SOLICITATION TYPE: **REQUEST FOR INFORMATION (RFI)**
RFI -656-19-TN

PROGRAM NAME: Transform Nutrition

ISSUANCE DATE: Monday, December 17, 2018

DUE DATE: Friday, January 11, 2019, 17:00 Maputo Time

TO: **ALL INTERESTED PARTIES**

The U.S. Agency for International Development (USAID), Integrated Health Office (IHO) seeks feedback and comments to specific questions outlined below on the Program Description for Transform Nutrition. The objective of this Activity is to improve the nutritional status of pregnant women, lactating women, adolescent girls, and children under 2 years of age.

This announcement is a Request for Information (RFI), not a Request for Applications (RFA) or a Request for Proposal (RFP). In accordance with FAR 15.201(e), responses to this notice are NOT considered offers and CANNOT be accepted by the U.S. Government to form a binding contract. Therefore, USAID is not seeking technical or cost proposals at this time. Please do not submit a full proposal as these will not be reviewed and will be discarded. This is not a commitment by USAID to issue a solicitation, contract, grant, or cooperative agreement or otherwise compensate an organization or individual for any information submitted as a result of this RFI. The issuance of this RFI in no way obligates USAID to pay any costs incurred in the preparation and submission of the requested information. Please do not submit proposals or statements of qualifications in response to this request. USAID will not provide answers to any questions or comments submitted in response to this request.

If a solicitation is issued for this activity, it is the organization's responsibility to monitor the solicitation site for the release of any further information. It should be noted that responding to this RFI will not give any advantage to any organization in any subsequent procurement. Proprietary information should not be sent.

You will receive an electronic confirmation acknowledging receipt of your response, but will not receive feedback. Hard copy responses are not required and are discouraged. Late submissions will not be accepted.

While we welcome any comments you may have, we ask that if you choose to respond, that you answer the following questions to assist USAID:

1. Does the draft Program Description contain sufficient information to draft a response, including a Technical and Cost Application? If not, what more is needed?

2. Is the draft Program Description sufficiently flexible to allow for innovation and collaboration in support of Mozambique's journey to self-reliance? If not, how could it be improved?

3. Does the Results Framework set a clear path to the achievement of the Activity Objective? If not, what should be adjusted?

4. What other comments or recommendations do you have about the RFI and requirements?

Please submit the requested information by e-mail attachment by the closing date and time shown at the top of this cover letter to Antonieta Manhica at amanhica@usaid.gov.

We appreciate your input and look forward to hearing from you.

NOTICE: THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. The RFI is solely issued to gather information for planning purposes and to gain feedback on the draft Program Description (PD). Therefore, respondents are advised that any information submitted may be used to inform the development of the anticipated PD. This RFI is NOT a Request for Proposal (RFP), a Request for Application (RFA), a Request for Quotation (RFQ), an Invitation for Bids (IFB), a Request for Application, a solicitation or an indication that USAID will contract for the requirement contained in this RFI.

ACRONYMS

ADS - Automated Directives System
ANC – Antenatal Care
AOR – Agreement Officer's Representative
APEs – Multipurpose Health Agents
BMI – Body Mass Index
CBOs – Community-Based Organizations
CDC – Centers for Disease Control and Prevention
CDCS – Country Development Cooperation Strategy
CHC – Community Health Committees
CHWs – Community Health Workers
CIHO – Communication for Improved Outcomes
CLA – Collaborating, Learning, and Adapting
CLTS/SANTOLIC - Community-Led Total Sanitation
CMC – Co-Management Committee
CODSAN – District Council on Food Security and Nutrition
CONSAN – National Council on Food Security and Nutrition
COP - Chief of Party
COPSAN – Provincial Council on Food Security and Nutrition
DO – Development Objective
DREAMS – Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe Women
DfID – United Kingdom's Department for International Development
DHS – Demographic and Health Survey
DLI 4 – Disbursement Linked Indicator number four
DUNS – Data Universal Numbering System
DPS – Provincial Health Department
EID – Early Infant Diagnosis
EIN – Employer Identification Number
EMMPs – Environmental Mitigation and Monitoring Plans
ERF – Environmental Review Forms
ERRs – Environmental Review Reports
ESAN III – Food Security and Nutrition Strategy
FANTA - Food and Nutrition Technical Assistance
FAO – Food and Agriculture Organization
FP – Family Planning
GDP – Gross Domestic Product
GFF – Global Financing Facility
GHSC-PSM - Health Supply Chain Program-Procurement and Supply Management
GII – Gender Inequality Index
GIS – Geographic Information System
GRM – Government of the Republic of Mozambique
GUG – Grants under Grants
HDR – Human Development Report
HIV – Human Immunodeficiency Virus
HSDP – Health Service Delivery Project
IC – Investment Case

IEE – Initial Environmental Examination
IFA – Iron and Folic Acid
IFAD – International Fund for Agricultural Development
IFPP – Integrated Family Planning Project
IMaP – Integrated Malaria Program
IP – Implementing Partner
IPC – Interpersonal Communication
IR – Intermediate Result
JHU/CCP - Johns Hopkins University/Center for Communication Programs
MCH – Maternal and Child Health
MCHIP – Maternal and Child Health Integrated Program
MCSP – Maternal and Child Survival Program
MEL – Monitoring, Evaluation, and Learning
MEO – Mission Environmental Officer
MNCH – Maternal, Neonatal, and Child Health
MNP – Micronutrient Powders
MoH/MISAU – Ministry of Health
NOFO - Notice of Funding Opportunity
NGO – Non-Governmental Organization
ODF – Open Defecation Free
OFDA – Office of U.S. Foreign Disaster Assistance
ORS – Oral Rehydration Salts
PAD – Project Appraisal Document
PAMRDC – multi-sectoral Strategic Plan for the Reduction of Chronic Malnutrition
PASAN – Action Plan for Food Security and Nutrition
PEC – Community Participation and Education
PEPFAR – President's Emergency Plan for AIDS Relief
PESS – Health Sector Strategic Plan
PHC – Primary Health Care
PMI – President's Malaria Initiative
PMTCT – Prevention of Maternal-to-Child Transmission of HIV
PPR – Performance Plan and Report
PROCAVA – Inclusive Agri-food Value-chains Development Programme
PSM – Procurement and Supply Management
QI – Quality Improvement
REACH – Renewed Efforts Against Child Hunger
RFA - Request for Application
RH – Reproductive Health
RMNCAH – Reproductive, Maternal, Neonatal, Child and Adolescent Health
RUTF – Ready-to-Use Therapeutic Foods
SAAJ – Adolescent- and Youth-Friendly Services
SBC – Social and Behavior Change
SBM-R – Standards-Based Management and Recognition
SD – Service Delivery
SDG – Sustainable Development Goals
SETSAN – Technical Secretariat for Food Security and Nutrition
SNV – Netherlands Development Organization
SPRING – Strengthening Partnerships, Results, and innovations in Nutrition Globally
SSAP – Small-Scale Aquaculture Promotion Project
STIP – Science, Technology, Innovation and Partnership

SUN – Scaling Up Nutrition
TB – Tuberculosis
TOT – Training of Trainers
TWG – Technical Working Group
UN – United Nations
UNICEF – United Nations Children's Fund
USAID – United States Agency for International Development
USG – United States Government
VISTA – Viable Sweet Potato Technologies in Africa
VMMC – Voluntary Medical Male Circumcision
WASH – Water, Sanitation and Hygiene
WFP – World Food Program
WHO – World Health Organization

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A. INTRODUCTION

A growing body of evidence indicates that nutrition affects every aspect of human growth and development: from physical growth, to performance in school, to the ability to fight off disease, to national health, food security, and economic advancement. To address this, the United States Agency for International Development (USAID) is strengthening the provision of sustainable, high-quality, evidence-based interventions in target areas of Mozambique, to improve the nutritional status of pregnant and lactating women, adolescent girls, and children less than two years of age.

To this aim, USAID/Mozambique intends to award a five-year, $19.5 million Cooperative Agreement to improve the nutrition outcomes of target populations in Nampula Province, the largest and most densely-populated province of Mozambique. The resulting activity, "Transform Nutrition" (2019-2024), will assist government and community stakeholders to develop their capacity to plan and manage multi-sectoral nutrition, sanitation, and hygiene programming. Efforts will focus on improving the nutritional status of pregnant and lactating women, adolescent girls, and children less than two years of age, in order to reduce stunting rates in Nampula. Transform Nutrition will strengthen multi-sectoral engagement by collaborating with key stakeholders to increase coverage, quality, and provision of community-level services that affect nutrition. Additionally, Transform Nutrition will improve nutritional counseling of the target populations, in particular pregnant and lactating women and adolescent girls. One of the primary mechanisms for change in this activity will be improving counseling and interpersonal communication skills of community health workers.

The implementation approach will align with seven cross-cutting principles: (1) Work with and through **host government systems** utilizing **host government strategic plans**; (2) Be **innovative** in program design and implementation, by adopting emerging international best practices and adapting them to the Mozambican context; (3) Utilize implementation research to support a **rigorous learning agenda** and create a body of evidence for the scale up of field-tested approaches; (4) Apply **gender-transformative** and sensitive approaches; (5) **Build capacity of local organizations**, communities, and government to increase self-reliance; (6) Coordinate with and **leverage multi-sectoral** nutrition-specific and sensitive activities in the same geographic areas; (7) Align with and leverage the **Investment Case (IC) for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)** supported by the Global Financing Facility (GFF).

Linkages with and support to the IC's provision of seven Essential Nutrition Actions at the community level in Nampula Province will be a central focus for Transform Nutrition. Additionally, given that maternal nutrition strongly affects fetal development and eventual nutritional status, and given the very high percentage of pregnant, undernourished adolescent girls in Mozambique, a second major focus will be adolescent nutrition, particularly that of girls. In line with the seven principles outlined above, support for Mozambique's multi-sectoral approach will include, among other linkages, collaborative interventions which link nutrition, sanitation, and hygiene to support improvements in the health of target populations in Nampula.

The use of innovative behavior change approaches and diverse channels, networks, and community organizations to reach target populations and help them practice healthy

nutrition-specific and nutrition-sensitive behaviors, will be essential. To build self-reliance and ultimately sustain improvements, any development activities in Mozambique must be implemented in full partnership with the Ministry of Health (MOH, or MISAU in Portuguese) and the Food Security and Nutrition Technical Secretariat (SETSAN), especially at the provincial and district levels, to strengthen systems that increase the effectiveness, efficiency, quality, and coverage of nutrition and water, sanitation, and hygiene (WASH) services.

Transform Nutrition will coordinate and collaborate with a diverse set of key stakeholders in the health, nutrition, WASH, and agriculture sectors in order to achieve targeted outcomes. Implementation research will be used to assess innovations which strengthen multi-sectoral programming, and in particular improve the nutritional status of adolescent girls; the results from this research must be documented, disseminated, applied, and scaled up in order to maximize learning and sustain nutrition and WASH outcomes.

B. ACTIVITY DESCRIPTION

1. Background and Problem Analysis

Transform Nutrition responds to the growing body of evidence that nutrition affects every aspect of human growth and development. In Mozambique, with the fourth-highest prevalence of stunting (43%) among countries in Sub-Saharan Africa, almost 6% of children under five wasted, and high anemia rates for women and children, undernutrition hinders all aspects of development:

- **Health:** Less than half (45%) of children with undernutrition are estimated to be receiving proper health care, and 26% of all child mortality cases in Mozambique are associated with undernutrition;
- **Education:** Stunted children achieve 4.7 fewer years in-school education than children with normal growth, and 19% of grade repetitions are associated with stunting;
- **Economic Growth:** Child mortality associated with undernutrition has reduced Mozambique's workforce by 10%, and the annual costs associated with child undernutrition are equivalent to fully 11% of the Gross Domestic Product (GDP).[1]

The major causes and contributors to malnutrition are complex and multi-sectoral. Although poverty and food insecurity play an important role, one-quarter of Mozambican children suffer from stunting even in the wealthiest households. This suggests non-food security related factors contribute to stunting, including: inadequate infant and young child feeding (IYCF) behaviors; high incidence of infectious diseases as a result of limited access to water and sanitation (WASH) services and poor hygiene practices; early childbearing; and low access to early childhood development services.[2] Households often have limited access to quality nutrition services and as a result of low dietary diversity, have an inadequate intake of micronutrient-rich foods. Household wealth, education levels, family planning practices/family size, and gender inequalities also contribute to malnutrition.

[1] The Cost of Hunger in Mozambique, 2017

[2] DLI 4 Technical Note, Global Financing Facility, Mozambique, https://www.globalfinancingfacility.org/mozambique.

The first thousand days from pregnancy until a child's second birthday offer a window of opportunity to reduce stunting, as well as other forms of malnutrition including anemia and wasting. In addition to the first 1,000 days, the 2013 Lancet series on maternal and child nutrition identified adolescent girls' nutrition as a key priority[3]. Because growth and development accelerate rapidly during adolescence, this period is often referred to as a second window of opportunity to improve nutritional status. Improving adolescent girls' nutrition will improve their health status and better prepare them for good nutrition during pregnancy. Given that 46% of Mozambican girls become pregnant in their teens[4], adolescent nutrition is directly correlated with nutrition during pregnancy. Compounding this, many pregnant women do not access nutrition-promoting services until the fifth or sixth month of pregnancy, so it is especially important that they begin pregnancy in a state of optimum nutrition regardless of their age.

In recognition of the importance of nutrition to the health, wellbeing, and productivity of the Mozambican people, the World Bank-supported Mozambique Primary Health Care Strengthening Program-for-Results is funding the Government of the Republic of Mozambique (GRM) to implement the activities laid out in the Investment Case for RMNCAH. This includes a disbursement-linked indicator (DLI 4) focused on improved access, coverage, and quality of nutrition interventions delivered through community-based platforms and health facilities. Under this DLI, the GRM will enhance capacity and expand coverage of selected high-impact nutrition interventions targeted to children under two. These seven nutrition interventions are: (1) counseling on exclusive breastfeeding 0-6 months; (2) counseling on adequate complementary foods and responsive feeding practices, including the timely and continued intake of micronutrient powders (MNP) from 6-24 months; (3) deworming of children from 12-24 months; (4) counseling on safe WASH practices; (5) regular growth monitoring among children 0-24 months; (6) vitamin A supplementation for children 6-24 months; and (7) MNP supplementation for children. USAID is supportive of the Investment Case and is actively assisting its implementation, in collaboration with other nutrition partners. Transform Nutrition has been designed to build upon, support, and bolster the GRM's capacity to implement the Investment Case, with a specific focus on DLI 4.

Evidence increasingly suggests that a systems approach can catalyze improvements in nutrition outcomes.[5] As nutrition has multi-sectoral causes, multiple systems influence and impact malnutrition, including food, health, WASH, and education systems from the national to community levels. USAID's Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project has used a systems approach to address malnutrition in multiple countries, identifying factors that influence and interact across systems to contribute to nutrition practices and outcomes. Strategically building key components of these systems has helped contribute to sustained nutrition improvements.[6] Targeted strengthening of health, food security, and WASH systems from the national to community levels in Mozambique will contribute to successful implementation of the activities in the Investment Case, as well as to sustained improvements in nutrition outcomes. Transform Nutrition is designed and will

[3] *Improving maternal, newborn, infant and young child health and nutrition*; Authors: World Health Organization, 2013

[4] 2015 Malaria Survey (IMASIDA)

[5] Hammond, R.A., and L. Dubé. 2012. A systems science perspective and transdisciplinary models for food and nutrition security. Proceedings of the National Academy of Sciences 109 (31):12356–12363.

[6] USAID's SPRING Project. Systems Thinking and Action for Nutrition. https://www.spring-nutrition.org/publications/briefs/systems-thinking-and-action-nutrition

be implemented to complement other USAID-funded programs to strategically build the capacity and quality of existing GRM systems, to strengthen governance in their technical areas, and to deliver interventions at scale.

A family- and community-centered approach is required to change food- and health-related behaviors. Therefore, determining the various actors and levels of influence is important to consider. Fathers, mothers and mothers-in-law, local leaders, community groups, youth organizations, local non-governmental organizations (NGOs) and others may all be involved in programs that seek to change societal norms about feeding practices, household and community hygiene and sanitation practices, social exclusion, utilization of health services, and timing and spacing of pregnancies, among others.

Adopting adaptive behaviors in response to changing norms is one requirement to change nutritional status. Effective counseling depends on a good understanding of the behaviors that are negatively affecting the nutritional status of the target populations, and how to change them. Paraprofessional community health workers (Multipurpose Health Agents, or *APEs* in Portuguese), as well as unpaid community activists and volunteers, must be provided with quality training and support, so that they are able to change behaviors through counseling.[7]

Poor sanitation and hygiene practices are contributing factors to malnutrition. The disease burden due to diarrheal disease is high in Mozambique, contributing to 17% of under-five deaths. Nationally, only 24% of Mozambican households have access to basic sanitation and 36% still defecate in the open; in rural areas almost half of the population (47%) practices open defecation. Hygiene fares much worse than sanitation, with only 12% of the population having basic access, defined as having soap and water available on their premises.[8] As with nutrition, a systems approach for sanitation and hygiene helps catalyze long-term impact on behaviors and access to and use of services. Improvements in sanitation and hygiene practices across entire communities will reduce the diarrheal disease burden of adolescents, women, and children, leading to improved nutrition outcomes.

Findings from several evaluations and global lessons in behavior change indicate that improving hygiene knowledge alone is not sufficient in the absence of better access to potable water and improved sanitation facilities. While this activity will not focus on water infrastructure, it is expected that the Recipient establishes close coordination with WASH infrastructure projects in the same geographical area, including, but not limited to United Nations Children's Fund (UNICEF) and other USAID-funded WASH activities.

The 2010 Human Development Report (HDR) introduced the Gender Inequality Index (GII), which reflects gender-based inequalities in three dimensions: reproductive health, empowerment, and economic activity. The GII measures the loss in potential human development due to inequality between female and male achievements in the three GII dimensions. Mozambique has a GII value of 0.574 and a rank of 139 out of 159 countries in the 2015 index.[9] Gender roles and norms influence all areas of life, including health and nutrition. When women are educated and empowered, they are able to provide better care and

[7] Throughout the document, the term "community health worker" encompasses APEs, activists, and volunteers.

[8] WHO/UNICEF JMP 2015 (*https://washdata.org/data#!/dashboard/872)*

[9] UNDP Human Development Report 2016 Mozambique

food for themselves and their families. Women who play an active role in household decision making are more likely to also receive a more equitable distribution of the household food. USAID Mozambique is committed to increasing gender equality and women's empowerment across all USAID activities.

Lessons Learned

Many lessons have been learned through the work of USAID implementing partners and other stakeholders, as well as through the 2015 Mid-Term review of the GRM's National Multi-sectoral Strategic Plan for the Reduction of Chronic Malnutrition in Mozambique (PAMRDC), the 2013 report from the United Nations (UN)/Scaling Up Nutrition (SUN) initiative, Renewed Efforts Against Child Hunger (REACH), and the February 2018 final evaluation report of the GRM's Action Plan for Food Security and Nutrition (PASAN II). Some of the key lessons cited in these reports that are relevant to this new Activity include:

Multi-sectoral Programs

- Continuous advocacy is needed to support the multi-sectoral approach of the PAMRDC and to ensure all sectors understand their role in reducing undernutrition.
- Effective government ownership of the various nutrition initiatives supported by donors in the country is required to align initiatives with government processes and priorities.
- Civil society could play a more prominent role in the national coordination and monitoring of nutrition-relevant activities.
- The introduction of financial PAMRDC Focal Points in each provincial sector in Tete, the first province to develop a provincial PAMRDC in 2011, has significantly facilitated the integration of PAMRDC activities into the provincial sectoral plans, which should facilitate the allocation of resources and monitoring by Government.
- The need for increased joint planning, monitoring, and sharing of best practices, along with local development plans, is an important challenge to address.

Capacity Building and Sustainability

- By designing a program that fits within government mandates and is situated within different government sectors, program sustainability is increased.
- Investing in capacity building of good trainers is essential to sustainability and helps ensure that the providers and peer educators are competent to perform their tasks.
- It is important to establish linkages and work with Community Health Committees (CHCs), Community Leaders, CHWs/APEs, Mobilizers, and Volunteers to spread key messages, mobilize women and youth to use the health services, and address the specific issues and needs of each community.

Scaling Up

- Developing tools, curricula, approaches, and guidelines that can be used as the program expands to new sites facilitates rapid implementation and ensures more consistent results.
- Monitoring, evaluation, and operations research are crucial in capturing the implementation process, results, recommendations, and lessons learned that can be applied to new program sites, allowing for more cost-effective and rapid implementation.
- An enabling environment is key for the implementation, consolidation, and scaling up of interventions, as well as to ensure program sustainability. This includes having

strong commitments, political support, and country ownership for moving from pilot interventions or projects to national programs.

B. Geographic Focus

Transform Nutrition will be implemented in Nampula Province at provincial, district, and community levels. Nampula was chosen as the focus province for Transform Nutrition because of its high malnutrition rates and large population. Nampula has the highest stunting rates in Mozambique with 55% of children under five stunted, compared to 43% overall; wasting rates of children under five are the third highest at 6.5%, compared to 5.9% nationwide.[10]

Transform Nutrition will build upon successes of previous USAID nutrition projects in Nampula, including the Maternal and Child Survival Program (MCSP) and Food and Nutrition Technical Assistance (FANTA). Transform Nutrition is expected to collaborate with USAID's other health, WASH, and agriculture projects in Nampula to enhance outcomes and prevent duplication of efforts.

In addition, other donors including DfID, UNICEF, and the International Fund for Agricultural Development (IFAD), are investing in efforts to improve nutrition through health, water and agricultural projects, which can be leveraged to increase gains for the target populations.

B.3 Alignment with USAID and Host Country Goals, Plans and Strategies

This activity supports plans and priorities of the GRM as articulated by key national health strategies. Combined, these strategies are the cornerstone of the national policy framework which prioritizes primary health care, equity, and improved quality of care. They include:

The Health Sector Strategic Plan, 2015-2019 (PESS)
The Health Sector Strategic Plan 2015-2019, or "PESS", is the key GRM document outlining the objectives for the health sector, and taking into consideration regional and global health initiatives such as the Sustainable Development Goals (SDGs). The PESS identifies key success factors as being the mobilization and efficient use of resources, increasingly harmonized planning and budgeting processes, improved management, the availability of competent professional staff, the availability of essential supplies, and community participation/collaboration. The PESS provides the health sector's direction, objectives and strategies and, at provincial and district levels, and articulates the means by which these objectives and strategies can be achieved. It also serves as a tool for monitoring the achievement of progress towards priority objectives, such as: increased access to health services; consolidation of the primary health care (PHC) approach and integrated service delivery; a strengthened referral system and continuity of care; improved quality of services delivered at all levels; improved functioning and performance of health care facilities at all levels of care; guaranteed, adequate and early response to Emergencies and Epidemics; a strengthened Community Participation

[10] Mozambique Demographic and Health Survey 2011, Institute of Statistics, MOH & Measure DHS+/ORC Macro, Calverton, MD, USA

approach; promotion of a collaborative approach with other health providers; and improved inter-sectoral collaboration.

The Investment Case for RMNCAH, supported by the GFF[11]

To accelerate progress on RMNCAH in Mozambique, the MOH developed an RMNCAH Investment Case. Adopted by the MOH as the leading strategic document to guide programmatic and investment priorities in RMNCAH for the next five years, the Investment Case identifies priority interventions, approaches, geographic focus areas, and indicators. The cost for these interventions has been estimated at US $1.3-1.5 billion over five years, with the majority of the financing to be provided directly by the GRM. Led by the World Bank and supported by the GFF Trust Fund and various bilateral donors, the Mozambique Primary Health Care Strengthening Program-for-Results is providing approximately $250 million in financing for the Investment Case, using a results-based financing model. Modeling conducted during the process of developing the Investment Case indicated that the maternal mortality rate could be reduced by 7-9%, the neonatal mortality rate by 9%, and the child mortality by nearly 5% annually, if the Program is fully funded and executed. Transform Nutrition will be among the USAID-supported programs supporting the GRM's efforts to implement the Investment Case.

The National Strategy for the Improvement of Quality and Humanization of Health Services, 2017-2023

Recently drafted by the Ministry of Health, this document lays out the GRM's strategic vision for establishing a national system to improve the quality of health services, focusing on both clinical quality as well as the patient-centered aspects of "Humanization." The steward of this strategy is the newly established Directorate for Quality Improvement, in the MOH. As a young directorate, it would benefit from technical assistance to flesh out and finalize its vision for quality improvement at all levels of the health system. This national strategy is an important starting point for this effort. While the strategy is focused at the health facility level, improving the quality and humanization of services provided by community health workers will be important if critical behavior changes are to be made. Borrowing lessons from this strategy, Transform Nutrition will help implement quality improvement processes for CHWs through government systems.

B.4 Summary of Relevant United States Government (USG)-funded Activities

Transform Nutrition will complement and/or build upon efforts of other activities supported by USAID and other U.S. Government agencies in Mozambique, including:

- **Maternal and Child Survival Program (MCSP), 2014-2019, Jhpiego:** MCSP is building on the work of the predecessor Maternal and Child Health Integrated Program (MCHIP). MCSP supports the provinces of Sofala and Nampula to achieve measurable program impact in Maternal Neonatal and Child Health (MNCH). Among other activities, the project has worked at the national and sub-national levels to promote its Standards-Based Management and Recognition (SBM-R) approach for quality improvement.

- **Integrated Family Planning Project (IFPP), 2016-2021, Pathfinder**: IFPP supports the GRM to increase access to modern contraceptive methods and quality family

[11] https://www.globalfinancingfacility.org/mozambique

planning/reproductive health (FP/RH) services in Nampula and Sofala, while also strengthening FP/RH service provision and undertaking efforts to generate demand. Given that both activities will be working in the same geographic area, the Transform Nutrition activity will collaborate with IFPP, especially in its work with adolescent girls, including delaying pregnancy, since improving nutrition goes hand-in-hand with RH.

- **Integrated Malaria Program (IMaP), 2018-2023, Chemonics**: Funded by the U.S. President's Malaria Initiative (PMI), IMaP supports Mozambique's National Malaria Control Program to reduce malaria mortality, which accounts for 42% of deaths among children less than five years old in Mozambique. IMaP is supporting the MOH to improve malaria programming at the national, provincial, and district levels, and enhancing malaria interventions in four high-malaria-burden provinces: Cabo Delgado, Nampula, Tete, and Zambezia. Through IMaP, Mozambique is strengthening malaria service delivery in health facilities and at the community level.

- **Communication for Improved Health Outcomes (CIHO), 2017-2022, Johns Hopkins University/Center for Communication Programs (JHU/CCP):** CIHO supports the design and production of high-quality, evidence-based social and behavior change (SBC) resources to promote healthy behaviors, and the use of critical health products and services at the national level. Although not implementing directly in Nampula, CIHO-supported resources may be leveraged and utilized by Transform Nutrition.

- **Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM), 2015-2020, Chemonics**: The GHSC-PSM project seeks to increase the availability of essential health supplies in public services through strengthened supply chain systems, offering people protection from multiple factors that can threaten good health. Mozambique's medical commodities supply chain has limited capacity to carry out its functions. As a response, the project's high-level, long-term strategic goals are two-fold: continue to support the GRM to build a strong in-country supply chain, and build the capacity of the GRM to assume responsibility for, and sustainably manage the supply chain, thereby enabling critical health care services for millions of people within Mozambique. Transform Nutrition will work with PSM as necessary and appropriate to ensure that key nutrition, sanitation, and hygiene commodities consistently reach communities.

- **"Last Mile" Supply Chain Project, 2018-2023, VillageReach:** This five-year cooperative agreement will support the development of a more streamlined and effective distribution system to address chronic logistics and transport challenges at the local level. VillageReach is working in partnership with the MOH and technical partners to improve the transport and logistics systems to primary health facilities. The project will initiate activity in Zambezia province, to strengthen health and development objectives including Human Immunodeficiency Virus (HIV) prevention and treatment goals, before expanding to other provinces.

- **President's Emergency Plan for AIDS Relief (PEPFAR), ICAP**: With PEPFAR funding through the Centers for Disease Control and Prevention (CDC), the USG implementing partner ICAP is providing technical assistance to realize full coverage of high-quality HIV and Tuberculosis (TB) services in Nampula. Transform Nutrition

should explore opportunities for collaboration and integration with ICAP at the community level in programming that serves pregnant women, lactating women and adolescents such as Mentor Mothers. This could also include linkages at the facility level with adolescent- and youth-friendly services such as *Serviços Amigos Dos Adolescentes e Jovenes* - SAAJ.

- **WASH in Health Facilities, 2018-2022 (UNICEF):** With USAID funding, UNICEF will improve WASH infrastructure in approximately 70 institutional (health facility) settings, across Nampula, Sofala and Zambezia, and develop small water systems in a few towns. As access to water is critical to improving nutritional status, Transform Nutrition will collaborate with UNICEF as appropriate.

- **Mozambique Quality Health Initiative, 2019-2024, under procurement:** USAID is designing a new MNCH activity which will operate in all health facilities in Nampula. Areas of particular focus for collaboration include strengthening of linkages between communities and health facilities, ensuring strong and consistent training and supervision of APEs by the MCH nurses in the health facilities, and strengthening local co-management committees. Transform Nutrition will work closely with the MNCH activity, including developing joint work plans where indicated, and including indicators in the monitoring, evaluation, and learning (MEL) plan to measure collaboration.

- Transform Nutrition is also expected to collaborate closely with a planned USAID-funded activity which will be developed to implement Sub Intermediate Results (Sub IRs) 1.1 and 1.2. This mechanism will be available, as needed and as determined by USAID, to assist Transform Nutrition with development of innovative SBC strategies, formative and implementation research on nutrition and WASH behaviors, and formative and implementation research on methods to reach adolescent girls.

In addition to GRM and USG programs and activities, there are many international donors and organizations, including United Nations organizations, most notably UNICEF, the World Food Program (WFP), the Food and Agriculture Organization (FAO), and the World Health Organization (WHO), as well as several key local non-governmental organizations, that contribute to improving nutrition in Mozambique.

B.5 Results Framework and Intended Results

Overarching Country Development Cooperation Strategy (CDCS) Development Objective and Intermediate Results: Health is an integral component of the USAID/Mozambique CDCS, as demonstrated by Development Objective 4: Health Status of Target Populations Improved.[12] This objective is supported by three intermediate results (IRs): IR 4.1 Increased *coverage* of high impact health and nutrition services, IR 4.2 Increased *adoption of* positive health and nutrition behaviors, and IR 4.3 Strengthened *systems* to deliver health, nutrition, and social services. Transform Nutrition will align with this goal and results.

[12] See: https://www.usaid.gov/results-and-data/planning/country-strategies-cdcs

Activity Objective: To improve the nutritional status of target populations of Nampula Province.[13]

Transform Nutrition will achieve this Objective through three Intermediate Results:

1. Strengthened **host government capacity** to plan and manage nutrition programming[14]
2. Increased **adoption of optimal behaviors** to improve the nutritional status of target populations;
3. Increased **access to quality services and products** for nutrition.

Illustrative outcome indicators include:

- Prevalence of stunting of children under 2 years of age
- Percentage of children under six months of age who are exclusively breastfed
- Percentage of children 6-23 months receiving a minimum acceptable diet
- Percentage of women of reproductive age consuming a diet of minimum diversity
- Number and percentage of communities verified as open defecation free (ODF) as a result of USG assistance (Mandatory Indicator)
- Percentage of households with soap/ash and water at a handwashing station commonly used by family members

Illustrative output indicators include:

- Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported nutrition programs (Mandatory Indicator)
- Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs (Mandatory Indicator)
- Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (Mandatory Indicator)

Target Population: Pregnant women, lactating women, adolescent girls, and children under 2 years of age

Cross-cutting Principles: The implementation approach will align with seven cross-cutting principles: (1) Work with and through **host government systems** utilizing **host government strategic plans**; (2) Be **innovative** in program design and implementation, by adopting emerging international best practices and adapting them to the Mozambican context; (3) Utilize implementation research to support a **rigorous learning agenda** and create a body of evidence for the scale up of field-tested approaches; (4) Apply **gender-transformative** and sensitive approaches; (5) **Build capacity of local organizations**, communities, and government to increase self-reliance; (6) Coordinate with and **leverage multi-sectoral** nutrition-specific and sensitive activities in the same geographic areas; (7) Align with and leverage the **Investment Case (IC) for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)** supported by the Global Financing Facility (GFF).

[13] This Objective will be measured by baseline and endline surveys, using same sampling frame and survey design. Recipient shall consult with UNICEF and USAID Aflatoxin Study on recent studies done, and feasibility of generating comparative data. DHS is expected to take place in 2020, and an external mid-term or end-term evaluation of Transform Nutrition will be conducted.

[14] Transform Nutrition will work with a USAID field support mechanism on this IR. The field support mechanism will implement IRs 1.1 and 1.2, and Transform Nutrition will implement IR 1.3. This will be achieved through joint work plans and joint monitoring and evaluation plans.

Development Hypothesis: *If* USAID and the GRM work together through existing government systems, (with USAID providing): 1) state-of-the-art social and behavior change interventions and training and mentoring to community health care workers on interpersonal communication on optimal nutrition and WASH behaviors, with an increased focus on gender and adolescent girls; 2) quality improvement methods applied to community level nutrition work; and 3) strengthened linkages between health facilities and communities and increased access to nutrition products *then* a sustainable and replicable model for community-based nutrition will be established to improve the nutritional status of pregnant and lactating women, adolescent girls, and children under 2 years of age in Nampula. Institutional strengthening is key to self-reliance. If Transform Nutrition works to strengthen government platforms and processes to coordinate and deliver nutrition specific and sensitive interventions, ensuring that training and monitoring systems exist and are well functioning, then dependence on donors will gradually decrease.

Assumptions: A separate USAID-funded activity will provide technical assistance and resources at the national, provincial, and district levels to better plan, manage, and implement multi-sectoral nutrition, sanitation, and hygiene community-based programs (Sub IR 1.2). This will strengthen the enabling environment in which Transform Nutrition will operate. Additionally, the activity will strengthen the human resource capacity in the Ministry of Health to plan and manage nutrition programming (Sub IR 1.1). The same mechanism will be available on an as needed basis, as determined by USAID, to support Transform Nutrition in development of innovative SBC strategies, formative and implementation research on nutrition and WASH behaviors, and formative and implementation research on methods to reach adolescent girls.

Figure 1 outlines the activity's draft Results Framework. The three intermediate results are mutually reinforcing and will serve to increase demand for and improve supply of high-quality, evidenced-based interventions to improve the nutritional status of the target population within the context of strengthened multi-sectoral coordination. Each intermediate result is supported by sub-results as well as a list of illustrative activities. Note that this is a DRAFT Results Framework. Applicants are encouraged to critically review the draft Results Framework as well as the proposed scope of Transform Nutrition. Applicants may propose alterations to or a revision of the Results Framework. The Activity Objective should remain the same.

Illustrative financial allocations for Transform Nutrition for each IR are as follows:
IR 1 5%
IR 2 60%
IR 3 35%

Figure 1: DRAFT Activity Results Framework

Development Objective: Health Status of Target Population Groups Improved		
Activity Objective: Improve the nutritional status of pregnant and lactating women, adolescent girls, and children less than 2 years of age in Nampula Province		
IR 1: Strengthened **host government capacity** to plan and manage nutrition programming	IR 2: Increased **adoption of optimal behaviors** to improve the nutritional status of target populations	IR 3: Increased **access to quality services and products** for nutrition
IR 1.1 Strengthened **human resource capacity** in the Ministry of Health to plan and manage nutrition programming (central and sub-national level)	IR 2.1 Improved **knowledge, skills, and attitudes** around optimal nutrition and key hygiene and sanitation behaviors (local/community level)	IR 3.1 Strengthened **referral and outreach between community and health facility** (sub-national/community level)
IR 1.2 Improved **systems for coordination** of multi-sectoral nutrition planning, programming, and evaluation (central and sub-national)	IR 2.2. Diminished **myths and misconceptions** that negatively impact optimal nutrition behaviors (local/community level)	IR 3.2 Improved linkages with key partners to ensure **availability of nutrition products** (local/community level)
IR 1.3 Strengthened **local Co-Management and Community Health Committees** to support nutrition, sanitation, and hygiene activities (local/community level)	IR 2.3 Increased **dietary diversity** in target population (local/community level)	IR 3.3 Improved quality of nutrition services provided by community health workers through consistent application of **quality improvement processes and norms** (sub-national/community level)

	Grey shading indicates that these activities will not be conducted by Transform Nutrition, but by a separate USAID-funded activity. Transform Nutrition and the collaborating activity will be expected to work closely together, to include joint work planning and joint monitoring and evaluation plans to achieve the overall objectives. Grey shading is maintained in the text below for sub IRs 1.1 and 1.2.
	Blue shading indicates activities that will be conducted by Transform Nutrition. The other activity can provide technical support on these areas to the awardee on an as

	needed basis, as determined by USAID.

IR 1. Strengthened **host government capacity** to plan and manage nutrition programming

This IR focuses on strengthening both institutional and individual capacity to carry out the GRM's PAMRDC and Food Security and Nutrition Strategy (ESAN III) plans. ESAN III is currently under development, and is likely to subsume the PAMRDC when that plan ends. The agencies with the most prominent responsibility for nutrition in the country (MOH, SETSAN) lack adequate capacity for analysis, design, implementation, advocacy, monitoring, and evaluation of multi-sectoral nutrition interventions and outcomes, as well as knowledge management and data use for decision making. Transform Nutrition will fortify host government capacity at the community level through strengthening local Co-Management Committees, which are government structures. Community Health Committees, which collaborate with Co-Management Committees, will also be a focus. A separate USAID-funded activity will strengthen human resource capacity in the Ministry of Health to plan and manage nutrition programming and will improve systems for coordination of multi-sectoral nutrition planning, programming, and evaluation. While this IR does not specifically focus on strengthening government agencies that administer WASH, it will focus on strengthening coordination of nutrition-sensitive and specific programming at community level, which will include WASH.

Sub-IR 1.1 Strengthened **human resource capacity** in the Ministry of Health to plan and manage nutrition programming (central and sub-national level)

To be implemented by a separate USAID-funded activity.

Sub-IR 1.2 Improved **systems for coordination** of multi-sectoral nutrition planning, programming, and evaluation (central and sub-national)

To be implemented by a separate USAID-funded activity.

Sub-IR 1.3 Strengthened **local Co-Management and Community Health Committees** to support nutrition, sanitation, and hygiene activities (local/community level)

Context: This activity is designed to strengthen Co-management Committees (CMCs) and Community Health Committees (CHCs). The objective is to ensure such bodies exist and are strong at the community level so that a sustainable system for improving health outcomes is developed. The Government of Mozambique has set up community-level Co-Management Committees to strengthen community health by ensuring that health facilities are accountable to communities. CMCs work to improve service quality and strengthen the health system at both the health facility and community levels. There should be a CMC at each of the 1,500 health facilities throughout the country but some are not functional for various reasons. Membership includes community members; Community Health Committee members; community political, civic, and traditional leaders; health facility staff; and community health workers including APEs and activistas. The CMCs are tasked with making key decisions about community health and organizing community networks and activities to increase coverage of health and nutrition services. At least 60% of committee members must be women.

It is important for Transform Nutrition to support community structures like CMCs and CHCs for health, sanitation, and hygiene, to contribute to communities' self-reliance in this area. Community members are the agents of community-level change. An engaged and active civil society can hold governments and nutrition and WASH implementers accountable on nutrition and WASH goals and targets. Community empowerment and engagement can increase demand for better services and social equity. This result aims to empower communities, both through and outside of CMCs and CHCs, to take initiative in improving community health. Transform Nutrition will work within existing community and government structures i.e. Local District, Administrative Post, and Locality Councils as well as the CMCs and CHCs to build a path to sustainability and local ownership, rather than creating their own parallel staffing structures to fill gaps in the government system.

Anticipated Results:

- Co-Management Committees exist and meet regularly at all of the health facilities in the catchment area.
- Active Community Health Committee groups exist and have action plans to improve health, including nutrition, sanitation and hygiene.

Illustrative Indicators:

- Number and percentage of communities where Co-Management Committees exist and meet regularly.
- Number and percentage of communities where Community Health Committees exist and meet regularly.
- Number and percentage of communities that have health action plans that include nutrition, sanitation, and hygiene.

IR 2 Increased **adoption of optimal behaviors** to improve the nutritional status of target populations

In the Lancet's 2013 Maternal and Child Nutrition Series, many of the recommended interventions to improve nutrition outcomes rely on mothers and caregivers adopting and regularly practicing optimal nutrition-specific and nutrition-sensitive behaviors. Despite numerous interventions, Mozambique has not yet achieved broad coverage of the recommended behaviors. For example, according to the 2011 Mozambique Demographic and Health Survey, the median duration of exclusive breastfeeding, recommended at six months, was only 1.1 months, and only 45% of children 6-23 months of age consumed iron-rich foods.

Concerted efforts are necessary to use innovative, high-quality SBC approaches to address key barriers and motivators and shift harmful norms, leading to improved nutrition, sanitation, and hygiene practices.

Evidence-based nutrition and hygiene behaviors to be actively promoted include: (1) exclusive, early, and continued breastfeeding: (2) safe, timely, nutritious, and adequate complementary feeding for infants and young children; (3) care and feeding of sick children as well as recuperative feeding; (4) safe storage and treatment of water at point-of-use; (5) handwashing with soap or ash at critical times; and (6) safe disposal of children's feces.

The target population for the adoption of optimal behaviors includes pregnant women, mothers, caregivers, and adolescent girls. However, in order for change to occur, other community members, such as men, adolescent boys, mothers-in-law, and civic and religious leaders must receive key messages so that the enabling environment for change is established.

Sub-IR 2.1 Improved **knowledge, skills, and attitudes** around optimal nutrition and key hygiene and sanitation behaviors (local/community level)

Context:
This Sub-IR focuses on delivery of effective SBC programming, enhancing interpersonal communication skills and counseling, and reducing open defecation, with a focus on methods for reaching adolescent girls.

Effective SBC strategies address the complex barriers to change and build upon the enablers that lead to improved behaviors. While in some cases this will include increasing knowledge of optimal behaviors, more importantly, Transform Nutrition must understand the key factors that prevent and encourage adoption of optimal nutrition and hygiene behaviors and use these factors to develop effective SBC approaches. Intrinsic to improving caretaker behavior is improving counseling skills. Many times, health care staff both at facilities and in communities lack basic interpersonal communication (IPC) skills, which prevents their counseling efforts from improving nutrition and WASH practices. Given the lack of positive movement in key nutrition indicators with existing interventions in Mozambique, it is important that more creative approaches are utilized to improve both counseling and IPC skills of the APEs, activists, and volunteers.

The objective of DLI 4 in Mozambique's Investment Case is to improve access, coverage, and quality of nutrition interventions delivered through community-based platforms and health facilities, by enhancing capacity and expanding coverage of selected high-impact nutrition interventions targeted to children under two. Of the seven elements included in the IC's Nutrition Intervention Package, three are focused on counseling. Thus, this sub-IR is expected to support and enhance Mozambique's achievement of the DLI 4 targets through improved counseling.

The GRM's strategy is for the APEs, activists, and volunteers to deliver effective counseling at community level to improve key nutrition and WASH behaviors.[15] Transform Nutrition should ensure that this is done with high quality, and that the APEs are able to identify and address barriers on an individual and community level. Transform Nutrition will be expected to design and apply creative and innovative techniques to further drive adoption of optimal behaviors. This might include non-communication methods such as nudges or environmental cues that enable easier adoption of key nutrition, hygiene, and sanitation behaviors.

Transform Nutrition will conduct implementation research on approaches to reach adolescent girls, both in and out of school. This work shall be done with youth themselves, the GRM and other partners to develop, test, and scale up innovative approaches. Delaying pregnancy and improving their health and nutrition status, knowledge, and behaviors before pregnancy will

[15] APEs are a paid MOH cadre of community health workers who cover specific numbers of households and communities. They supervise non-salaried activists and volunteers. The MOH and USAID strongly discourage the use of stipends for activists and volunteers, however incentives are acceptable.

lead to healthier adolescents, and eventually, healthier babies. There is a lack of evidence in how to sustainably improve adolescent nutrition practices both in Mozambique and globally; it is expected that Transform Nutrition will build upon current work being done in Mozambique by GAIN, Hellen Keller International, and Save the Children and broadly share lessons learned in this area to grow the evidence base.

Community-level interventions for WASH such as Community-Led Total Sanitation (CLTS or SANTOLIC, *Saneamento Total Liderado pela Comunidade* in Portuguese), including hygiene interventions, are critical to reduce the exposure of young children to pathogens. While this activity targets mothers and young children, it will work with all members of the community as well as local governments to promote Open Defecation Free (ODF) communities and districts. Research shows that there are high rates of "slippage", or reverting back to open defecation, in communities declared ODF. In order to reduce slippage, the Applicant should develop activities and indicators for communities to remain ODF. Those activities and indicators should be developed in conjunction with the government, because the government is the body that declares communities ODF. Collaboration with other stakeholders active and experienced in this area, such as SNV and UNICEF, will be critical to success, and to avoiding duplication of existing materials adapted to Nampula, when excellent models already exist.

Transform Nutrition will build on existing models of promoting ODF, as well as other behaviors such as safe water storage and handling, and the WASH intervention known as Community Participation and Education (PEC, *Participação e Educação Comunitária*), which uses community-level agents to stimulate behavior change. Follow up after the initial consciousness-raising phase will be essential if meaningful, sustained changes are to be made at community level. It is also important to carry out CLTS-type interventions in conjunction with other activities such as strengthening the sanitation supply chain, and working more broadly to create a more favorable environment for improving sanitation and hygiene. While strengthening the sanitation supply chain is not expected to be a part of this activity, the Recipient should leverage work being done in target geographical areas by other players. Assessing and documenting CLTS' effectiveness in Mozambique will also be important.[16]

Illustrative Activities:

- Develop innovative SBC strategies.
- Improve interpersonal communication skills of APEs, volunteers, and activists.
- Train APEs and activists/volunteers as well as all CHC members to identify and address key factors that influence adoption of recommended adolescent, maternal, infant, and young child nutrition and WASH behaviors.
- Develop, implement, evaluate, and document models for effective delivery of services to adolescent girls, involving the girls in all aspects of the process.
- Develop effective measures to establish and maintain ODF status. Implement these measures with community bodies, involving local and district governments in areas such as planning and monitoring to help promote sustainability of intervention.

[16] USAID WASHPALS (2018), An Examination of CLTS's Contributions Toward Universal Sanitation. Last accessed on 06/23/2018:
https://www.globalwaters.org/resources/assets/examination-cltss-contributions-toward-universal-sanitation

Anticipated Results:
- Increased adoption of key nutrition behaviors for adolescent girls, pregnant and lactating women, and children under 2.
- Effective methods of reaching adolescent girls, both in and out of school, are developed, tested, and implemented.
- APEs, activists, and volunteers have improved counseling and interpersonal communication skills.
- 80% of communities in target districts declared ODF.

Illustrative Indicators:
- Number of pregnant women reached with nutrition-specific interventions through USG-supported programs (Mandatory Indicator).
- Percent of participants of community-level nutrition interventions who practice promoted infant and young child feeding behaviors (Mandatory Indicator).
- Number and percentage of communities verified as ODF as a result of USG assistance (Mandatory Indicator).
- Number of households that installed/built improved toilets as result of the intervention
- Percentage of households with soap/ash and water at a handwashing station commonly used by family members.

Sub-IR 2.2 Diminished **myths and misconceptions** that negatively impact optimal nutrition behaviors (local/community level)

Context: Changing harmful social norms is critical to supporting sustained behavior change. There are a number of myths and misconceptions that inhibit optimal behaviors, such as the belief that pregnant women should not eat eggs, or the belief that childhood malnutrition is not a big problem. These must be addressed for other interventions to be successful in improving nutrition behaviors. Transform Nutrition will conduct implementation research on myths and misperceptions about nutrition. All research should build upon work already done in this area in Mozambique and elsewhere.

Innovative SBC interventions and approaches will be necessary to counter these deep-seated beliefs. Transform Nutrition should look broadly at interventions that have successfully shifted norms in other sectors, to apply lessons learned to nutrition. Transform Nutrition should work with the community at large, targeting males and females, in order to shift norms, utilizing key opinion leaders such as mothers-in-law, religious leaders, community leaders ("*régulos*" and "*matronas*"), traditional healers, traditional birth attendants, adolescent groups, etc.

Illustrative Activities:
- Conduct formative research to understand the primary myths and misconceptions that counter optimal nutrition behaviors.
- Develop community radio/community videos addressing specific myths and misconceptions.
- Train APEs, activists, and volunteers as well as the CHCs to identify and address social and cultural barriers for nutrition-specific and nutrition-sensitive behaviors.

Anticipated Results:

- Broader understanding gained of myths and misconceptions that inhibit optimal nutrition behaviors.
- Fewer people hold myths and misconceptions that inhibit optimal nutrition behaviors.

Illustrative Indicators:
- Number of sessions conducted by APEs about myths and misconceptions that negatively impact optimal nutrition.
- Change in attitude about specific dietary practices (e.g. consumption of eggs during pregnancy) among target beneficiaries.[17]

Sub-IR 2.3 Increased **dietary diversity** in target population (local/community level)

Context: Maternal and adolescent nutrition are priorities for this Activity. Adolescence is often referred to as a second "window of opportunity" to positively impact nutrition as growth and development are accelerating rapidly.[18] If adolescents are nutrient-deprived, their growth may be slowed and existing stunting exacerbated, which will impact both the adolescents themselves and their future children.[19]

The low status of adolescent girls in the household results in a lack of distribution of nutrient-rich foods to this critical group. This perpetuates a generational cycle of malnutrition, as malnourished mothers are more likely to have malnourished children. Diversity of diet is also important for children under two, as this is a period of rapid growth and development. Children 6 months to 2 years, adolescent girls, and pregnant/lactating women typically lack regular intake of high quality sources of protein, iron, and vitamin A, leaving them at risk of malnutrition, anemia, and micronutrient deficiencies.

Creative approaches to increasing dietary diversity and food and nutrition security in these target populations are needed. All strategies, approaches, and interventions undertaken by Transform Nutrition should aim to be gender-transformative, and at the very least be gender-sensitive. Nutrition sensitive agricultural interventions that focus on increasing women's and children's consumption of nutritious foods during the first 1000 days through increased production of nutrient-rich crops and small livestock production at the household and community levels should be considered. Village Savings and Loan Associations (VSLAs) can facilitate increased access to resources and expand women's options for small business ventures while serving as a convening point for nutrition education and behavior change.

Any materials developed should be designed to ensure uptake by low-literacy individuals, considering the strong correlation between educational status and child malnutrition. Gender dialogues can help to increase the power and status of women and girls in the household, and in particular can help to increase women's decision making power on key topics related to nutrition, health, and agriculture. In addition to women, Transform Nutrition should consider targeting other key family members such as grandparents and men, along with influencers such as religious and community leaders, to reinforce and promote dietary diversity,

[17] This indicator (and others) may be collected through baseline and endline surveys.

[18] Prentice, Andrew M., et al. 2013. "Critical Windows for Nutritional Interventions against Stunting." The American Journal of Clinical Nutrition, vol. 97, no. 5, pp. 911–918., doi:10.3945/ajcn.112.052332.

[19] World Health Organization (WHO). 2018. Guideline: Implementing Effective Actions for Improving Adolescent Nutrition. Geneva: World Health Organization.

including nutrient distribution among family members. Adolescent boys may also be a focus because, as peers of adolescent girls and future fathers, there is an opportunity to shift their attitudes, practices, and beliefs early in life, thus promoting healthier families in the future.

Illustrative Activities:
- Apply creative approaches to increasing availability and use of diverse foods in communities.
- Cultivate a cadre of opinion leaders (Priests, Imams, Mayors, Parliamentarians, Traditional Leaders, *Matronas*) to serve as champions for shifting gender norms to improve dietary diversity.
- Develop and disseminate gender-transformative messages on the importance of dietary diversity for adolescent girls and pregnant and lactating women tailored to different sub-groups (men, adolescent boys, grandmothers, out-of-school adolescents, etc.).

Anticipated results:
- Women, children, and adolescent girls eat a greater proportion of protein- and micronutrient-rich food at meals.
- Women's household level decision making power on nutrition and health is increased.

Illustrative Indicators:
- Percent of women, adolescent girls, and children 6 months to 2 years who achieve minimum dietary diversity.

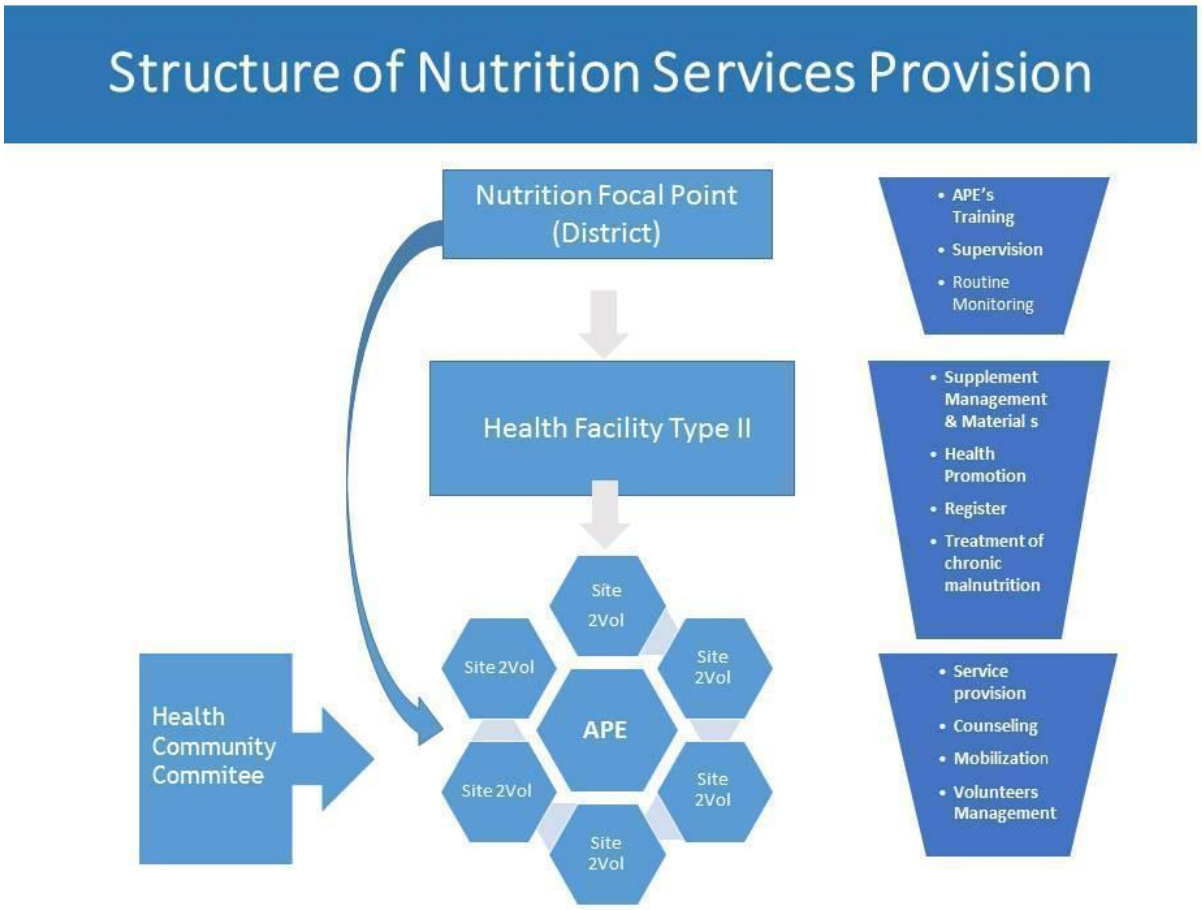
IR 3. Increased **access to quality services and products** for nutrition

The 2013 Lancet Nutrition Series reported that ten evidence-based nutrition-specific interventions typically delivered by the health sector could reduce stunting by 20% and severe wasting by 60% if they were scaled up to 90% of the population. The RMNCH Investment Case will focus on seven of these Essential Nutrition Actions, with an objective of 80% coverage in eight provinces, including Nampula. Transform Nutrition will work closely with the GRM in supporting the achievement of its goal, and will work toward higher coverage as recommended in the Lancet series.[20]

The GRM structure for the provision of nutrition services is illustrated in Figure 2; this figure demonstrates how community- and facility-level health systems work together to provide a wide range of nutrition services. To increase access to quality nutrition-specific and nutrition-sensitive services, including WASH, in an increasingly sustainable way, Transform Nutrition will provide technical assistance to the GRM at provincial, district, and local levels through existing government structures and established community systems. Close collaboration with the new USAID MCH activity will be important in achieving this IR, as the MCH activity will be working to improve service delivery at the facility level, and to strengthen linkages between communities and facilities in Nampula Province.

[20] Essential Nutrition Actions included in the Lancet Series, ***Improving maternal, newborn, infant and young child health and nutrition.*** Authors: World Health Organization, 2013 Essential Nutrition Actions include: h**ealthy maternal nutrition, exclusive breastfeeding for infants 0-6 months, healthy complementary feeding for children 6-35 months, feeding a sick child during and after illness, control of iodine deficiency disorders (IDD), control of iron deficiency anemia (IDA), and control of vitamin A deficiency (VAD).**

Figure 2: Nutrition Service Provision Structure[21]



Achieving the Essential Nutrition Actions under the IC RMNCAH and treating acute malnutrition requires a consistent supply of key commodities. Regular stock outs of nutrition commodities have decreased demand for nutrition services at health facilities and negatively impacted the overall nutrition status of Mozambicans. Transform Nutrition will work to ensure that appropriate products are consistently available, with stock outs minimized. While this Activity will not procure commodities, it will work through and with community health workers to liaise with existing projects, such as PSM, as well as the GRM supply chain to ensure commodities are available at the community level.

Quality is a key component of work at the community level. DLI 4 in the Mozambique Primary Healthcare Strengthening Program focuses on the APE as the vehicle to deliver nutrition services to community members. Delivering high-quality services at scale with a relatively new cadre of frontline health workers is an ambitious goal. Transform Nutrition will work closely with other USAID-funded health initiatives to support these efforts and assist the MOH to successfully implement this new structure.

[21] Mozambique Primary Health Care Strengthening Programme, Technical Notes for Disbursement-Linked Indicators (DLI) DLI 4-Nutrition. March 2018.

Access to clean water is a well-known critical need in Mozambique. While improving access to water is not within the project's manageable interest, Transform Nutrition will leverage and collaborate with water projects in the same geographic area, including but not limited to other USAID and UNICEF water projects.

Illustrative Indicators:
- Applicant shall propose indicators.

Sub-IR 3.1 Strengthened **referral and outreach between community and health facility** (sub-national/community level)

Context: Many of the health services provided at health facilities are nutrition-sensitive and contribute to positive nutrition outcomes. For example, delaying first pregnancy and improving health and nutrition status, knowledge, and behaviors before pregnancy reduce a child's stunting risk. In addition, attending antenatal care gives mothers an opportunity to receive iron and folic acid (IFA) supplements, get tested for HIV, and ensure their pregnancy is progressing well, all critical to babies' nutrition outcomes. Referral and follow-up for moderate or severe malnutrition is crucial to stopping the acute phase of malnutrition. Strong linkages and referral/counter-referral mechanisms are necessary to ensure that community members take advantage of these services at health facilities and receive a full continuum of care.

Community-based health cadres (APEs, activists, volunteers, and traditional birth attendants) are key referral agents, directing and supporting patients to access the services they need from health facilities, as well as providing support and care to reintegrate patients in their communities. While substantial progress has been made to improve referral systems in Mozambique, further development and strengthening of active and complete referral/counter-referral systems are necessary to improve access and the effectiveness of the health system. This includes development and use of innovative approaches to improve referral-related communication and to address the key challenge of transportation, a major barrier to access.

Other outreach methods to communities, such as mobile brigades which can reach rural communities, must be coordinated with health facilities to ensure that community needs are met, if they are to be maximally effective.

Transform Nutrition will work closely with other USAID activities, including the new MCH activity, to ensure that strong linkages between community members and health facilities are developed and maintained for both nutrition-specific and nutrition-sensitive services. Collaboration with other stakeholders active in Nampula, such as UNICEF, Integrated Family Planning Program (IFPP), and Integrated Malaria Program (IMaP), will also be important to achieving sub-IR 2.1.

Anticipated Results:
- Increased utilization of key facility and community-based nutrition services.
- Increased follow-up in the community post-referral.
- Enhanced provincial and district-level capacity to monitor and utilize referral and counter-referral data.
- Improved referral and counter-referral communication channels, documentation, and feedback loops between health facilities and APEs.

- Outreach via mobile brigades reaches intended recipients.

Illustrative Indicators:
- Number and percentage of referrals and counter-referrals completed through Community Health Workers/APEs.

Sub-IR 3.2 Improved linkages with key partners to ensure **availability of nutrition products**
(local/community level)

Context: Lack of nutrition commodities (e.g. IFA supplements) has been a major constraint in providing quality nutrition services in Mozambique. Frequent, sometimes prolonged stock outs reduce the number of people who receive appropriate nutrition commodities at the appropriate time, and decrease community trust of the health system. Transform Nutrition will explore opportunities for collaboration with USAID's Procurement and Supply Management Project (PSM), USAID's Last Mile Supply Chain Project, the MOH, other USAID-funded activities, and other donors' projects to reduce community-level stock outs of essential nutrition commodities and equipment including vitamin A, IFA, oral rehydration salts (ORS), deworming tablets, Ready-to-Use Therapeutic Foods (RUTF), weight scales, and height/length boards.

As Transform Nutrition will not work in agricultural value chain activities, it will be important for the Activity to establish links with agricultural activities occurring in the same geographical areas, such as the Inclusive Agri-food Value-chains Development Programme (PROCAVA) and Small-Scale Aquaculture Promotion Project (SSAP), as well as with the International Fund for Agricultural Development (IFAD).

Anticipated Results:
- Strengthened APE capacity to report on and request commodities in a timely fashion, leading to fewer stock outs of nutrition commodities.

Illustrative Indicators:
- Number and percentage of Community Health Workers/APEs reporting stock outs of essential nutrition commodities.
- Number and percentage of Community Health Workers/APEs utilizing UpScale to report monthly program and supply data.
- Duration of stock outs for tracer nutrition commodities.

Sub-IR 3.3 Improved quality of nutrition services provided by community health workers through consistent application of **quality improvement processes and norms** (sub-national/community level)

Context: The MOH has recognized the importance of Quality Improvement (QI) through the recent establishment of the National Directorate of Quality Improvement, tasked with developing and operationalizing a national quality improvement system to improve service delivery. The Directorate is focused on the facility level, leaving an opportunity to apply this approach to community-level frontline health workers. An innovation to bring QI techniques to the community level is necessary, because community-level nutrition services, such as counseling for breastfeeding and complementary feeding, have not resulted in sustained improvements in nutrition behaviors in Mozambique. A QI approach should complement pre-

and in-service training and supportive supervision to enhance the overall effectiveness of the APEs, activistas, and volunteers.

Transform Nutrition will work with the DPS and the MOH on their plan for QI at the community level. Illustrative activities include developing policies, strategies, protocols, guidelines, and performance standards that incorporate state of-the-art and evidence-based practices, developing training materials and job aids for community-level workers, conducting training of trainer (TOT) sessions, and developing and supporting the implementation of supportive supervision and other QI tools to enhance community-level nutrition services.

Anticipated Results:
- Standards developed for quality delivery of services and counseling by APEs and activists/volunteers.
- Community-level quality improvement process developed, piloted, assessed, and expanded to new areas.
- Uniform quality improvement action plans adopted by districts.

Illustrative Indicators:
- Number and percentage of APEs meeting minimum quality standards for counseling.
- Number and percentage of APEs providing essential community nutrition services in targeted districts.
- Number of communities implementing quality improvement action plans, as a result of USG assistance.
- Number of districts implementing quality improvement action plans, as a result of USG assistance.

B.6 Design and Implementation Principles / Technical Approach

The technical approach of Transform Nutrition will be grounded in the following principles, implemented synergistically to optimize results, and using coordinated actions to:

- ***Support Mozambique's journey towards self-reliance.*** Transform Nutrition will work in full partnership with the GRM at the provincial, district, and local levels, strengthening facility and community systems to provide quality health services. The Activity will maximize utilization of interventions and approaches that increase government and community self-reliance and ownership (see section C.3), progressively promoting sustainability. This will include:
    - Supporting the MOH, in close collaboration with relevant partners and stakeholders, to achieve the objectives and targets identified in the *RMNCH Investment Case* and the *Strategic Plan for the Health Sector, 2015-2019*.
    - Ensuring that the strategy to provide Grants under Grants (GUGs) to the GRM and local non-governmental organizations (NGOs) is well-planned and coherent, demonstrating a thoughtful approach to program funding through government and local systems, in a manner which builds the capacity of those systems to better plan, execute, and manage resources (for more detail, see section C.4).
    - Supporting country-led policies, processes, and systems. Promote country ownership and support GRM leadership, policies, strategies, processes, and institutions at the provincial, district, and community levels, with a focus on working through and strengthening existing systems.

- ***Tailor interventions to the cultural, social, economic, and religious context.*** Develop and implement age-appropriate interventions that are tailored to the local culture and context, and that address both individual behaviors and societal norms using available ethnographic information and formative research. Given the diverse populations (ethnic, religious, socio-economic) living in Nampula, it will be important to understand the particular cultural and social norms, as well as the religious beliefs and practices of these different groups that impact the nutrition, sanitation, and hygiene behaviors of women and children.

- ***Develop and scale up evidence-based interventions*.** Support evidence-based nutrition and WASH programming by developing, adapting, and scaling up cost-effective interventions based on rigorous evaluation, documentation, wide-scale dissemination, and timely application of lessons learned. Conduct implementation research and collect, analyze, and use data on an ongoing basis. Learn from and adapt program approaches based on research and program experience.

- ***Engage with civil society and the private sector***. Engage with the private sector when possible to scale up interventions and sustain investments. Establish direct partnerships with the private sector as well as facilitate coordination between the public and private sectors. Civil society participation will be essential if transformative results are to be achieved. Foster relationships and build capacity in local and provincial civil society organizations. Begin planning an exit strategy on day one of Transform Nutrition to maximize local capacity, both governmental and through civil society, to carry on activities.

- ***Develop partnerships*.** Support stakeholder coordination, collaboration, and partnership, including metrics for accountability in these areas. In addition to a strong partnership with the GRM and USG partners, build on or initiate new partnerships with international and country organizations including multilateral and bilateral donors, United Nations agencies, the World Bank, foundations, universities, NGOs, and other stakeholders contributing to multi-sectoral nutrition and WASH. The goal of the partnerships will be to facilitate coordination across programs, increase synergies of financial resources and technical expertise, avoid duplication, and maximize nutrition and WASH impact, including more effective youth-centered approaches to engage adolescents and youth.

- ***Align with USG Strategies and Initiatives.*** Ensure that activities are in line with the guiding principles in USAID's Multi-sectoral Nutrition Strategy 2014-2025, and other relevant initiatives.

C. STRATEGIC CONSIDERATIONS

1. Gender Equality and Women's Empowerment

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID's development objectives. Gender equality and female empowerment is a core USAID Development Objective and is a mandatory consideration for all USAID programming per the USAID Gender Equality and Female Empowerment Policy.

Gender inequality is prevalent in Mozambique and is often reinforced by tradition, beliefs, and attitudes, (e.g. gender-based violence as a cultural norm) which in turn creates barriers to health access and adequate nutrition. All proposed interventions under Transform Nutrition will be designed using a gender lens and demonstrate gender-transformative and sensitive approaches at the individual, community, structural, social, and political levels. Interventions should support implementation of activities focusing on:

- Increasing gender equity in nutrition and WASH programs and services
- Girls/women aged 10-19 who are out of school, pregnant or lactating, and/or otherwise vulnerable to poor nutritional status

2. Use of Local Systems and Building of Local Capacity [22]

As a long-term strategy to promote sustainability and assist Mozambique on its journey to self-reliance, Transform Nutrition will identify opportunities to strengthen host country public institutions and systems and build local civil society and private sector capacity. The implementation methodology must be adaptable to the local situation; particularly where existing systems are weak, strengthening of systems must be balanced with the delivery of benefits. This Activity will work through and build upon existing systems, not create parallel structures.

Enhancing existing models and structures. There are several programmatic models used by international and local organizations that have demonstrated success in improving nutrition, agricultural production/livelihoods, gender relations, WASH conditions, and elevating standards of living at the community level. However, many of these models remain largely sectoral, and do not fully optimize the opportunities for interventions at the household and community level to comprehensively address drivers of poverty, food insecurity, and undernutrition. By identifying existing activities and identifying gaps and areas of improvement, Transform Nutrition can build upon the body of knowledge of what has worked (and not worked) in Mozambique.

Fundamental aspects of supporting local systems are described in USAID's publication Local Systems: A Framework for Supporting Sustained Development.[23]

3. Self-Reliance and Sustainability

Systems strengthening and capacity development are the foundations of self-reliance and sustainability. The GRM is using a systems approach by mandating key ministries to address malnutrition and to ensure the alignment of resources and actions towards nutrition. Country leadership and ownership are among the main drivers of sustainability, and Transform Nutrition must work closely with the GRM (at the National, Provincial, District, and

[22] A primary objective of USAID is to strengthen local organizations to better meet the needs of their constituents (i.e. those they serve). For this reason, capacity building should result from a dialogue with local partners and be largely focused on improving an organization's impact. Building capacity may involve a) strengthening procurement, financial management, and human resource systems, b) improving the technical capacity of the organization to serve its constituents, c) developing feedback loops that ensure the organization remains focused primarily on their constituents/ beneficiaries, and d) financial sustainability where applicable.

[23] https://www.usaid.gov/policy/local-systems-framework

Community levels), donors, civil society, the private sector, and other partners to support country ownership. Transform Nutrition technical assistance will help develop long-term country capacity to plan, manage and evaluate high-impact nutrition, sanitation, and hygiene programs. This will involve using a systems approach; ensuring close alliances with the GRM; fully engaging civil society to ensure that nutrition and WASH services meet the needs of the people; and where possible, expanding involvement of the private for-profit commercial sector, academic and research institutions, and not-for-profit private sector institutions, including professional associations, NGOs, faith-based organizations, and community-based organizations (CBOs).

To align annual work plans with those of the province and districts, Transform Nutrition will participate in annual performance reviews and planning meetings with the MOH, other relevant GRM entities such as SETSAN, and USAID. Transform Nutrition will consistently ensure that activities are coordinated with the GRM, donors, NGOs, civil society, and the private sector as necessary. Transform Nutrition will also discuss and draft plans, when relevant, with the GRM and other partners, to plan for transition and/or phasing out of certain interventions when the GRM has identified resources to assume responsibility for specific activities and/or at end of project.

4. Grants Under Grants

To support the GRM multi-sectoral food security and nutrition implementation, Transform Nutrition will consider provision of sub-awards to Provincial and District *government* entities, as well as local NGOs, CBOs, educational institutions, small and medium enterprises, etc. Grants under Grants should be structured and targeted with two goals in mind: (1) foster district and provincial-level ownership by empowering government authorities to take charge of managing and monitoring their systems to improve the quality of nutrition services: and (2) strategically target GUGs towards "trigger points" of the health system which offer the highest potential to catalyze lasting improvements in nutrition, sanitation, and hygiene service delivery, including civil society or private sector opportunities. The grants program should be strategically structured to evolve as the capacity of the GRM and other grantees grows. For example, as local planning and budgeting for routine and basic needs improves, the grants could evolve to focus more on further innovations and performance incentives. Illustrative sub-grant activities include: training of APEs and activists in quality improvement for nutrition services and monitoring of nutrition services. Transform Nutrition will provide critical financial, technical, and managerial oversight for these sub-awards to minimize risk, maintain quality programming, and strengthen financial management capacity for long-term implementation.

Note that USAID must comply with the requirements of ADS 303.3.21 prior to the Recipient executing any sub-award that provides funds (excluding "in-kind" grants, technical assistance or other activities provided to or on behalf of the partner government entities) to a partner government entity. Such requirements may include the preparation by USAID, in association with the Recipient, of a determination and finding.

5. Convergence and Overlay of Multi-sectoral Interventions

Growing evidence suggests that nutritional status is improved only if there is a convergence of nutrition-specific and nutrition-sensitive interventions in the same geographic areas, which

address both the direct and underlying causes of malnutrition. Interventions across sectors (agriculture, health, WASH, economic strengthening and livelihoods, education, and humanitarian assistance) are necessary to improve nutritional status, given the multifaceted causes of malnutrition. Therefore, whenever feasible, Transform Nutrition will promote convergence and layering of nutrition-specific and nutrition-sensitive interventions in the same geographic areas to obtain maximum impact. Transform Nutrition will strengthen coordination across the USAID WASH and health portfolios to improve program synergies, increasing coordination of financial and technical resources and reducing redundancies to achieve optimal nutrition and WASH results.

To facilitate on-the-ground coordination and programming, Transform Nutrition will work closely with a separate USAID-funded activity which will both strengthen the government's capacity to plan and manage multi-sectoral nutrition programming and strengthen human resource capacity in the Ministry of Health. Transform Nutrition will utilize joint implementation plans when relevant, with other USAID programs as well as with partners and donors implementing nutrition, agriculture, and WASH activities. See *Attachment P* for a partial list of current and past partners active in Nampula as well as Nampula 2017 preliminary census data.

The project will also create geographic information system (GIS) maps of nutrition-specific and nutrition-sensitive interventions in Nampula, to determine gaps and areas of greatest potential overlay for impact, and will organize regular meetings with health and other donor partners to share state-of-the art lessons learned that will strengthen integrated and innovative interventions across sectors.

6. Host Government, Donor, and Other Counterpart Collaboration

Collaboration is a cross-cutting objective that Transform Nutrition will incorporate into the planning and implementation of the Activity wherever applicable.

Transform Nutrition will engage with the GRM on policy issues, align with national priorities, engage in joint planning (including work plan development), share implementation and performance reports, and regularly share and discuss relevant program data.

7. Rapid Response

Through a Rapid Response Fund, this activity will enable the Recipient to respond efficiently and effectively to rapid-onset emergencies in the activity's target geographic districts. The Rapid Response Fund will be a dedicated line item of $40,000 in each year of the budget that will be used to: (1) respond to an emergency that threatens food security and nutrition, and/or (2) protect development investments through short-term emergency activities when development gains are threatened by a localized shock. Any funds remaining by the end of each year will be reprogrammed as part of the Pause and Reflect exercise (see Section D).

The use of these funds will be agreed to in principle by the USAID Agreement Officer's Representative (AOR) as part of the approval of annual work plans; however, a detailed concept note and prior written approval of the AOR will be required to use funds for activities not foreseen in the annual work plans, and any Rapid Response activities shall be reported in quarterly and annual performance reports.

8. Climate Change Integration

Climate change is a cross-cutting issue that can have significant impact on regional, national, and local development efforts in all sectors. The current Executive Order (EO) 13677 requires all U.S. government agencies to factor climate change into their foreign assistance planning and manage the associated climate risks. Therefore, the Recipient must identify expected climate change impacts over the life of the activity's expected benefits and demonstrate how those risks will be reduced in order to ensure sustainability of the Activity's objectives, by completing with the AOR a Climate Risk Management (CRM) Plan before implementation of the activity.

9. Science, Technology, Innovation and Partnerships (STIP)

USAID/Mozambique is one of 20 Missions recognized as a "Lead Mission" in applying STIP to enhance its development impact. Where feasible, Transform Nutrition will integrate science, technology, and innovation, and establish strategic partnerships to improve program performance, cost-effectiveness, and to advance the achievement of activity objectives.

10. Youth

USAID is committed to ensuring the integration of youth considerations into its activities. Youth is a cross-cutting issue identified in the USAID/Mozambique's CDCS, and youth is a key focus group of the Mission. In order to advance USAID/Mozambique's focus on youth programming, adolescents and youth are priority populations to be reached and engaged by this activity. This goes beyond targeting for service delivery, and should include active and meaningful engagement of adolescents and youth in planning and monitoring of services. At the inception of this agreement, the Recipient should develop a Youth Action Plan, reflective of USAID's Youth in Development Policy, to ensure that appropriate strategies and approaches are used that meaningfully and promptly engage adolescents and youth in their primary health care and this activity.

WHO-defined attributes of Adolescent Friendly Health Services Quality of Care Framework:

Accessible: Adolescents are able to obtain the health services that are available

Acceptable: Adolescents are willing to obtain the health services that are available

Equitable: All adolescents, not just Some groups of adolescents are able
to obtain the health services that are available

Systematic monitoring of gender and youth integration should be an integral part of the monitoring, evaluation, and learning plan. In order to advance USAID/Mozambique's focus on youth programming, this activity will place particular emphasis and resources on assisting the GRM to reach youth more effectively, asking these questions:

- How should the activity address increasing opportunities for constructive youth participation in economic, political, and social life?
- How will youth specifically be prioritized within this activity, and how should Applicants consider integrating a youth development approach?

Applicants are encouraged to conduct an independent youth analysis and demonstrate youth-specific program planning (and accompanying MEL planning).

11. Transparency and Accountability

Fostering transparency and accountability is an important focus for the U.S. Mission in Mozambique. All data (as appropriate) generated from the activity will be made broadly available to the public, government, and civil society stakeholders. This data should be easily accessible, reusable, complete, and timely.

12. Environmental Compliance Considerations

On January 12, 2015 the Bureau Environment Officer approved the Initial Environmental Examination (IEE) for the USAID/Mozambique's Service Delivery (SD) Project Appraisal Document (PAD). In February 2017, the SD PAD was amended and a new IEE was prepared. The Environmental Actions recommended were:

- Categorical Exclusion
- Negative Determination
- Deferral

The Negative Determinations require full implementation and reporting by the Recipient of the award of the following general monitoring and implementation requirements, which are summarized from the requirements specified in the original January 12, 2015 IEE:

1. Implementing Partner (IP) briefings on environmental compliance responsibilities
2. Development of environmental mitigation and monitoring plans (EMMPs)
3. Integration and implementation of EMMPs in work plans and budgets
4. Integration of compliance responsibilities in prime and sub-contracts and grant agreements
5. Assurance of sub-grantee and sub-contractor capacity and compliance
6. Integrated Health Office environmental compliance monitoring
7. 22 CFR 216 documentation showing coverage for new or modified activities, and
8. Compliance with host country requirements.

D. COLLABORATING, LEARNING, AND ADAPTING (CLA)

The guiding principle of Collaborating, Learning, and Adapting is the continuous assessment and adjustment of Development Objective (DO)-defined causal pathways. The ultimate goal is increasingly effective courses of action within all our programs. Sound monitoring and evaluation (M&E) and assessment activities provide this process with key information. CLA adds innovative learning approaches and continuous consultations with stakeholders to the information provided by M&E, to position the Mission to be proactive and able to learn from missteps or successes prior to a project's end. It is also important to avoid inhibiting candid knowledge sharing, by adopting an accountability approach through emphasizing analysis and problem solving.

A rigorous learning agenda that uses innovative approaches to monitor, evaluate, document, disseminate, and efficiently apply lessons learned is pivotal to the successful scale up of multi-sectoral nutrition and WASH programming in Mozambique. The CLA agenda

prioritizes implementation research and approaches so that learning is incorporated into every aspect of nutrition and WASH programming and implementation—from activity design, to service delivery, to utilization/uptake, and adherence. Systematic research and efficient processes for translating lessons learned into practice are essential for resolving the continuous challenges of implementing and scaling up nutrition interventions.

It is suggested that the learning agenda be iterative and form the foundation for timely, evidence-based decision-making, by identifying strategic evaluation and implementation science questions to be answered over the duration of the Activity. Transform Nutrition will develop these research questions in cooperation with the MOH and SETSAN, to identify knowledge gaps and align research and dissemination activities with government needs for decision-making, and will involve other key research stakeholders such as universities and research institutes. Transform Nutrition can potentially collaborate with and build upon the operational research planned under future USAID/Mozambique learning and adapting mechanisms that become active during the life of the Activity. In conjunction with Gender Equality and Women's Empowerment, it is particularly important to broaden the evidence base on the role of women and women's empowerment, as well as the impact of gender-transformative interventions on achieving nutrition, sanitation, and hygiene outcomes.

Transform Nutrition will consider innovative approaches for sharing lessons learned such as knowledge and learning e-platforms or hubs for collaboration on multi-sectoral nutrition, sanitation, and hygiene programming, and will ensure that data sets from surveys, studies, and evaluations are available for broad use within the development community. Transform Nutrition will also hold learning events that bring together donors, implementers, researchers, and GRM counterparts in the fields of nutrition, WASH, maternal-child health, agricultural productivity, food safety, resiliency, and/or food security, to share and benefit from lessons learned and best practices.

Prior to the intervention phase, it will be important to clearly identify and define the structures currently in place that affect nutrition, sanitation, and hygiene. Successful implementation is dependent on this thorough assessment and it will serve to determine potential impact through the comprehensive learning agenda envisioned as a part of Transform Nutrition.

Pause and Reflect

Pause and Reflect is an annual CLA exercise which will allow Transform Nutrition to make needed program adjustments. The ability to learn and adapt program approaches based on research and program experience is key to ensure a program that responds to the changing policies and objectives of government programs, and to shifting implementation realities. This focus on innovation for results, as well as external evaluations to understand impact, is in line with USAID's Evaluation Policy.

Pause and reflect shall be accomplished through periodic, at a minimum bi-annual, joint activity reviews with Transform Nutrition, the Provincial Health Directorate/COPSAN, and other relevant GRM stakeholders which focus on challenges, successes, and operating environment changes. Root causes and corrective actions should be identified, and reprogramming of funds can be considered if indicated and within the Activity's Program Description. Pause and reflect shall include identification of knowledge gaps in the theory of change with recommendations to fill these gaps.

E. MONITORING AND EVALUATION

E.1 Monitoring

Monitoring and evaluating the Activity's results-focused progress towards achieving its objectives is critical to successful implementation. The Recipient must capture, document and report on the impact of USAID assistance, while strengthening and using relevant national, provincial, and district-level reporting systems. The Recipient will be held accountable for building technical and institutional capacity of the Mozambican government to improve nutrition and WASH programming. Operational Plans and targets are set annually. The Recipient must track the mandatory indicators, as well as indicators related to gender equity and female empowerment. Indicators will be finalized at the time of award and during work plan development.

The Recipient will be required to conduct a quantitative and qualitative baseline and endline survey for all the districts covered by this Activity. The baseline should be done within the first **180 days** of the award and the endline in the last six months of implementation. The baseline will be used to establish the pre-intervention conditions, and thus inform the development of tailored interventions, while also providing a basis for monitoring activity results and impacts. Baseline and endline surveys should be designed so that outcomes and impact of program may be clearly demonstrated. All supported districts must have individual baseline assessments against which improvements in the provision and quality of service delivery, including SBC skills, and other aspects of this activity can be measured. The assessment should provide gender-disaggregated statistics and also investigate specific gaps that exist between males and females with respect to the problems being addressed, explain or indicate potential causes for those gaps, and indicate what opportunities there are to promote women's leadership and empowerment related to project outcomes.

During the course of implementation, in order to track progress, identify trends, and develop evidence-based approaches across the focus districts in Nampula, the Recipient may incorporate GIS for analysis, interpretation and reporting of activity results.

E.2 Evaluation

The AOR will work with the USAID Program Office to plan for and commission an external evaluation to take place either at the middle or the end of the activity. This evaluation will assess progress toward the objectives and achievement of annual and life-of-project targets, as well as other measures assessed during the baseline, including anthropometrics. USAID will contract and fund the external evaluation separately from this award.

Illustrative evaluation questions include:

1. In targeted districts, to what extent did interventions contribute to:
- Improved quality of nutrition services, particularly counseling?
- Improved nutritional status of target populations?

2. What were the most significant challenges encountered during program implementation and what are the best strategies to address these?

All monitoring, evaluation, and assessment data and documentation, including raw data sets, generated during the life of this award will be submitted to the Development Data Library at www.usaid.gov/data. The data must be in machine-readable format as described in ADS 579 and the Executive Order on Open and Machine Readable Data.

F. ENVIRONMENTAL MONITORING AND MITIGATION PLAN

This plan will be developed by the Recipient and approved by USAID prior to the launch of each activity having a potential adverse impact on the physical and natural environment. For any activity implemented under an IEE that has a Positive Determination (PD) or a Negative Determination with Conditions, contractors and grantees must develop EMMPs to implement these conditions. If a project will include no subgrants and all project activities are defined in advance, the EMMP shall be included in the work plan and/or submitted with the work plan at the onset of the project (an annotated EMMP template can be found at http://www.usaidgems.org). If a project contains subawards, or any activities that are not known at the time of the preparation of the work plan, subproject Environmental Reviews with EMMPs signed by the AOR and the Mission Environmental Officer (MEO) are necessary prior to the approval of a subgrant or subactivity. Signed Environmental Review Forms (ERFs) and (ERRs) will be kept in USAID's official files. Formats for ERF and ERR can be found at the following website: http://www.usaidgems.org.

G. GENDER ANALYSIS

Gender analysis is a tool for examining the differences between the roles that women and men play in communities and societies, the different levels of power they hold, their differing needs, constraints and opportunities, and the impact of these differences on their lives and those of their families.

The gender analysis should identify root causes of existing gender inequalities or obstacles to female empowerment in the context of the activity, so that the Applicant can seek out opportunities to promote women's leadership and participation. The gender analysis should also identify potential adverse impacts and/or risks of gender-based exclusion that could result from planned activities, including: (a) Displacing women from access to resources or assets; (b) Increasing the unpaid work or caregiver burden of females relative to males; (c) Conditions that restrict the participation of women or men in project activities and benefits, based on pregnancy, maternity/paternity leave, or marital status; (d) Increasing the risk of gender-based violence, including sexual exploitation or human trafficking, sexually transmitted diseases, and HIV/AIDS; and (e) Marginalizing or excluding women in political and governance processes.
Because males and females are not homogenous groups, the gender analysis should also, to the extent possible, disaggregate by income, region, caste, race, ethnicity, disability, and other relevant social characteristics. The analysis should explicitly recognize the specific needs of young girls and boys, adolescent girls and boys, adult women and men, and older women and men. In particular, extra attention and effort should be made to focus on meeting the needs of adolescents and youth, key target groups for USAID/Mozambique overall.

Linkages between this project and the MCH service delivery project will ensure that gender is addressed in service delivery settings and throughout the health system. In compliance with ADS requirements and the USAID Gender Equality and Female Empowerment Policy, a

supplementary gender analysis will be conducted at the Activity level to identify relevant gender gaps and anticipated levels of participation by women and men that could hinder Activity outcomes, as well as gender inequalities or needs for female empowerment that could be addressed and any potential differential effects (unintended or negative consequences) on women and men.

H. KEY PERSONNEL, STAFFING STRUCTURE, AND MANAGEMENT PLAN

NOTE: USAID reserves the right to determine relevance of education and experience.

The Recipient must propose key personnel, a staffing structure, and management plan to oversee, coordinate, and report on intermediate results and crosscutting elements that will lead to improved nutritional status of women and young children in the target districts and communities of Nampula Province.

To achieve the results described in the Program Description of this Request for Application (RFA), the Recipient should consider a technical assistance team with a variety of specialties and skills. The team can be composed of both long-term and short-term staff, including consultants, who will provide substantial expertise to support all components of the Activity.

The following key staff positions are recommended for implementation of activities and achievement of results under this Cooperative Agreement. Additionally, the Recipient shall present a proposal with its full project team in the staffing structure and management plan. Applications must include detailed descriptions and curricula vitae of the proposed key personnel.

Key Personnel
The mandatory **key personnel** positions include:

1. Chief of Party
2. Technical Director
3. Monitoring, Evaluation, & Learning Director
4. Finance and Operations Director

Chief of Party (COP)/Project Director
The COP will provide overall strategic leadership and oversight to the project. S/he shall have overall responsibility for managing and reporting on project activities; making key decisions and solving problems in short time frames, while maintaining operational and program quality and integrity. S/he will serve as the Recipient's first point of interface with USAID on routine and strategic matters. The COP will also be Transform Nutrition's main interface with the host government at central and provincial levels. The position requires demonstrated experience interacting with other projects, host country governments at all levels, and international agencies. Requisite qualifications include an appropriate balance of technical, managerial, and interpersonal skills and experience. The nature of the Transform Nutrition Activity demands exceptional leadership; programmatic, organizational management, and communication skills; and a comprehensive understanding of the Mozambican social and political context. The COP position requires strategic vision, strong technical skills in nutrition, multi-sectoral development experience, strong interpersonal skills, and excellent written and oral presentation skills, to fulfill the diverse technical and managerial requirements of this Activity.

Required Qualifications:

- Masters degree or higher in a relevant field including nutrition, public health, international development, public administration, or related area.
- Demonstrated ability to create and maintain effective working relations with senior host country government personnel, U.S. Government agencies, international donors and agencies, and NGO partners.
- At least 10 years of experience managing integrated health and nutrition projects in developing countries.
- Strong oral and written communication skills in Portuguese and English.

Preferred Qualifications:

- In-depth technical expertise in nutrition and one or more of the following areas: public health, SBC, WASH, and/or community development.
- Demonstrated experience in building country capacity and systems at national and sub-national levels.
- Practical experience in project start-up and hiring and supervising staff to meet programmatic needs.
- Experience in mentoring, coaching, and skills transfer.
- Experience working with USG-supported projects and knowledge of financial rules and regulations at a senior level.
- At least five years of professional experience working in Mozambique.
- Strong English-language and Portuguese communication skills, both interpersonal and written (prefer English and Portuguese FSI 4/4).

Technical Director

The Technical Director shall be responsible for technical leadership and oversight of the Transform Nutrition Activity. S/he shall have depth and breadth of technical expertise and experience in designing and implementing comprehensive multi-sectoral nutrition interventions, and related capacity strengthening. The Technical Director will play the lead role in guiding the implementation of technically sound and innovative approaches, in close collaboration with GRM stakeholders, to increase use of optimal nutrition and WASH behaviors, improve the quality of nutrition services, build nutrition capacities of frontline health workers, strengthen nutrition competencies in health teaching institutions, and strategically incorporate nutrition objectives into multi-sector policies. The Technical Director will work with the Monitoring, Evaluation, and Learning Director to coordinate and systematically disseminate lessons learned with other USAID-funded health and WASH activities.

Required Qualifications:

- Medical Degree or advanced degree in public health or nutrition.
- At least 10 years of senior-level experience in nutrition and/or public health service delivery managing large and complex projects.
- Demonstrated experience in managing and coordinating multi-sectoral nutrition projects (across government ministries, and in collaboration with donors working in different sectors).
- Experience implementing at district and community levels.
- Demonstrated capacity to support, mentor, and supervise staff.
- Strong proficiency in English and Portuguese.

Preferred Qualifications:

- Experience in nutrition, social and behavior change activities, and WASH.
- Significant expertise providing technical assistance to project/host country government staff working on nutrition and SBC activities.
- Demonstrated ability to work effectively and collaboratively with a wide range of partners with varying interests and priorities in the fields of nutrition, WASH, health, agriculture, and gender.
- Prior experience in the Mozambican nutrition sector desirable, preferably including experience with national and sub-national level coordination.
- Demonstrated ability to create and maintain effective working relations with senior government personnel, international organizations, NGO partners, and U.S. government agencies.
- Demonstrated experience in gender and/or integrating and mainstreaming gender issues into interventions.
- Demonstrated experience at a senior level, participating or advising in high-level meetings and discussions with government officials.
- Demonstrated ability in monitoring similar programs, interpreting, and utilizing data.

Monitoring, Evaluation, and Learning Director

S/he will develop and oversee project monitoring, evaluation, research, learning, and reporting,
including appropriate indicators, tracking against targets, assessing performance, conducting surveys and assessments, documenting lessons learned, and producing timely, accurate, and complete reports. The Monitoring, Evaluation, and Learning Advisor will effectively integrate the overall learning agenda for this Activity into the MEL Plan, including a focus on implementation research, so that learning is incorporated into every aspect of nutrition and WASH programming—from activity design, to service delivery, to utilization/uptake, and adherence. S/he will develop efficient processes and systems for translating lessons learned into practice, to allow timely resolution of implementation challenges and scaling up of effective nutrition and WASH interventions.

Required Qualifications:

- A Master's degree (or higher) in nutrition, public health, epidemiology, economics, statistics, or other relevant field, with an emphasis on monitoring, evaluation, applied research, knowledge management, documentation, or related area and at least 5 years of demonstrated experience in monitoring and evaluation of large-scale, complex, development assistance programs showing a progressively increasing level of responsibility, including developing data collection instruments, establishing database systems, tracking performance against targets, conducting assessments and surveys, analyzing data collected, and using data for decision-making; **or**
- A Bachelor's degree in nutrition, public health, epidemiology, economics, statistics, or other relevant field, with an emphasis on monitoring, evaluation, applied research, knowledge management, documentation, or related area and at least 7 years of demonstrated experience in monitoring and evaluation of large-scale, complex, development assistance programs showing a progressively increasing level of responsibility, including developing data collection instruments, establishing database systems, tracking performance against targets, conducting assessments and surveys, analyzing data collected, and using data for decision-making.
- Strong background or formal training in evaluating international development programs in at least one of the following areas: nutrition, agriculture, health, WASH.

- At least 5 years of experience related to monitoring, evaluation, reporting on service delivery programs or international development programs in at least one of the following areas: nutrition, agriculture, health, WASH.
- Experience working with a Ministry of Health at national, provincial and district levels, particularly on capacity building in monitoring and evaluation and data use for decision making.
- Relevant computer skills including good knowledge of statistical packages such as STATA and SPSS, and use of GIS.
- Ability to compile, write, and disseminate substantial reports, project briefs, and success stories.
- Strong proficiency in English and Portuguese.

Preferred Qualifications:
- Experience in design and implementation of M&E systems in service delivery programs in Mozambique.
- Demonstrated knowledge of host country management information systems. Proven leadership to support the strengthening of the M&E systems within a host country's Ministry of Health and other partner organizations to improve the availability and use of data for decision-making.
- Experience conducting implementation research and developing systems for translating lessons learned into practice.

Finance and Operations Director:
Responsible for overseeing project finances and other operational and administrative duties. Will supervise all grant and contract management and reporting on contract and grant performance as well as provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports. Monitors the use of USG funds and ensure compliance with contractual requirements, USG rules and regulations as well as local laws and regulation. Establishes a sound internal control system for own office as well as sub-grantees with appropriate segregation of duties, cash management and reporting system, procurement financing system, travel reimbursement verification and validation and grant fund management system as applicable.
Ensures appropriate financial data reporting to USAID and other stakeholders, including reporting of inventory and assets, cost sharing data, periodical disbursements/fund utilization reports, sub-grantee financial reports, financial budget tracking etc.

Required Qualifications:
● A Master's degree (or higher) in Business Administration, Finance, Accounting, or relevant field, and at least 8 years of demonstrated experience in administrative and financial management of large-scale, complex, international development assistance programs; **or**
● A Bachelor's degree in Business Administration, Finance, Accounting, or related field or a professional qualification in accountancy, with at least 10 years' experience in administrative and financial management of large-scale, complex, international development assistance programs.
● In-depth knowledge of U.S. Government administration, financial management, and procurement procedures.
● Sound experience in financial and compliance reporting and audit management.
● Mastery of basic office management software (Google, Excel, MS Word, etc) and knowledge of accounting software.

● Strong analytical skills and ability to manage and track large budgets.
● Ability to supervise and manage a team including support and administrative staff.
● Strong communication skills in English.

Preferred Qualifications:
● Strong interpersonal and team-building skills with significant experience building strong host
country national teams;
● Extensive experience in developing and managing a donor-funded grants programs;
● Proven ability to work with a wide range of local organizations and people; and
● Public Financial Management experience.

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