



UNITED NATIONS AGENDA FOR THE REDUCTION OF CHRONIC UNDERNUTRITION IN MOZAMBIQUE

2015-2019



NUTRITION
SITUATION



UN AGENCY
PROGRAMMING IN
GOVERNANCE AND
IMPLEMENTATION



THE VISION OF THE
UN AGENDA FOR THE
REDUCTION OF CHRONIC
UNDERNUTRITION



MEASURING
SUCCESS

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PREFACE

The development of the UN Nutrition agenda was made possible by the contribution and support of all team members from FAO, IFAD, UNICEF, UNFPA, WFP, WHO and REACH. This document is the product of an extensive six months consultation, which got its initial impulsion through the REACH-UN meeting in June 2015 and was successfully completed with the official presentation to UN representatives in early December 2015.

The UN Nutrition Agenda was purposively conceived to speak (i) internally, to the UN agencies involved in its development and (ii) externally, to the multi-stakeholder platforms active in nutrition (government, donor, civil society and business sectors).

Among the UN Agencies, the process of developing this document was as fruitful as the product itself. It allowed open and frank discussions about where the UN's did well at working together, and where they felt short at achieving their mutual and complementary objectives. This created the necessary transparency and trust amongst the team as we move forward towards addressing the very critical level of chronic undernutrition in Mozambique over the next five years.

Outside the UN Agencies, this document represents a UN Nutrition manifesto, which is grounded into the Government Five-year plan, is carved within the UN Development Action Framework (UNDAF) for Mozambique, and speaks to stakeholders interested in leveraging the UN strengths, within a high-level accountable framework.

The Nutrition agenda also set ambitious goal in working together as UN's and accounting for it. Five priority actions were identified; (i) nutrition governance; (ii) social behaviour change and communication programming; (iii) nutrition sensitive food systems programming; (iv) nutrition promotion through health systems programming; (v) food fortification.

Last we would like to acknowledge the contribution of Kerry Selvester in facilitating the entire process leading to the development of this nutrition agenda.



ABBREVIATIONS

DHS	Demographic and Health Survey
ESAN	Food Security and Nutrition Strategy
FAO	Food and Agriculture Organization
GoM	Government of Mozambique
GNP	Gross National Product
GT-PAMRDC	PAMRDC Working Group
IFAD	International Fund for Agricultural Development
PAMRDC	Plan of Action for the Reduction of Chronic Malnutrition
PQG	Government of Mozambique Five Year Plan
MDG	Millennium Development Goals
NFP	Nutrition Partners Forum
REACH	Renewed Efforts to Reduce Child Malnutrition and Hunger
SETSAN	National Food Security and Nutrition Secretariat
SDG	Sustainable Development Goals
SUN	Scaling Up Nutrition Movement
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

A photograph of two young girls, likely of African descent, looking intently at an open book. The girl in the foreground is wearing a blue sleeveless top and has her finger pointing at a page. The girl behind her is also looking at the book. They are positioned in front of a textured, orange-brown wall. The lighting is warm and natural.

SECTION 1

NUTRITION SITUATION

“Now more than ever it is important that the main resource in the country, the Mozambican population, is healthy and productive”

1.1 INTRODUCTION

“The UN Agenda is then set in the form of a statement of intent to improve policy and programming around chronic undernutrition, expressed through a common vision, agreed operational approaches to policy and programming and a commitment to dedicate resources to priority areas of action.”

THE UNITED NATIONS AGENDA FOR THE REDUCTION OF CHRONIC UNDERNUTRITION (HEREWITH TO BE REFERRED TO AS THE UN AGENDA) AIMS TO PROVIDE A CLEAR AND CONCISE SUMMARY OF THE APPROACH THAT THE UN AGENCIES ARE TAKING IN MOZAMBIQUE TO SUPPORT POLICIES AND PROGRAMMES TO REDUCE UNDERNUTRITION, AND TO ENSURE A SUSTAINABLE COMMITMENT OF RESOURCES TO THE NUTRITION CRISIS IN THE COUNTRY. THE UN AGENDA HIGHLIGHTS THE PRIORITY AREAS FOR ACTION FOR THE AGENCIES FROM 2015 TO 2019, AND THE WAY IN WHICH THE UN AGENCIES WILL WORK TOGETHER TO ACHIEVE A COMMON GOAL.

The first section of the UN agenda provides a brief overview of the nutrition situation in the country, including the level of undernutrition and the causes, and the governance structures managing these multi-sectoral issues, indicating main programming gaps.

This is followed by an outline of the UN response, indicating where and in which thematic areas the UN agencies are dedicating resources. This section highlights the challenges the UN faces to provide effective programming support.

The UN Agenda is then set in the form of a statement of intent to improve policy and programming around chronic undernutrition, expressed through a common vision, agreed operational approaches to policy and programming, and a commitment to dedicate resources to priority areas of action.

The document concludes with a commitment to measure the success of the UN Agenda, including monitoring initiatives by and between the agencies, and the eventual impact on the rates of chronic undernutrition.

1.2 CONTEXT

IN MOZAMBIQUE, COMBINED CHILDHOOD UNDERNUTRITION¹ IS THE UNDERLYING CAUSE OF DEATH IN AN ESTIMATED 35% OF CHILDREN UNDER THE AGE OF FIVE YEARS (PAMRDC 2010). THE EXTREMELY HIGH LEVEL OF CHRONIC UNDERNUTRITION (43%) WHICH AFFECTS ALMOST ONE IN EVERY TWO CHILDREN UNDER THE AGE OF FIVE YEARS IN MOZAMBIQUE (DHS 2011) IS ONE OF THE MAJOR DEVELOPMENTAL CONCERNS OF THE GOVERNMENT.

“Addressing undernutrition requires multi-sectoral, multi-year commitment of resources to seemingly intractable problems.”

International evidence indicates that chronic malnutrition is most pronounced from the time of conception up to the first two years of life, the period referred as the ‘1000 days’ (Lancet Series 2008), and that the growth retardation occurring during this critical period cannot be reversed. Intervening during pregnancy and the first two year of the life of a child represents a crucial window of opportunity for improving maternal nutrition, child growth and development.

The **immediate causes of chronic undernutrition** in Mozambique are inadequate quantity and quality of the diet and high rates of infectious diseases. **The major underlying causes of chronic undernutrition** are income poverty and food insecurity as evidenced by the over representation of households with malnourished children (stunting, wasting and anemia) in the lowest income quintiles and in households suffering from chronic food insecurity (*Detailed analysis available in United Nations issues paper on nutrition, 2015*).

The consequences of chronic undernutrition are not only limited to increased mortality, poor health outcomes and cognitive impairment, but also impact on productivity, thereby directly affecting economic development.

The National Multi-sectoral Plan of Action for the Reduction of Chronic Malnutrition (PAMRDC 2010-2020) estimates that a reduction in productivity of 2% to 3% of GNP in Mozambique is attributable to chronic undernutrition (PAMRDC 2010). This estimate is supported by the 2006 World Bank document “Repositioning Nutrition as Central to Development” that also estimated a risk of losing 2-3% of GDP by not addressing undernutrition.

The Five-Year Plan of the Government of Mozambique (PQG 2015-2019) released in July 2015, includes the reduction of stunting as an indicator in the human and social development pillar; a clear sign of the Government commitment to tackling the food security and nutrition problem in the country. This commitment is supported by two key policy frameworks, namely, The National Strategy for Food Security and Nutrition (ESAN - 2008) and the National Multi-sectoral Plan of Action for the Reduction of Chronic Malnutrition (PAMRDC 2010). There are also governance structures in place that lead on nutrition questions, with the Technical Secretariat for Food Security and Nutrition playing a pivotal role at central and provincial level (*see Box 1 for overview of the Nutrition Governance Structures*).

The Government became a signatory to the Scaling Up Nutrition Movement (SUN) in 2010, and all of the SUN platforms have representation in the current set-up. SETSAN is the Government Focal Point, the UN network, the Civil Society Platform and the Business network are all working together under the common SUN agenda. The Nutrition Partners Forum (NPF) was established in 2011 as a coordination platform for development partners under the umbrella of the PAMRDC.

¹ - Including chronic undernutrition, severe acute malnutrition, and micro-nutrient deficiencies

The governance structures are largely complementary, reducing duplication and providing a wide platform for participation for a range of stakeholders. However, despite the existence of Provincial PAMRDC in all provinces, and the presence of Civil Society Platforms in three provinces, there are still considerable weaknesses in the governance structures at this level, and no multi-sectoral structures specifically addressing nutrition exist in the district governments.

In order to increase the efficiency and visibility of the multi-sectoral coordination structures, the GoM is in the process of reforming the Technical Secretariat for Food Security and Nutrition (SETSAN) by transforming the existing structure into a high level inter-Ministerial Committee for Food Security and Nutrition (CI-SAN) and a new Institute for the Promotion of Food Security and Nutrition (IPSAN). This institute is expected to have a coordination role but also take the lead in key operational areas (education promotion and training). The Government believes that this will add visibility to the multi-sectoral issue of undernutrition. Although the discussions about the new institutional set-up are well advanced, they have yet to be gazetted by the Government.

Addressing undernutrition requires multi-sectoral, multi-year commitment of resources to seemingly intractable problems. Currently, enabling factors include the strong institutional and policy frameworks (PQG, PAMRDC, ESAN II) that place nutrition firmly in a multi-sectoral policy space conducive to effective programming. Coordination between different SUN platforms is key to scale-up interventions, and to ensure that nutrition governance extends to provincial and district level planning and implementation. There is a need to capitalize on these gains by strengthening mechanisms and decentralizing in order to take multi-sectoral planning to district level.

Mozambique is currently experiencing a natural resource boom that has the potential, if managed prudently, to boost the economy and provide the basis for sustainable development in the country.

“Now more than ever it is important that the main resource in the country, the Mozambican population, is healthy and productive.”

Building on successful advocacy initiatives that led to the inclusion of nutrition in the PQG, it is important to leverage long-term investment for nutrition specific and nutrition sensitive programming.

BOX 1. NUTRITION GOVERNANCE STRUCTURES ▼

NUTRITION SPECIFIC POLICY FRAMEWORKS

- > National Strategy for Food Security and Nutrition (ESAN II 2008 -2015)
- > National Multi-sectoral Plan of Action for the Reduction of Chronic Malnutrition (PAMRDC 2011-2015/20)

TECHNICAL SECRETARIAT FOR FOOD SECURITY AND NUTRITION (SETSAN) 1998

- > Multi-sectoral secretariat convening all the key sectoral Ministries, and chaired by the Min. of Agriculture and Food Security
- > SUN Movement Focal Point (2010)
- > Manages and coordinates the PAMRDC through the working group (GT-PAMRDC) created in 2012
- > Coordinates the provincial PAMRDC through working groups at provincial level

NUTRITION DEPARTMENT OF THE MINISTRY OF HEALTH

- > Managing a broad based national nutrition programme through the National Health System

SUN MOVEMENT (2010)

- > SETSAN is the SUN focal point and the Nutrition Department in the Ministry of Health is the technical focal point.
- > UN Network for SUN
- > Civil Society SUN Platform (2013)
- > SUN Business Network (2015)
- > SUN Donor Network (sub set of Nutrition Partner Forum)
- > Coordination is supported by REACH (UN facilitating body for nutrition)

COOPERATION PARTNERS COORDINATION

- > Nutrition Partners Forum (NPF) composed by 2011
- > Donors
- > NGO's
- > UN Network for SUN
- > Civil Society Platform for SUN
- > SUN Business Network

1.3 (NOT)REACHING TARGETS FOR UNDERNUTRITION AND REASONS

SUMMARY OF CRITICAL GAPS

1. LEADERSHIP ON NUTRITION AT THE HIGHEST LEVEL OF GOVERNMENT HAS BEEN LACKING, although during 2015 there have been 'green-shoot' initiatives that indicate increasing awareness by the top levels of government on the importance of resource allocation to nutrition.

2. THERE IS INADEQUATE PUBLIC, DONOR AND PRIVATE SECTOR INVESTMENT AND RESOURCE ALLOCATION to guarantee coverage of programmes nationally and at community level.

3. TECHNICAL CAPACITY TO DELIVER PROGRAMMES FALLS SHORT OF NEEDS given the reduced number of trained nutritionists and weak training on nutrition of community level service delivery agents (health, agriculture and fisheries, social protection). This is also manifested in inadequate sectoral leadership at the technical programming level.

4. PARTNER ALIGNMENT AND HARMONISED APPROACHES ARE CONCENTRATED AT CENTRAL LEVEL (SETSAN), through the Nutrition Partners Forum and the SUN platforms (with the exception of the SUN Civil Society Platform) and are ineffective to influence decentralized planning processes.

5. THE LACK OF DATA AND STATISTICAL ANALYSIS OF THE NUTRITION SITUATION means that there is no critical examination of the efficacy of programmes and policy, resulting in a deficit of evidence-based advocacy to improve programming efficacy.

There has been significant progress in the governance of nutrition issues, through raising the profile of nutrition nationally and putting into place national frameworks for action. Explicit links have been made between key nutrition questions and national goals (PQG), international goals (SDGs), global priorities and standards. Although there were modest reductions in chronic undernutrition through 2013, recent national statistics indicate that the velocity of change has reduced considerably, and if programming remains at the same levels of efficiency and effectiveness, PQG targets will not be reached (see Box 2).

Both ESAN II and PAMRDC provide adequate but not comprehensive guidance in terms of overall activities needed to address chronic undernutrition. However, the resources that have been allocated from the State Budget to strengthen the response beyond the existing sectoral commitments are not adequate. Provincial PAMRDCs are either approved or under development, but are unlikely to receive additional funding to deepen the impact of the proposed activities, with the exception of three provinces with specific cooperation partner support. The Ministry of Agriculture and Food Security developed their sector plan PEDSA with little regard to nutrition sensitive programming, and in general the food systems work in the country is not geared towards improved nutritional outcomes.

BOX 2. REDUCING CHRONIC UNDERNUTRITION

NATIONAL GOALS

PAMRDC- 24 percentage points from 44% in 2008 to 20% in 2020
PQG- 8 percentage points from 43% in 2011 and 2013 to 35% in 2019.

CURRENT SITUATION

Chronic undernutrition remains above the critical population threshold of 40%, at 43% (DHS 2011, SETSAN Baseline Study 2013).

Additional resources for implementation have been leveraged, with the GoM signing an agreement with the World Bank to fund community-based nutrition programmes in three Northern provinces, and DANIDA, Irish Aid, the European Union, the United Nations Agencies and USAID all increased their budget allocations for nutrition. However, coverage of community outreach programmes remains patchy due to human and financial resource constraints, with inconsistent and short-term funding for the majority of the programme initiatives. Nutrition surveillance through the health system is weak and does not provide sufficient information for programme improvement, and the national data bases (DHS, Household Budget Survey) do not provide timely and disaggregated data to support policy development.

Derived from UN nutrition working group sessions 2015.



SECTION 2

UN AGENCY PROGRAMMING IN GOVERNANCE AND IMPLEMENTATION

“The UN is uniquely positioned to support the Government of Mozambique, the private sector and civil society to reduce the unacceptably high levels of undernutrition”

2.1 UN PROGRAMMING IN NUTRITION

THE UN IS UNIQUELY POSITIONED TO SUPPORT THE GOVERNMENT OF MOZAMBIQUE, THE PRIVATE SECTOR AND CIVIL SOCIETY TO REDUCE THE UNACCEPTABLY HIGH LEVELS OF UNDERNUTRITION. ALL OF THE UN AGENCIES SUBSCRIBING TO THE UN AGENDA IN MOZAMBIQUE HAVE AGENCY LEVEL COMMITMENT TO THE REDUCTION OF UNDERNUTRITION AND ARE SIGNATORIES TO THE UNITED NATIONS GLOBAL NUTRITION AGENDA (UN V 1.0).

A UN led Agenda for the Reduction of Chronic Undernutrition in Mozambique, aimed at addressing the complex issue of nutrition programming, will contribute to the government intent to prioritize programming for the reduction of undernutrition across all sectors.

The UN network aims to: strengthen the harmonization, coordination and effectiveness of UN agencies activities in support of country nutrition efforts; align with and articulate UN nutrition efforts to those of national governments, other SUN Networks and nutrition stakeholders at global and country levels; advance the aims of the SUN Movement; and support donor coordination and response. REACH¹ has been working in country since mid-2012, supporting SETSAN with nutrition coordination and the UN Joint Group on Nutrition as part of the UN engagement with nutrition governance in Mozambique.

In terms of programming around nutrition, the UN agencies work closely with a wide range of central level governmental partners to support nutrition governance, policy development and national programme implementation, namely: the Ministry of Health, the Ministry of Education and Human Development, the Ministry of Agriculture and Food Security, the Ministry of Sea, Inland Waters and Fisheries, the Ministry of Gender, Children and Social Action, the Ministry of Public Works, the Ministry of Trade and Commerce, and the Ministry of Land, Environment and Rural Development.

The geographic focus of specific programme implementation is concentrated in the areas with high prevalence and high numbers of under-nourished children, namely the central provinces of Manica, Tete, Zambezia and Nampula (see Fig.1 Representation of geographic programming by agency).

The UN agencies work on both nutrition specific and nutrition sensitive programmes (see *Lancet framework in annex 1*), grouped under three main categories: health-based actions, maternal and child care actions and food, agriculture/fisheries and dietary actions². They work both on programme implementation and nutrition governance. The thematic areas of intervention related to nutrition are: health behaviours, care of children & women, infant and young child feeding, hygiene, water & sanitation, food processing, fortification and storage, livestock and fisheries, horticulture & crops, and consumption (REACH 2015).

In addition to the above-mentioned tasks, the UN agencies have the role of holding the Government accountable for compliance with specific treaties and international agreements pertaining to nutrition. Of particular importance is the World Health Assembly - WHA Global Targets for the Reduction of Malnutrition by 2025³, to which the Mozambican Government is a signatory⁴.

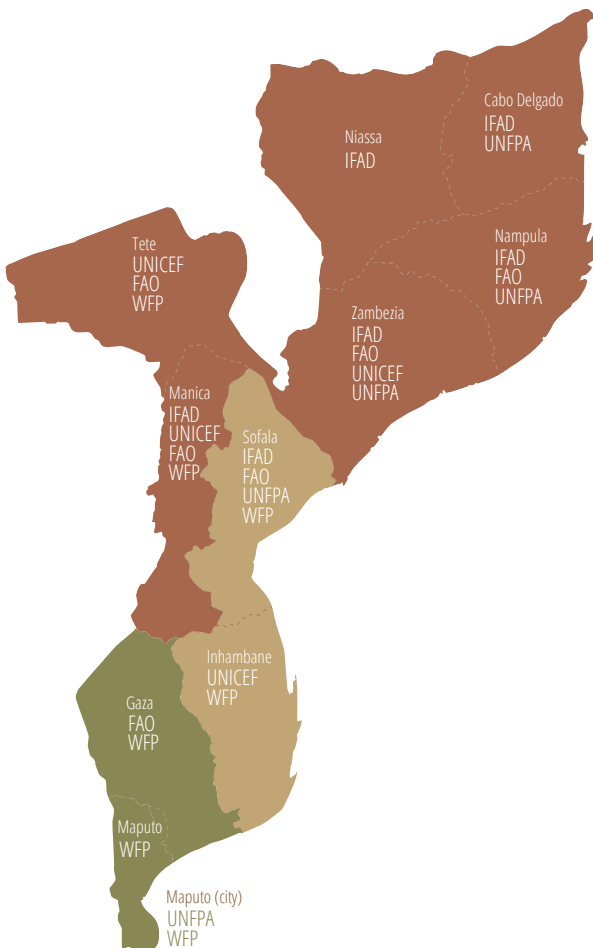
1- REACH is an inter-agency initiative (FAO, UNICEF, WFP, WHO). At country level, REACH provides facilitation, coordination and analytical support to build the capacity of national governments to support nutrition scale-up, and facilitates the coordination of UN agencies in country.

2- UN Inventory Exercise 2015

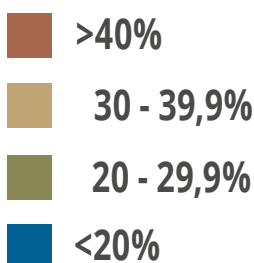
3- See annex II for the 6 Global Targets

4- Currently Mozambique is one of only 4 countries that is not on track to reach 5 of the Global Targets according to the latest Global Nutrition Report 2015.

FIG 1. REPRESENTATION OF GEOGRAPHIC PROGRAMMING BY AGENCY ▼



STUNTING PREVALENCE AMONG <5 YEARS ▼



“The UN agencies recognize that their engagement with the intractable problem of chronic undernutrition can be improved.”

The UN agencies recognize that their engagement with the intractable problem of chronic undernutrition can be improved. The following UN specific challenges have been identified¹:

THE UN AGENCIES NEED TO IMPROVE INTER AGENCY COMMUNICATION, PLANNING AND COORDINATION IN TERMS OF PROGRAMMING IN THE AREA OF NUTRITION. Currently collaboration and alignment around core thematic priorities requires strengthening to reduce internal UN competition for resources and to ensure increased programme efficiencies (reduce duplication and avoid critical coverage gaps).

IN ORDER TO INCREASE EFFICIENCY, THE UN AGENCIES SHOULD “SPEAK WITH ONE VOICE” ON NUTRITION ISSUES. There is a need to build on the efforts of REACH and the UN Nutrition Group, and continue to improve inter-agency communication to ensure that advocacy positions are clearly presented to the GoM and partners.

EACH AGENCY BRINGS TO THE TABLE A SET OF SKILLS AND THERE IS A NEED TO EXPLOIT THE SYNERGIES WITHIN AGENCIES AND BETWEEN AGENCIES. The challenge is to align the different skill-sets around a common goal and work in a complementary way to address the priority areas for nutrition programming in Mozambique. One of the reasons for developing the UN Agenda is to guarantee that the skills available through the UN network are used effectively to address the key problems in the area of nutrition policy and programming.

THERE IS A NEED TO CRITICALLY EXAMINE, IN THE LIGHT OF THE EXPERIENCE OF JOINT PROGRAMMING (MDG1,MDG4 & MDG5), MORE EFFICIENT FORMS OF COMPLEMENTING SINGLE AGENCY PROGRAMMES AND/OR DESIGNING JOINT PROGRAMMING INITIATIVES. Successful nutrition programmes require that the agencies do not merely continue to programme “as usual” but begin to think about the comparative advantage of each Agency and programme to those strengths.

¹- Gaps and challenges identified by the UN Working Group on Nutrition as part of the development of the UN Nutrition Agenda



SECTION 3

THE VISION OF THE UN AGENDA FOR THE REDUCTION OF CHRONIC UNDERNUTRITION

*“The reduction in chronic
undernutrition will be from
43% (2013) to 35% (2019).”*

3.1 VISION

“The UN agencies will contribute to achieving the national target of an eight percentage point decrease in chronic undernutrition over the next five years, as a significant step towards a healthy and productive population”

The UN Agenda for the Reduction of Chronic Undernutrition (2015-2019) in Mozambique, developed by the following agencies: FAO, IFAD, UNFPA, UNICEF, WFP and WHO, aims to clearly and concisely set out the purpose of UN nutrition programming for the next five years, indicating how the agencies will build on their on-going work, but also improve their approaches and programming in order to work more effectively together for the reduction of chronic undernutrition.

The UN agencies will contribute to achieving the national target of an eight percentage point decrease in chronic undernutrition over the next five years, as a significant step towards a healthy and productive population. **The reduction in chronic undernutrition will be from 43% (2013) to 35% (2019).**

The UN agencies of FAO, IFAD, UNFPA, UNICEF, WFP and WHO have unique qualities to offer to contribute to this goal.

COLLECTIVELY THE UN AGENCIES OFFER MULTI-SECTORAL EXPERTISE IN NUTRITION AT INTERNATIONAL AND NATIONAL LEVEL, with a footprint in all sectors, thereby increasing the potential for complementary programming (ensure collaboration within the UN and brokering relationships between sectors).

THE UN AGENCIES ARE WELL POSITIONED TO PROVIDE POLICY SUPPORT and strengthening in line with the national priorities, i.e. national implementation of PAMRDC and development of ESAN III due to their access to high level Government officials in key sectors.

THE UN AGENCIES HAVE THE DEPTH AND BREADTH OF PROGRAMMING to close the virtuous circle of policy informed by practice, and practice supported by policy. The UN can lead by example: using evidence from research or monitoring systems to improve programming and by strengthening nutrition surveillance systems to provide national data sets on nutrition status.

3.2 OPERATIONAL APPROACHES

THE UN AGENCIES WILL WORK WITH THE GOVERNMENT OF MOZAMBIQUE TO IMPROVE NUTRITION GOVERNANCE, including accountability on the commitments made by all stakeholders to reduce undernutrition.

THE UN WILL ACTIVELY ENGAGE TO IMPROVE BOTH NUTRITION SENSITIVE AND NUTRITION-SPECIFIC INTERVENTIONS (including implementation and coverage) as identified in the key policy frameworks approved by the Government.

WORKING UNDER A COMMON NUTRITION AGENDA WILL BRING THE ADVANTAGE OF JOINT EVIDENCE-BASED PROGRAMMING, common advocacy goals for leveraging resources and policy commitment and improved monitoring of national targets.

THE UN AGENCIES COMMIT TO

Building commitment and leadership for country-wide nutrition specific and nutrition sensitive policy and programming through advocacy and communication discussed and agreed by all UN agencies, targeted to decision makers and resource holders at all levels of government. This will be achieved through:

- > An annual process for the joint identification of advocacy positions and messages & agreed sector-wide positions;
- > Briefing UN Representatives and the UN Country Coordinator on the advocacy position and thereby create space to access decision makers and other stakeholders.

Maximizing resource allocation and actively seeking synergies and complementarity in programming. This will include:

- > Non-competitive cross agency leveraging of resources for interventions in the priority areas of the UN Agenda;
- > Agencies pro-actively sharing concept notes, programme design and budgets with a view to identifying complementary actions, reducing duplication and increasing learning.

“Maximizing resource allocation and actively seeking synergies and complementarity”

‘Speaking with one voice’ in national fora, working groups (NPF, GT-PAMRDC) and in sectoral high level meetings with a view to maintaining clarity of messaging and purpose. This will be achieved through a number of mechanisms, including:

- > The chair of the UN nutrition group will represent the voice of the UN agencies in national forum (NPF, GT-PAMRDC). REACH will provide technical support to the Chair in this function;
- > All UN agencies will dedicate qualified staff and staff time to nutrition programming committed to working as a UN team around key programmatic approaches;
- > Convening regular learning meetings of the UN Nutrition Group to share information, align positions and highlight opportunities and challenges for improved programming.

Promoting good practice in terms of knowledge management among all stakeholders through:

- > The establishment of information systems for tracking progress on implementation of PARMDC and promotion of information sharing within and across sectors;
- > Sponsor/organize events that lead to a reflection on experiences, the systematization of lessons learned and promotion of good practices.

Improving governance by ensuring that the nutrition commitments under the World Health Assembly Declaration, Scaling-up Nutrition (SUN) and the national goals laid out in the PQG are adhered to, and that policies in the areas of Health, Education, Agriculture, Fisheries, Food Security, Water and Sanitation, Social Welfare, and Commerce, include nutrition sensitive and nutrition specific actions as appropriate. Accountability will be achieved through:

- > The UN Nutrition Group will provide regular briefings to the Agency Representatives (UNCT) on the state of the nutrition commitments;
- > The UN nutrition group will report annually on progress made on nutrition against the UNDAF (UN development Action framework) 2017-2020;
- > REACH will work directly with GoM and the SUN platforms to ensure effective engagement in the priority areas identified in the UN Agenda.

3.3 PRIORITY ACTIONS

The success of the UN Agenda for the Reduction of Chronic Undernutrition will be measured using two results:

1. CONTRIBUTION TO THE REDUCTION IN THE OVERALL LEVELS OF CHRONIC MALNUTRITION.

2. EFFECTIVE COLLABORATION ON THE COMMON UN AGENDA FOR THE REDUCTION OF CHRONIC UNDERNUTRITION.

In order to achieve the expected results, the agencies will use the operational approaches described above that speak to the comparative advantage of the UN agencies, namely; (i) strengthening governance systems; (ii) capacity development; (iii) leveraging partnerships at all levels and in a variety of sectors; (iv) building commitment and leadership; (v) and building robust systems for monitoring and learning.

These operational approaches will be employed in the five priority actions of; (i) nutrition governance; (ii) social behaviour change and communication programming; (iii) nutrition sensitive food systems programming; (iv) nutrition promotion through health systems programming; (v) food fortification.

In addition to the five priority actions mentioned above, two issues have been flagged for attention and may emerge as key areas for action in the next five years (*Details available in 3.4 Emerging Issues, p.18 of this document*).

3.3.1 NUTRITION GOVERNANCE ▼

The UN agencies have an important role to support and promote mechanisms for improved nutrition governance in different sectors, and within the UN. The agencies will focus on the following governance issues over the next five years:

- > Support to the Government and multi-stakeholder platform in order to strengthen coordination across sectors;
- > Ensure coordination within the UN Network and the SUN network. Implementation of key nutrition advocacy and communication initiatives, with a focus on effecting change in high level GoM leadership on nutrition;
- > Develop actions in the areas of Multispectral and sectoral policy dialogue (e.g. facilitate the inclusion of nutrition specific and sensitive components into ESAN III and preparation for PAMRDC II);
- > Develop national nutrition capacity for design and delivery of policy and programming (institutional and technical capacity) in the Ministries of Health, Agriculture, Fisheries, Public Works, Ministry of Gender, Children and Social Action, Education, Commerce and Industry and Water and Sanitation;
- > Leverage resources for nutrition programming (UN, government, implementing partners) through support to proposals, influencing & advocacy, pro-active identification of opportunities for additional funding;
- > Support the development of nutrition information systems to provide evidence to leadership for policy change and programming.

3.3.2 SOCIAL BEHAVIOUR CHANGE COMMUNICATION PROGRAMMING ▼

Nutrition programmes targeting behaviour change in a range of key priority areas will be the cornerstone of UN programming during the next strategic period. The priority areas identified are:

- > Promotion of healthy family diets;
- > Infant and young child feeding and care practices;
- > Maternal care and nutrition;
- > Hygiene and sanitation;
- > Promotion of consumption of bio-fortified foods, home-based fortification and industrial fortification;
- > Food preservation, processing & conservation and preparation.

The Social Behaviour Change Communication programmes will be delivered as key components of:

- > Maternal, family planning and Child Health Programmes;
- > Education programmes;
- > WASH programmes;
- > Food systems programmes (agriculture, fisheries and livestock).

3.3.3 NUTRITION SENSITIVE FOOD SYSTEM PROGRAMMING ▼

The UN agencies will work across productive sectors to ensure that nutrition sensitive activities are undertaken in the areas of agriculture, fisheries and livestock. The priority areas for action will aim to promote greater dietary adequacy in terms of both quantity and quality by:

- > Promotion of food production to achieve a diversified diet (high value nutritious foods);
- > Promotion of diversity and production system;
- > Promotion in production and capture of high value indigenous and local foods;
- > Improved technologies in the areas of agriculture, fisheries, livestock and processing to decrease women's workload;
- > Promotion of improved storage, preservation, conservation of food capture and production;
- > Investment in, and promotion of Bio-fortified foods.

3.3.4 NUTRITION PROMOTION THROUGH HEALTH SYSTEM ▼

Strengthening of nutrition specific interventions delivered by the health system will be a key output in the next five years. Priority areas for action are:

- > National Nutrition Rehabilitation Programme and local production/supply of endorsed supplementary foods;
- > Ante and post-natal iron and folic acid supplementation;
- > Vitamin A supplementation and deworming of infants 0-5 years old;
- > Integrated Management of Childhood Illness (IMCI);
- > Prevention of malaria, Intermittent malaria treatment during pregnancy and bed-nets promotion;
- > Pediatric HIV care and PMTCT;
- > Building evidence through strengthening assessment, monitoring & evaluation, nutrition surveillance systems and operational research.

3.3.5 FORTIFICATION ▼

Supporting the Government of Mozambique Food Fortification Strategy to target micro-deficiencies will impact positively on the nutritional status of urban and rural populations. This will be achieved through the (i) fortification of industrialized food products and (ii) home-based fortification initiatives.

- > Food industry based food fortification including small scale food processors;
- > Home-based fortification targeting key micronutrient deficiencies through the provisions of micro-nutrient powders and specialized supplements by the health system using the platforms which showed best performance during the testing of different delivery mechanisms.

3.4 EMERGING ISSUES

There are two issues that deserve attention under the UN Agenda and could in the near future impact positively on chronic malnutrition. One is the increased recognition by the Government of Mozambique of the importance of addressing the critical problem of **adolescent girls health and well-being**. There are a number of GoM high level initiatives that speak to this problem, e.g. the National Strategy for the Elimination of Early and Forced Marriage; review of the Adolescent Friendly Sexual and Reproductive Health Strategies. Deeply aligned to the sexual and reproductive health concerns of the Government are nutrition concerns of the adolescent girl. The UN agencies will contemplate the formulation and design of an **Adolescent Girls Nutrition Initiative**, an innovative approach based on complementary programming around a common target group. The joint programming initiative will be designed to address the complex issue of nutrition requirements of adolescent girls. The key actions will include working with social behavior change programming, service delivery and micro nutrient supplementation, with a focus on:

- > Iron and folic acid supplementation using health, education and community delivery systems;
- > Contributing to the national strategy for the elimination of early marriages and early pregnancies, SBCC, law enforcement, among others;
- > Family planning targeting adolescent girls, including working to prevent second pregnancies during adolescence;
- > Development of I.T applications to engage girls in improved health and nutrition behavior.

The second emerging issue is the crucial area of social protection measures aimed at promoting human development, and specifically at reducing the impact of chronic undernutrition. With the upcoming approval of the second National Strategy for Basic Social Security (ENSSB II), the GoM may approve the implementation of a child grant targeting the children in the 'window of opportunity' from 0-2 years of age, living in vulnerable households. A number of UN agencies have been instrumental in moving forward the agenda for nutrition considerations in the social protection strategy (UNICEF, ILO and WFP), and once the strategy is approved, these agencies will continue with joint advocacy actions to ensure the design and building of systems to deliver the nutrition sensitive Child Grant.

SECTION 4

MEASURING SUCCESS

“The success of the UN Agenda will also be measured in terms of joint planning and shared design of programmes that increase transparency, leading to reduced internal competition for resources and transaction costs.”

4.1 IMPACT ON CHRONIC MALNUTRITION

The actions carried out under the UN Agenda for the Reduction of Chronic Malnutrition will contribute to a reduction in chronic under-nutrition in line with GoM targets. It will advocate successfully for increased resources (financial and human) for nutrition-related programming; and will actively promote a culture of evidence-based policy and programming.

TABLE I - EXPECTED IMPACT

RESULT	INDICATOR	MEANS OF VERIFICATION	GOAL (2020)
Reduction in chronic undernutrition in children under five (population level chronic undernutrition).	Percentage point change in chronic undernutrition of children under five years of age.	National Anthropometric Statistics Sources: i. SETSAN Vulnerability Analysis, ii. Household Budget Survey (IOF) iii. Demographic and Health Survey (DHS)	Reduction to 35% in 2019 (8 percentage points)
Adequate domestic or public resource (financial and technical) commitment to nutrition specific and nutrition sensitive programming.	Number of provincial PAMRDC with funded annual operational plans <i>(Sector 1 resource allocation and expenditure to nutrition specific and nutrition sensitive programming)</i>	Annual budgets of Provincial PAMRDC <i>(REACH & SETSAN are working on a methodology to track allocation and spending on nutrition)</i>	A third of annual operational Provincial PAMRDCs are funded (from National Budget and additional resources) <i>(10% increase in nutrition sensitive allocation / expenditure in key sectors)</i>
Improved nutrition surveillance systems for tracking trends in undernutrition²	<i>Bi annual anthropometric surveys representative at provincial level</i> <i>6 monthly facility based nutrition surveillance data</i>	<i>Anthropometric surveys</i> <i>Facility-based nutrition surveillance data sets</i>	<i>Two anthropometric surveys between 2015 – 2020</i> <i>Functioning facility based nutrition surveillance system</i>

1- Key sectors: agriculture, fisheries, health, social protection, WASH

2- There are on-going discussions between UNICEF/WHO and the National Statistics Office, the Ministry of health and SETSAN about the introduction of regular anthropometric measurements of the six WHA targets, as part of the National Nutrition Surveillance system and/or the introduction of a bi-annual anthropometric survey statistically valid at provincial level

4.2 MEASURING SUCCESS

OF THE UN AGENCIES WORKING TOGETHER UNDER A COMMON AGENDA

The success of the UN Agenda will also be measured in terms of joint planning and shared design of programmes that increase transparency, leading to reduced internal competition for resources and transaction costs. Through the UN Agenda the agencies will speak with 'one voice', advocate for improved programming, and align to the GoM priorities in the fight against chronic undernutrition.

TABLE II - EXPECTED RESULTS

RESULT	INDICATOR	MEANS OF VERIFICATION	GOAL (2020)
UN agencies nutrition specific and nutrition sensitive programs are aligned with PAMRDC.	Proportion of nutrition specific/ sensitive programs aligned with PAMRDC.	Up-date of UN Nutrition inventory tool. Baseline 2015; Midterm 2017; Final 2020.	Program alignment.
Strengthened engagement of agencies on UN Agenda actions through the allocation of technical staff and management time to nutrition programming.	Number of technical and management staff per agency with performance indicators linked to nutrition programming and coordination.	Annual staff (technical and management) performance appraisal per agency that include nutrition indicators.	Each agency with at least 1 senior staff member with nutrition related annual performance appraisal indicators.
Annual priorities established through joint planning and set by the UN group are executed and reported to the United Nations Country Team.	A joint planning exercise per year Degree of execution of annual priorities.	Annual joint plan presented to UNCT Yearly report to the UNCT, including joint advocacy program.	100% execution of annual priorities, including joint advocacy program.
Increased UN expenditure on nutrition specific and nutrition sensitive actions.	% expenditure increase as a proportion of overall agency spending % expenditure increase across the 6 agencies as a proportion of total spending.	Annual financial reports.	20% expenditure increase as a proportion of overall spending by 2020 (2015 baseline).
Improved knowledge management for effective nutrition programming.	Number of action research and M&E findings used to influence policy and/or program direction • Nutrition governance • SBCC programs • Nutrition sensitive food systems programs • Nutrition specific programs in the health sector • Food fortification	Evidence of policy or program change based on the findings from Action Research and/or M&E (Yearly report to the UNCT).	2015 – 2020 one example in each of the 5 priority areas.

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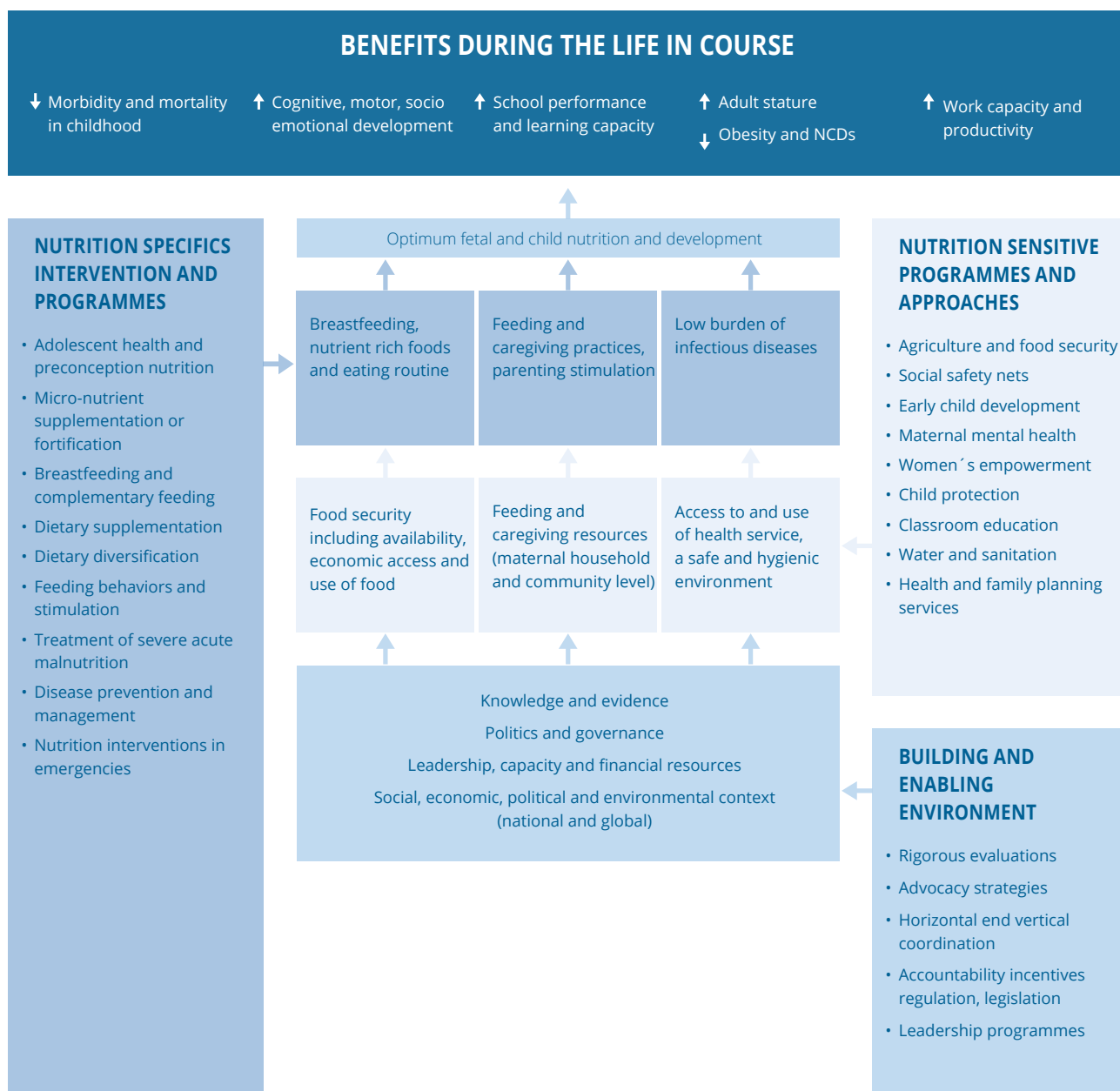
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ANNEX 1

LANCET FRAMEWORK: NUTRITION SPECIFIC AND NUTRITION SENSITIVE PROGRAMMING ▾



ANNEX 2

WHA GLOBAL TARGETS FOR THE REDUCTION OF MALNUTRITION ▼

- 01 BY 2025, 40% REDUCTION OF THE GLOBAL NUMBER OF CHILDREN UNDER FIVE WHO ARE STUNTED.
- 02 BY 2025, 50% REDUCTION OF ANEMIA IN WOMEN OF REPRODUCTIVE AGE.
- 03 BY 2025, 30% REDUCTION OF LOW BIRTH WEIGHT.
- 04 BY 2025, NO INCREASE IN CHILDHOOD OVERWEIGHT.
- 05 BY 2025, INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS UP TO AT LEAST 50%.
- 06 BY 2025, REDUCE AND MAINTAIN CHILDHOOD WASTING TO LESS THAN 5%.

ANNEX 3

STRATEGIC OBJECTIVES OF THE MULTI-SECTORAL ACTION PLAN FOR THE REDUCTION OF CHRONIC UNDERNUTRITION (PAMRDC) 2011-2015/20 IN MOZAMBIQUE ▼

- 01 TO STRENGTHEN ACTIVITIES WITH IMPACT ON THE NUTRITIONAL STATUS OF ADOLESCENTS.
- 02 TO STRENGTHEN INTERVENTIONS WITH IMPACT ON THE HEALTH AND NUTRITION OF WOMEN OF REPRODUCTIVE AGE BEFORE AND DURING PREGNANCY AND LACTATION.
- 03 TO STRENGTHEN NUTRITION ACTIVITIES FOR CHILDREN IN THE FIRST TWO YEARS.
- 04 TO STRENGTHEN HOUSEHOLD-ORIENTED ACTIVITIES TO IMPROVE ACCESS AND UTILIZATION OF FOOD WITH A HIGH NUTRITIONAL VALUE.
- 05 TO STRENGTHEN THE HUMAN RESOURCES CAPACITY IN THE AREA OF NUTRITION.
- 06 TO STRENGTHEN THE NATIONAL CAPACITY FOR ADVOCACY, COORDINATION, MANAGEMENT AND PROGRESSIVE IMPLEMENTATION OF THE MULTI-SECTORAL ACTION PLAN FOR THE REDUCTION OF CHRONIC UNDERNUTRITION.
- 07 TO STRENGTHEN THE FOOD AND NUTRITION SURVEILLANCE SYSTEM.



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