			
	ORR	340,000	340,000	
04-04 Community-based management of acute malnutrition	RR	7,500	7,500	
	ORR	3,280,000	2,000,000	1,280,000
04-05	RR			
	ORR	1,400,000	1,400,000	
04-06 Nutrition # General	RR	643,469	643,469	
	ORR	2,374,291	2,374,291	
TOTAL	RR	670,969	670,969	
	ORR	7,762,291	6,482,291	1,546,000

Table 6: Planned budget and available resources for 2017

VI. EXPRESSION OF THANKS

There can be no significant or sustainable transformation in societies - and no lasting reduction in global poverty—until all children receive the basic services they deserve. UNICEF’s Natcoms by replenishing the pool of thematic funds, which provide continuous support, make it possible for Country Offices, like Mozambique, to programme effectively for results. Furthermore, because thematic funds are not tightly earmarked they can be used where they are most urgently needed. The Nutrition Programme is supported by resources that are mobilised by National Committees and bilateral commitments; these funds are critical for continuing to achieve results in Mozambique.

VIII. HUMAN INTEREST STORY

Health services reach mothers and children in remote villages

It is a slightly warm morning in Guija, southern Mozambique, as a cool breeze wafts through a small verandah packed with patients. In one of the rooms, 28-year-old Atalia Rafaela Jamine, who is seven months pregnant, sits contentedly on the bed waiting for her blood pressure results. Atalia smiles radiantly after one of the health workers gives her a clean bill of health.

"I am very happy that my blood pressure is improving and the baby is growing well. The nurses told me to avoid stress, to relax and stay calm. I've also reduced salt and high fat in my diet and all this is working," she says.

Atalia, who is expecting her second child, says she found out about the importance of prenatal visits through radio and television programmes, a result of the collaboration between the Government of Mozambique and UNICEF's communication programme to create awareness about the importance of prenatal care.



While Atalia is a success story, a few kilometres away in the Chibuto Rural Hospital, 23-year-old Isabel Tivane is sitting with her almost two week old twin girls. At birth the girls each weighed 1.4 kg. One baby is quietly latching onto her breast while the other is crying.

Three health workers come to her aid, so that she can attend to the smaller one who needs more attention. She takes a syringe, dips it into a cup of therapeutic milk designed to treat severe malnutrition and squeezes a few drops into her mouth. The crying stops briefly. Although the girls were full-term, they are small because Tivane stopped attending her prenatal visits. Her health and that of her unborn children was never fully monitored. Nor did she receive any nutritional advice or supplements like iron and folic acid given to pregnant women.

The babies do not look an ounce bigger than the day they were born, even though the quiet one is already 2kg, while her sister is only 1.9 kg. The girls are fed F100 formula, a therapeutic milk specially designed to treat acute malnutrition, which is distributed by the government with UNICEF support.

"I am happy because of the service I get here. The children are showing great improvement," says Tivane.

Arcenia Faustina, an 18-year-old mother of two, brought her child to the Chibuto Health Centre. Arcenia has a baby on her back and another who is lying next to her who can barely move; she has severe malnutrition. The little girl is two and a half years old but looks younger than her six-month-old sister. Arcenia tries to help her daughter stand but her frail legs fail her. Even crying is an effort.

Arcenia left school and was forced to get married at the age of 14 when she fell pregnant. She was only in Grade 8. The unemployed mother feeds the children porridge with sugar.

"I came here because I know that the health centre provides nutrition products for children like mine. So I am here to get help," says Arcenia.

One of the people who are likely to help is Gil Casimiro Zacarias who leads a team that deals with nutrition. The team is busy screening babies; some mothers are given sachets of micronutrient powder to take home, while those with malnutrition are referred to specific treatment programmes related to their problems.

Gil says poverty causes malnutrition. "For instance mothers who work on farms give their children only one meal in the morning when they leave for work. These children have to wait for their mothers to come back home in the evening before they get their next meal," says Gil.

"We have nutritional education in the health facility where we teach members of the community to feed their children, but the mothers do not have the means of acquiring these foods, it is very difficult to make sure that the children get proper meals," he adds.

The immunisation station headed by 36-year-old Florinda Alexandre Mossane, receives an average of 300 children per day for various inoculations. "The community is becoming aware of the importance of immunisation, therefore the clinic has reached its vaccination goals," says Florinda.

Goals may have been reached but Florinda is of the opinion that much more could have been achieved if distance was not a challenge. She also believes that it can be overcome.

"Our mobile clinic visits every household to ensure that the children's vaccination calendars are updated, if they are not up to date, they are immunised on the spot," she says.

She adds that UNICEF also assists the government with the distribution by taking the vaccine to the communities. UNICEF's support ranges from procurement, shipment, improving logistics for distribution through to developing capacity for the handling and administration of the vaccines.

IX. DONOR REPORT FEEDBACK FORM

Name of Report:

Reference number:

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction".

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you tell us what we could improve on next time?

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2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you tell us what we could improve on next time?

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3. What suggestions do you have for future reports?

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4. Any other comments you would like to share with us?