



# USAID | MOZAMBIQUE

FROM THE AMERICAN PEOPLE

Issue Date: February 22, 2019  
Deadline for Question: March 7, 2019 (17.30 Hours, Maputo time)  
Closing Date: March 24, 2019  
Closing Time: 17:30 Hours (Maputo time)

**Subject: Notice of Funding Opportunity (NOFO)  
Request for Concept Paper for Transform Nutrition 72065619RFCP00003**

Program Title: Transform Nutrition

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking concept papers as the first step in a two-step procurement for an eventual a cooperative agreement from qualified entities to implement the Transform Nutrition program.

**Eligibility for this award is restricted to Local Organizations as defined below:**

**“For purposes of consistency and reporting, the definition of “local entity” means an individual, a corporation, a nonprofit organization, or another body of persons that:**

- (1) Is legally organized under the laws of;**
  - (2) Has as its principal place of business or operations in;**
  - (3) Is majority owned by individuals who are citizens or lawful permanent residents of;**
- and**
- (4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.**

**Please see Section C of the RFCP for additional information.**

USAID will request full applications from the applicants who best meet the objectives of this funding opportunity based on the merit review criteria described in this notice. Eligible parties interested in submitting a concept papers are encouraged to read this request thoroughly to understand the type of program sought, concept paper submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this Request for Concept Paper (RFCP) and meet eligibility standards as above and in section C. This funding opportunity is posted on [www.grants.gov](http://www.grants.gov), and may be amended. It is the responsibility of the applicant

to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the Request for Concept Paper has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process.

Please send any questions to the point(s) of contact identified in Section D. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to [www.grants.gov](http://www.grants.gov).

Issuance of this RFCP does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or a concept paper. Concept papers are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,



Eyole Luma  
Agreement Officer

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### **ATTACHMENTS:**

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## ACRONYMS

ADS – Automated Directives System  
ANC – Antenatal Care  
AO – Agreement Officer  
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  
HAZ – Height for age Z score  
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  
QA – Quality Assurance  
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  
WHZ – Weight for age Z score

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## SECTION A – PROGRAM DESCRIPTION

### 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”<sup>1</sup> (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.

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<sup>1</sup> Transform Nutrition is a placeholder name. Applicant may rename activity.

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).<sup>2</sup>

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.<sup>3</sup> 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.

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<sup>2</sup>The Cost of Hunger in Mozambique, 2017

<sup>3</sup> 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<sup>4</sup>. 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<sup>5</sup>, 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.<sup>6</sup> 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.<sup>7</sup> Targeted strengthening of health,

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<sup>4</sup> *Improving maternal, newborn, infant and young child health and nutrition*; Authors: World Health Organization, 2013

<sup>5</sup> 2015 Malaria Survey (IMASIDA)

<sup>6</sup> 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.

<sup>7</sup> USAID's SPRING Project. *Systems Thinking and Action for Nutrition*. <https://www.spring-nutrition.org/publications/briefs/systems-thinking-and-action-nutrition>

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 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.<sup>8</sup>

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.<sup>9</sup> 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

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<sup>8</sup> Throughout the document, the term "community health worker" encompasses APEs, activists, and volunteers.

<sup>9</sup> WHO/UNICEF JMP 2015 (<https://washdata.org/data#/dashboard/872>)

the 2015 index.<sup>10</sup> 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 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.

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<sup>10</sup> UNDP Human Development Report 2016 Mozambique

- 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.<sup>11</sup>

The Applicant is expected to propose the districts it plans to cover in consultation with the DPS. Coverage of the entire province is not expected, rather intensive coverage of a limited number of districts. The coverage plan should be cost effective, while being both ambitious and realistic. USAID expects that the Applicant targets districts in an evidence-based manner, taking into account other USAID activities, other development partner activities, provincial government consultation, and demonstrated need for nutrition and WASH services.<sup>12</sup> Applicant shall describe a coverage plan for target districts that reaches a minimum of 80% of the target population of the district in a strategic manner, providing differentiated packages of assistance and support tailored to the needs of individual communities. Applicant should propose illustrative graduation criteria for districts, and a plan for expanding the project to additional districts in Nampula. Applicant should also describe plans for sustainability, including a plan for how the government will scale up and sustain the interventions after the life of Transform Nutrition.

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

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<sup>11</sup> Mozambique Demographic and Health Survey 2011, Institute of Statistics, MOH & Measure DHS+/ORC Macro, Calverton, MD, USA

<sup>12</sup> Applicant may wish to include former Feed the Future districts among targeted districts in order to build upon the FtF legacy. Former FtF districts are Angoche, Malema, Moma, Mogovalas, Murrupala, Meconta, Mecuburi, Nampula-Rapale, and Larde. Note that Community-Led Total Sanitation may not be implemented in Angoche, Meconta, Mogovolvas, Monapo, and Rapale because SNV is implementing CLTS in those districts. Nutrition interventions only may be implemented in the SNV CLTS districts.

populations. Care should be taken to propose a coverage plan that does not duplicate work being done by other partners.

### **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:

#### **Multi-sectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC)**

PAMRDC is a master document in the implementation of nutrition-sensitive and nutrition-specific interventions in Mozambique. It was approved in 2010 with the commitment of key ministries that would provide an enabling environment for appropriate nutritional intake of Mozambican populations. It is aligned with the Millennium Development Goals (2015), and its implementation goes until 2020. This document was highly referenced in the development of strategies and interventions linked to nutrition, however, its implementation faced a number of bottlenecks on political/structural levels as well as in the area of coordination as per the mid-term evaluation. Transform Nutrition is expected to coordinate with Nampula multisector actors in implementing provincial PAMRDC interventions.

#### **Food and Nutrition Security Strategy (ESAN III)**

The Technical Secretariat for Food and Nutrition Security - SETSAN, has been designing this strategy which will be an important tool in the implementation of key activities in nutrition (2020-2030). It is aligned with the Sustainable Development Goal number two - Zero Hunger, and it also embraces the activities outlined in the Multi-sectoral Action Plan for the Reduction of Chronic Malnutrition, PAMRDC, which will end in 2020. This strategy is based on a holistic and integrated approach to malnutrition encompassing the enabling environment (political guidelines/common commitments), strategic vision (nutrition specific and nutrition sensitive actions and programs), and operationalization (multi-level and multi-stakeholder interventions). ESAN III comes after the challenging implementation of both ESAN I from 1998 and ESAN II from 2008. Transform Nutrition will build partnerships for better implementation of key nutrition interventions at all levels (central, provincial and district).

#### **Scaling Up Nutrition Movement (SUN Movement)**

The SUN Movement is a multi-country platform created in 2010, aiming at working collaboratively to end malnutrition in all its forms. Mozambique has been part of this global movement since 2011, and has implemented a range of nutrition interventions engaging both public and private sectors (civil society, the United Nations, donors, businesses and researchers). Transform Nutrition is expected to work collaboratively within the SUN Movement to improve nutritional status of the target populations.

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

### **The Investment Case for RMNCAH, supported by the GFF<sup>13</sup>**

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:

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<sup>13</sup> <https://www.globalfinancingfacility.org/mozambique>

- **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 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 Jovens* - 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, and will include capacity strengthening for facility-based health providers. Areas of particular focus for collaboration include strengthening of linkages between communities and health facilities and strengthening local co-management committees. It is expected that QHI will supervise and mentor MCH nurses who oversee APEs, with Transform’s collaboration to ensure strong and consistent training and supervision of APEs. 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.<sup>14</sup> 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.

**Activity Objective:** To improve the nutritional status of target populations of Nampula Province.<sup>15</sup>

Transform Nutrition will achieve this Objective through three Intermediate Results:

1. Strengthened **host government capacity** to plan and manage nutrition programming<sup>16</sup>
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 stunted (HAZ < -2) children under 2 years of age
- Prevalence of wasted (WHZ < -2) children under 2 years of age
- Prevalence of healthy weight (WHZ  $\leq 2$  and  $\geq -2$ ) among 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)

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<sup>14</sup> See: <https://www.usaid.gov/results-and-data/planning/country-strategies-cdcs>

<sup>15</sup> 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.

<sup>16</sup> 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.

- 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).

**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).

**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 which are based upon behavioral drivers of stunting; 2) training and mentoring to community health care workers on interpersonal communication and optimal nutrition and WASH behaviors, with an increased focus on gender and adolescent girls; 3) increased access to information and resources to increase dietary diversity in the target populations; 4) strengthened local Co-Management and Community Health Committees to support nutrition, sanitation, and hygiene activities; 5) quality assurance and quality improvement methods applied to community level nutrition work; and 6) 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 and will be central to all activities. Advocacy at all levels (household, community, sub-national, and national) will work to change the enabling environment. 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:** For the first two to three years of Transform, 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: DRAFT Activity Results Framework**

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.

**Applicants are strongly encouraged to propose new, innovative, and sustainable activities instead of, or in addition to, the illustrative activities throughout the Program Description.**

Illustrative financial allocations for Transform Nutrition for each IR are as follows:

IR 1 5%

IR 2 60%

IR 3 35%

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

<p>IR 1.3 Strengthened <b>local Co-Management and Community Health Committees</b> to support nutrition, sanitation, and hygiene activities</p> <p>(local/community level)</p>	<p>IR 2.3 Increased <b>dietary diversity</b> in target population</p> <p>(local/community level)</p>	<p>IR 3.3 Improved quality of nutrition services provided by community health workers through consistent application of <b>quality improvement and quality assurance processes and norms</b></p> <p>(sub-national/community level)</p>
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Grey shading indicates that these activities IRs 1.1 and 1.2 will not initially 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. It is expected that Transform Nutrition will be involved in multi-sectoral nutrition planning and coordination throughout the course of the activity. However, by Year 3, formal responsibility for sub IRs 1.1 and 1.2 may be progressively transferred to Transform, in conjunction with discussions with USAID and the Government.

All remaining IRs and Sub-IRs 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. Note that Sub IRs 1.1 and 1.2 are in draft form.

**Context:** The shortage of well-trained professionals and paraprofessionals in nutrition in Mozambique is a constraint to effective planning and management of nutrition activities. This includes the shortage of well-trained Nutrition Technicians, as well as limited numbers of qualified nutrition professionals at the bachelors, masters, and doctorate levels. The lack of qualified nutrition professionals leads to a lack of capacity to train frontline health workers in nutrition, and to low-quality nutrition services for community members. The Recipient is expected to focus on training and capacity building through existing institutions, programs, and systems, rather than creating a parallel system by hiring additional staff. It will be important to coordinate closely with government, including the Human Resources and Training Departments, to identify priorities in this area.

**Anticipated Results:**

- An increased number of paraprofessionals and/or professionals are trained in nutrition.
- The capacity of current and future nutrition paraprofessionals and professionals is increased, enabling them to do their jobs more effectively.
- Effective training capacity is developed at national and subnational levels through TOT and other approaches

**Illustrative Indicator(s):**

- Number of individuals receiving nutrition-related professional training through USG-supported programs (Mandatory PPR Indicator)

**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.

**Context:** The Government of Mozambique recently formed the National, Provincial, and District Councils on Food Security and Nutrition (CONSAN, COPSAN, and CODSAN respectively) at the Prime Minister’s level, to reduce food insecurity and stunting. These bodies were created to promote and implement legislation, policies, strategies, and programs supporting increased food security and improved nutrition. Among other duties, they are charged with planning, budgeting, resource mobilization, monitoring and evaluation of policies, strategies, and programs for food security and nutrition. SETSAN, within the Ministry of Agriculture, serves as the technical secretariat for these coordinating bodies, supporting the Prime Minister. Sectors which will be coordinated at the provincial, district, and community levels include, but may not be limited to: health, social welfare, agriculture, water and sanitation, education, and industry and commerce.

As CONSAN, COPSAN, and CODSAN were only recently formed in November 2017, the GRM is in the process of operationalizing the new structures. At the national level, other donors are working to strengthen SETSAN’s ability to provide technical oversight to these bodies, thus this activity will provide only limited assistance at that level. In Nampula, while other donors are also working with SETSAN and the GRM on operationalization at provincial level, it is anticipated that there will still be unmet needs that this activity can fill. It will be critical for the Recipient to collaborate closely with Big Win and UNICEF at the provincial and district level to identify and address needs and gaps without duplication.

To facilitate on-the-ground coordination and programming, this activity will support local GRM staff who will lead district and provincial-level nutrition, food security, and/or WASH technical working group meetings, as appropriate, and use findings/information from these meetings to support the GRM and inform the implementation of the Investment Case, the PAMRDC, and ESAN III.

**Anticipated Results:**

- SETSAN’s capacity to provide technical assistance to COPSAN and CODSAN is strengthened.
- Provincial and district-level capacity in planning, implementing, monitoring, and budgeting multi-sectoral nutrition plans is strengthened.
- Best practices for multi-sectoral nutrition planning, programming, and evaluation are adopted by COPSAN and CODSAN in the target areas.
- Improved capacity at CONSAN, COPSAN and CODSAN to effectively engage the multilateral partners at all levels.

**Illustrative Indicators:**

- Provincial multi-sectoral nutrition plans include budget and measurable indicators
- District multi-sectoral nutrition plans include budget and measurable indicators
- Number and percentage of USAID-supported GRM districts and communities with multi-sectoral coordination committees and/or technical working groups that meet on a regular basis

**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, meet regularly, 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. Behavioral drivers of stunting should be taken into account to craft approaches to behavior change.

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. In a country as diverse as Mozambique, different cultural and eating habits must be taken into account among districts and communities in order to tailor messages.

**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.<sup>17</sup> 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 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

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<sup>17</sup> 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.

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. Ideally, CLTS-type interventions are carried out 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.<sup>18</sup>

#### **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.

#### **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.

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<sup>18</sup> 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>

**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, sanitation, and hygiene 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, sanitation, and hygiene. 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, sanitation, and hygiene 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, sanitation, and hygiene behaviors.
- Fewer people hold myths and misconceptions that inhibit optimal nutrition, sanitation, and hygiene 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.<sup>19</sup>

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

**Context:** Maternal and adolescent girls’ 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.<sup>20</sup> 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.<sup>21</sup>

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, 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:**

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<sup>19</sup> This indicator (and others) may be collected through baseline and endline surveys.

<sup>20</sup> 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.

<sup>21</sup> World Health Organization (WHO). 2018. *Guideline: Implementing Effective Actions for Improving Adolescent Nutrition*. Geneva: World Health Organization.

- 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.<sup>22</sup>

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.

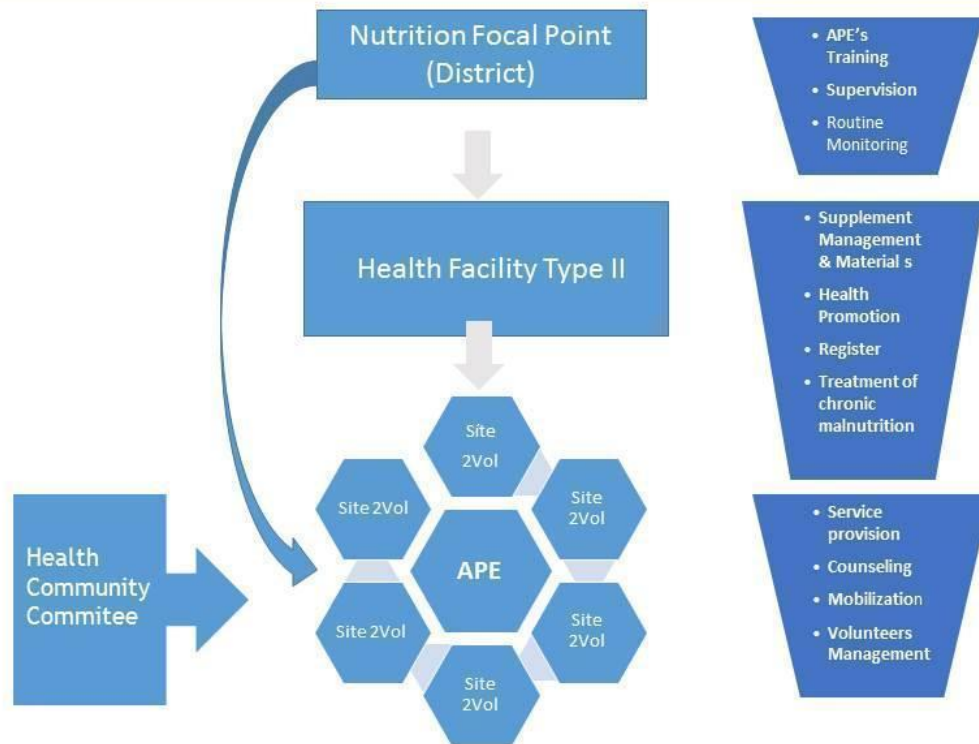
**Figure 2: Nutrition Service Provision Structure<sup>23</sup>**

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<sup>22</sup> 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: **healthy 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).**

<sup>23</sup> Mozambique Primary Health Care Strengthening Programme, Technical Notes for Disbursement-Linked Indicators (DLI) DLI 4-Nutrition. March 2018.

## Structure of Nutrition Services Provision



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.

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.

The Quality Health Initiative, a separate USAID funded activity, will support all the health facilities in Nampula. Transform Nutrition will work closely with other USAID activities, including the new QHI 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 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. QHI will liaise with same entities to address facility level stockouts. Note that the primary goal of this Sub IR is liaising with partners and strengthening MOH capacity to track and ensure availability of nutrition commodities. While procurement of nutrition-related commodities and equipment is allowable under this award, it must be undertaken in a targeted and strategic manner.

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 and quality assurance 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/QA (quality assurance) 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/QA 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/QA 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/QA 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 subawards 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**<sup>24</sup>

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.<sup>25</sup>

## **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 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

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<sup>24</sup> 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.

<sup>25</sup> <https://www.usaid.gov/policy/local-systems-framework>

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. Subawards**

To support the GRM multi-sectoral food security and nutrition implementation, Transform Nutrition will consider provision of subawards, such as Grants under Grants (GUGs), to Provincial and District *government* entities, as well as local NGOs, CBOs, educational institutions, small and medium enterprises, etc. The limitation for subawards is 10% of the overall budget for the award over the 5 year period. Subawards 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 subawards 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 subawards 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 and ADS 220.3.3.2 b and 220.3.4.3 prior to the Recipient executing any subaward 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 as well as an assessment of partner government entities’ systems to assure adequate accountability for USAID funds.

#### **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.

The project may 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 (from the overall budget) 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.

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## **SECTION B: FEDERAL AWARD INFORMATION**

### **1. Estimate of Funds Available and Number of Awards Contemplated**

Subject to funding availability, USAID intends to provide approximately \$19,500,000.00 in total USAID funding over a 5 (five) year period. Actual funding amounts are subject to availability of funds. USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity. USAID reserves the right to not fund the application submitted

### **2. Start Date and Period of Performance for Federal Awards**

The anticipated period of performance is five years. The estimated start date will be upon the signature of the award, on or about, or other effective date determined by the Agreement Officer.

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## **SECTION C: ELIGIBILITY INFORMATION**

### **1. Eligible Applicants**

Eligibility for this procurement is restricted to local organizations as per the following definition:

“For purposes of consistency and reporting, the definition of “local entity” means an individual, a corporation, a nonprofit organization, or another body of persons that:

- (1) Is legally organized under the laws of;
- (2) Has as its principal place of business or operations in;
- (3) Is majority owned by individuals who are citizens or lawful permanent residents of; and
- (4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

For purposes of this section, ‘majority owned’ and ‘managed by’ include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.”

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## SECTION D: CONCEPT PAPER SUBMISSION INFORMATION

### 1. Agency Point of Contact

Marianne Pinto-Teixeira  
Acquisition and Assistance Specialist  
USAID/Mozambique  
E-mail: [mteixeira@usaid.gov](mailto:mteixeira@usaid.gov)

### 2. Questions and Answers

Questions regarding this RFCP should be submitted to Marianne Pinto-Teixeira at [mteixeira@usaid.gov](mailto:mteixeira@usaid.gov) with a cc copy to [eluma@usaid.gov](mailto:eluma@usaid.gov) no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective applicant concerning this RFCP will be furnished promptly to all other prospective applicants as an amendment to this RFCP, if that information is necessary in submitting a concept paper or if the lack of it would be prejudicial to any other prospective applicant.

### 3. Instructions to Applicant:

The Applicant is expected to review, understand, and comply with all aspects of the RFCP.

Preparation of the Concept Paper:

The Applicant shall furnish the information required by this RFCP.

Should the Applicant include data that it does not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, the Applicant should mark the title page with the following legend:

“This Concept Paper includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this Concept paper. If, however, a grant is awarded to this Applicant as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers} and, mark each sheet of data it wished to restrict with the following legend: “Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application.”

The Applicant should retain for its records one (1) copy of the Concept Paper.

#### Concept Paper Submission Procedures:

It is the Applicant’s responsibility to ensure that all necessary documentation is complete and received on time.

Electronic (e-mail) is the media for submitting the Concept Paper. Please submit application to Marianne Pinto-Teixeira at [mteixeira@usaid.gov](mailto:mteixeira@usaid.gov) .

All emails should indicate in the subject line of the email the RFCP number. The concept paper, if submitted by the submission deadline, will be reviewed for responsiveness to the RFCP and the required format. No additions or modifications will be accepted after the submission date.

If you discover an error in your transmission, please send the material again and note in the subject line of the email that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

### **Concept Paper Format**

Pages shall be written in English, using Microsoft Word, Times New Roman, 12 point font on standard 8 1/2" x 11" paper, single spaced, each page numbered consecutively, and no less than 1" margins on all sides.

Concept paper has a limit of **5 pages**. Concept papers will be reviewed taking into account the following merit review criteria, which are in rank order. Successful applicants will be invited to submit a full application.

**Technical approach, scale up, and sustainability:** The technical approach must clearly delineate a plan for a cost effective model that is capable of being scaled up by the GRM to other districts and provinces and is sustainable. Demonstrates a thorough understanding of the context and challenges of multi-sector nutrition, sanitation, and hygiene in Mozambique (and Nampula, specifically) and presents feasible, effective, and gender-transformative technical approaches, responsive to the RFCP. The proposed plan shall be both ambitious and realistic.

**Alignment with GRM plans:** It must align, support and coordinate closely with GRM initiatives, such as the RMNCH Investment Case, strategies such as the PAMRDC and ESAN III (under design), and processes, such as annual Plano Económico e Social (PES) planning.

**Use and strengthening of existing systems:** The approach must present a clear and deliberate strategy for building GRM and local capacity at all levels. It must also work with and through existing systems, rather than building parallel systems.

**Geographic coverage:** The Applicant must propose a list of districts in which to focus for nutrition, sanitation, and hygiene. The concept paper should also present well-reasoned and evidence based coverage plan that reaches 80% of the target population in the districts proposed in a strategic manner, providing differentiated packages of assistance and support tailored to the needs of individual communities. It should also take into account other USAID activities, other development partner activities, provincial government consultation, and demonstrated need for nutrition and WASH services.

**Collaboration:** Applicants are encouraged to demonstrate a thorough knowledge of the landscape, proposing creative, collaborative partnerships with other donors, existing projects, Mozambican organizations, NGOs, small businesses, and/or other firms to implement activities under this program. Alignment with these organizations is paramount, so as to leverage resources, avoid duplication of efforts, and address nutrition and WASH comprehensively.

**Innovation:** Applicants are encouraged to propose innovative yet realistic approaches that are appropriate in the context of Mozambique.

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**SECTION E: CONCEPT PAPER REVIEW INFORMATION**

**1. Evaluation**

The merit review criteria prescribed above are tailored to the requirements of this particular RFCP.

A pass/fail scoring system will be used by the Concept Paper Evaluation committee to assess the Concept Paper.

<b>“Pass”</b>	Meets or exceeds solicitation requirements. Complete, comprehensive, and exemplifies an understanding of the scope and depth of the task requirements as well as the Offeror’s understanding of the Government’s requirements.
<b>“Fail”</b>	Concept Paper has many deficiencies and/or gross omissions: Failure to understand much of the scope of work necessary to perform the required tasks; failure to address in a cohesive way the concept paper criteria.

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