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**Mozambique Food Security  
Programming Framework  
FY 2008-2012**

**USAID/Mozambique**

**October 2007**

DRAFT



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## ACRONYMS

AE	Adult equivalent
AED	Academy for Educational Development
ARA	Administração Regional das Águas (Regional Water Administration)
ART	Anti-retroviral therapy
AU	African Union
BIPP	Bankable Investment Project Profile
BMI	Body mass index
CAAD	Comprehensive Africa Agricultural Development Program
CBO	Community-based organization
CDC	Center for Disease Control and Prevention (USA)
CED	Chronic energy deficiency
CFA	Centro de Formação Agrária (Center for Agricultural Training)
CFSAM	Crop and Food Supply Assessment Mission
CI	Chronic illness
CNCS	Conselho Nacional de Combate ao HIV/SIDA (National Counsel to Combat HIV/AIDS)
CVA	Chronic vulnerability assessment
CS	Cooperating sponsor
CSP	Country Strategic Plan
DA	Development assistance
DAP	Development Assistance Program (Title II)
DCHA	USAID Bureau for Democracy, Conflict and Humanitarian Assistance
DNA	Direcção Nacional de Água (National Directorate of Water Affairs)
DNER	Direcção Nacional de Extensão Rural (National Directorate for Rural Extension)
DPOPH	Direcção Provincial de Obras Públicas e Habitação (Provincial Directorate of Public Works and Housing)
EGAT	USAID Bureau for Economic Growth, Agriculture and Trade
ESAN	Estratégia de Segurança Alimentar e Nutricional (Food and Nutrition Security Strategy)
ESSP	Education Sector Strategic Plan
F	U.S. Department of State, Office of the Director of U.S. Foreign Assistance
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning System Network
FFA	Food for assets
FFP	Food for Peace
FLA	Field-level agreement
GDP	Gross domestic product
GH	USAID Bureau for Global Health

GRM	Government of the Republic of Mozambique
HBC	Home-based care
HIPC	Heavily Indebted Poor Country Initiative
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEHA	Initiative to End Hunger in Africa
IIAM	Instituto de Investigação Agrária de Moçambique (Mozambican Institute for Agricultural Research)
IITA	International Institute of Tropical Agriculture
INAS	Instituto Nacional de Acção Social (National Institute for Social Action)
INGC	Instituto Nacional de Geração das Calamidades (National Disaster Management Institute)
INIA	Instituto Nacional de Investigação Agronómica (National Institute for Agronomic Research)
IR	Intermediate Result
IRD	International Relief and Development
ITN	Insecticide-treated net
LTSH	Land transport, storage and handling
M&E	Monitoring and evaluation
MADER	Ministerio de Agricultura e Desarrollo Rural (Ministry of Agriculture and Rural Development)
MIC	Ministerio de Industria e Comercio (Ministry of Industry and Trade)
MIMAS	Ministerio da Mulher e Coordenação da Acção Social (Ministry of Women and Coordination of Social Action)
MINPE	Ministerio de Pesca (Ministry of Fisheries)
MOPH	Ministerio de Obras Públicas e Habitação (Ministry of Public Works and Housing)
MSU	Michigan State University
MYAP	Multi-Year Assistance Program
NDAH	National Directorate for Agricultural Hydraulics
NEPAD	New Partnership for African Development
NGO	Non-governmental organization
NMTIP	National Medium Term Investment Program
OI	Opportunistic infection
OVC	Orphans and vulnerable children
PARPA	Plano de Acção para a Redução da Pobreza Absoluta (Action Plan for the Reduction of Absolute Poverty)
PEN	Plano Estratégico Nacional de Combata as ITS/HIV/SIDA (National Strategic Plan for Combatting STD/HIV/AIDS)
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child Transmission
PRA	Participatory rural appraisal

PRRO	Protracted relief and recovery operation
PRSC	Poverty Reduction Support Credit
PRSP	Poverty Reduction Strategy Paper
PVO	Private voluntary organization
Q&A	Question and answer
SADC	Southern African Development Community
SARRNET	Southern Africa Root Crops Research Network
SD	Standard deviation
SETSAN	Secretariado Técnico de Segurança Alimentar e Nutricional (National Executive Secretariat of Food Security and Nutrition)
SSIP	Small Scale Irrigation Project
TIA	Trabalho de Inquérito Agrícola (Agricultural Labor Survey)
UNDAF	United Nations Development Assistance Framework
USAID	United States Agency for International Development
USG	United States Government
VGF	Vulnerable group feeding
WFP	World Food Program
WV	World Vision

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## EXECUTIVE SUMMARY

The purpose of the USAID/Mozambique Food Security Programming Framework is to provide guidance to current and potential USAID Mission partners on designing effective food security programs for Mozambique for FY2008-FY2012 and increasing programming and resource integration.

Although Mozambique remains one of the poorest countries in sub-Saharan Africa, it has made a dramatic recovery after two decades of civil war. The economy grew at 8 percent per year on average between 1996 and 2004; food supplies at the national level increased from 1,730 calories per person per day in 1990-92 to 2,080 in 2002-04; and the percentage of the population living below the poverty line fell from 69 percent in 1996-97 to 54 percent in 2002-03. Still, the country remains food insecure, with improvements needed in food availability, access and utilization. The more than 40 percent of children under 5 who are chronically malnourished – a prevalence that has shown little or no improvement over the past decade – is perhaps the country’s most serious food security problem. This has serious implications for the country’s future economic, social and political development.

The degree of food insecurity in Mozambique varies geographically depending on the agro-ecology of specific areas; the levels of poverty and chronic malnutrition, risks and vulnerability to shocks, particularly drought and floods; and the prevalence of illnesses such as HIV, tuberculosis and malaria. Although the northern region is usually thought of as the country’s breadbasket, the northern province of Nampula and the central province of Zambezia rank among the most food insecure in terms of numbers of poor people, numbers of children under 5 who are malnourished and lack of access to basic services. Southern Mozambique, in contrast, tends to be arid and does not produce enough food to meet local needs. This area has received most of the food aid in recent years. The southern provinces have the lowest prevalence of chronic malnutrition.

Food security programs can play a positive role in this environment by helping “to reduce food insecurity among vulnerable rural populations in Mozambique.” In Mozambique this includes food-insecure households, children under 2, and pregnant and lactating women. Given the nature of the food security problems in Mozambique, new food security programs should be designed to contribute to improving food availability, access and utilization and to reducing the vulnerability of the individuals, households and communities targeted by the program.

The Mozambique Food Security Programming Framework identifies two priority outcomes and a number of priority sub-activities, which are outlined in the following box and described in more detail in the section on “Program Priorities” (see III, B, 2). These outcomes and activities reflect the findings and recommendations from the final evaluations of the current Title II Development Assistance Programs (DAPs) and build on the knowledge and experience implementing organizations have gained during the current and previous programs.

## **Priority Outcomes and Activities for the Mozambique Food Security Programs**

Food security programs should give priority to activities expected to improve:

- Food availability and access, with a focus on: *Increasing agricultural productivity and rural household incomes*
  - *Transferring improved agricultural practices and technologies*
  - *Increasing and improving market linkages*
  - *Increasing access to water and improving water management*
  
- Food utilization, with a focus on: *Reducing chronic malnutrition among children under 5*
  - *Improving infant and young child feeding (IYCF) practices*
  - *Improving maternal nutrition*
  - *Expanding access to potable water and improved sanitation, and improving hygiene practices*
  - *Improving access to and utilization of health services*

In areas that have a high prevalence of HIV, new food security programs should be designed and implemented in ways that explicitly address the constraints that people living with HIV (PLHIV) and HIV-affected households face. However, adding an HIV dimension to programs that focus on food security should not change their overall nature. Their target groups should still be the food insecure, and their core objectives should continue to be to reduce food insecurity through improved availability, access and utilization of food and reduced vulnerability.

Many of the current programs are combining activities focused on reducing the prevalence of chronic malnutrition among young children using community-based maternal and child health and nutrition approaches with activities focused on increasing agricultural productivity and household incomes in the same communities. In designing and implementing the new food security programs, prospective implementers are encouraged to intensify their efforts to integrate their activities at the community level to create synergies and increase impact.

Prospective implementers of food security programs must also pay more attention to reducing vulnerability and risk. This concern needs to be reflected throughout their programs. This should start with a risk and vulnerability assessment for each target community. Types of activities that can help prevent and mitigate risk can range from the introduction of drought-resistant crop varieties and small-scale irrigation systems to strengthening the capacities of communities so that they are better able to respond and reduce the damage caused by shocks.

Organizations that desire to partner with USAID/Mozambique in food security programming should explore mechanisms for collaboration and joint programming to ensure efficient use of resources. Prospective implementers are encouraged to demonstrate how their programs will build on their comparative advantage and maximize synergies and complementarities with other programs, including Title II, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Mission and USAID regionally and centrally funded projects and Government of the Republic of Mozambique (GRM) strategies and programs.

### **Country Background**

There are reasons to be optimistic given the opportunities to reduce food insecurity in Mozambique. The country has made a dramatic recovery after two decades of civil war, with the economy growing an average 8 percent a year between 1996 and 2004. The country also has great potential in terms of natural resources: 36 million hectares of land suitable for agriculture—45 percent of the land area; 2,700 kilometers of coastline rich in fishery resources, unspoiled beaches and diverse wildlife and vegetation with potential for regional and international tourism; 15,000 square kilometers of inland fresh water with 13 major river basins and 12 dams that provide remarkable hydropower generation capacity; and large deposits of coal, natural gas, uranium, gold and iron ore. Mozambique's population is relatively small at 19 million, and its population density is one of the lowest in the world (22 inhabitants per square mile in 2000). With the population growth rate expected to fall from 2.4 percent in 2000-2004 to 2.3 percent by 2010, the fertility rate from 5.7 percent in 2000 to 5.1 percent in 2010 and dependency rates from 90 percent in 2000 to 83 percent in 2010, the country's population dynamics are also favorable to an increase in per-capita incomes and a reduction of poverty.

On the other hand, Mozambique is still one of the poorest countries in sub-Saharan Africa, and the challenges it faces are great. These include an inadequate legal and regulatory framework for economic activity; poor access to credit and micro-finance; weak infrastructure, especially roads and irrigation; low economic diversification with high dependency on the agricultural sector; low levels of domestic savings due in part to low incomes and poor access to financial services in rural areas; low civil service capacity; high levels of corruption; high prevalence of HIV; low levels of access to education; and inefficient health care services. Furthermore, as the World Bank points out, many of the first-generation reforms associated with market liberalization have already been implemented, and much of the growth in the agricultural sector represents a return to pre-war levels of production. Now, the country faces the "prospects of tightening macroeconomic constraints, a need for substantial institutional improvements to make growth sustainable, an increasing need for better prioritization and management of public expenditures to eliminate absolute poverty, and massive investment in infrastructure to promote growth and further reduce poverty."

Sources: World Bank, "Country Economic Memorandum," 2005; African Development Bank, "Mozambique Country Strategy Paper for 2006-2009," 2006.

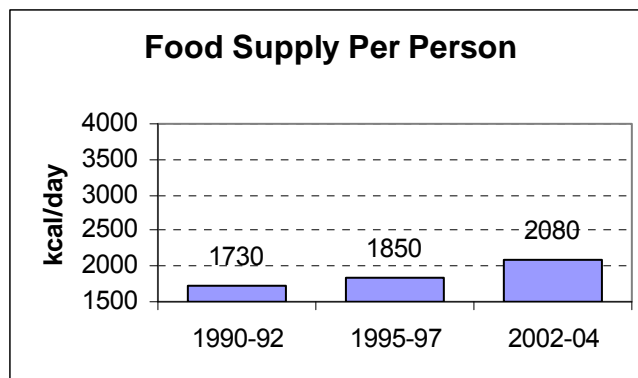
## I. Objectives of the Programming Framework

The purpose of USAID/Mozambique’s Food Security Programming Framework is to provide guidance to potential food security partners on how to design effective food security projects for the period FY 2008-2012 and increase programmatic and resource integration. The framework uses USAID’s definitions of food security, risk and vulnerability<sup>1</sup> as a basis for describing the current food security situation in Mozambique, identifying who the food insecure are, where they are, why they are food insecure and what actions are necessary to reduce their food insecurity. The users of the framework are non-governmental organizations (NGOs), private voluntary organizations (PVOs), the World Food Program (WFP) and other institutions; donors and government entities working in food security in Mozambique; and USAID/Mozambique and USAID/Washington staff. The framework was designed based on a review of the literature and current data on food insecurity in Mozambique and key informant interviews with USAID/Washington and USAID/Mozambique staff, as well as GRM, NGO/PVO, WFP and other stakeholders in food security programming in the country.

## II. Food Security Situation in Mozambique

### A. Food Insecurity at the National Level

Despite some improvements during the 1990s, Mozambique remains a food-insecure country, with considerable improvements still needed in food availability, access and utilization.<sup>2</sup> According to the U.N.’s Food and Agricultural Organization (FAO), for example, food supplies at the country-level have increased from 1,730 calories per person per day in 1990-92 to



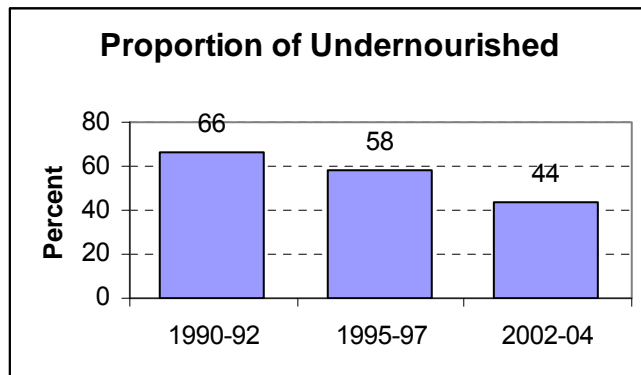
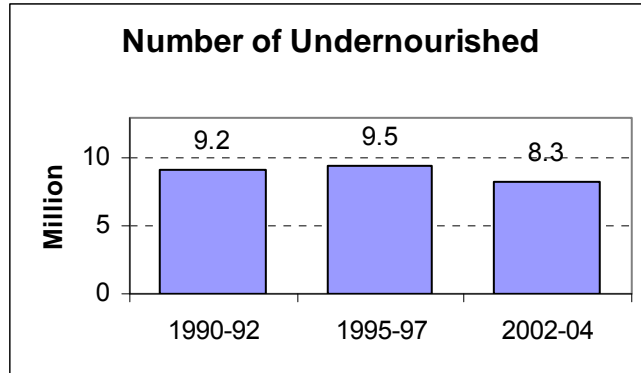
2,080 in 2002-04. This is still low,<sup>3</sup> but the increase is significant because it means food supplies are now above the 1,890 calories per person per day, which FAO estimates is the minimum level needed given the age and sex composition of Mozambique’s population.

<sup>1</sup> USAID’s 1992 Policy Determination (PD) 19 defined food security as existing “... when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life”. PD 19 also identified three key elements essential to achieving food security: food availability, food access and food utilization. See Annex 1 for further definitions of key concepts.

<sup>2</sup> According to FAO (2006, State of Food and Agriculture, p. 120), Mozambique is classified as having one of the highest levels of undernourishment in the world. FFP has also included Mozambique in its list of 18 priority countries for multi-year programming, based on its high levels of chronic malnutrition, poverty and undernourishment.

<sup>3</sup> For example, South Africa had an estimated 2,980 calories per person per day available for human consumption in 2002-04.

Poverty rates have also declined, with the proportion of the population below the poverty line falling from 69 percent in 1996-97 to 54 percent in 2002-03 (the drop in urban areas was from 62 percent to 52 percent and the drop in rural areas was from 71 percent to 55 percent).<sup>4</sup> This signifies an increase in purchasing power, the lack of which is a major constraint to improving food access. The result of these improvements in availability and access has led to a reduction in both the number and proportion of the population that is undernourished during the past decade.<sup>5</sup> More specifically, the number of undernourished fell from 9.2 million in 1990-92 to 8.3 million in 2002-04, and the percentage of the population that is undernourished fell from 66 percent to 44 percent. Despite these improvements, over half the population still lives in poverty and over 40 percent are still undernourished, which is higher than the regional and sub-continental averages (39 percent undernourished in southern Africa in 2002-04 and 33 percent undernourished sub-Saharan Africa in 2002-04).



Forty-one percent of the children under five in Mozambique suffer from chronic malnutrition (i.e., their growth is stunted), according to data from the 2003 Demographic and Health Survey (DHS).<sup>6</sup> And, unlike the measures of availability and access, this dimension of food insecurity has shown little or no improvement over the past decade.<sup>7</sup> This situation has serious implications for the country's future economic, social and political development.

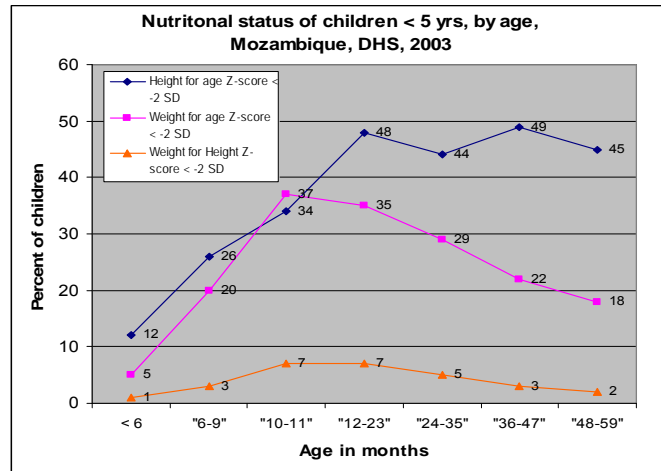
<sup>4</sup> GRM, 2006. PARPA II, p. 12.

<sup>5</sup> The FAO-developed undernourishment indicator tries to measure the extent to which the total amount of food energy available in a country is below the minimum required for maintaining a healthy life and carrying out light physical activity. It is calculated based on estimates of the per-capita dietary energy supply available in a country, assumptions about the distribution of food supplies across households and a minimum energy requirement threshold.

<sup>6</sup> Their height-for-age was less than -2 standard deviations (SD) from the median of a healthy reference population.

<sup>7</sup> Children's nutritional status is a good indicator of food utilization, as well as an important element of human development in its own right. And, height-for-age is the best indicator of whether malnutrition is a chronic problem because it reflects the past as well as the current nutritional status of a child. This is because it indicates past growth failure; reflects long-term factors such as chronic insufficient energy, protein and micronutrient intake, frequent infection and sustained inappropriate feeding practices; and is not sensitive to short-term changes.

The fetal stage through age two is a period of rapid growth and a critical time in child development. At this age children are most vulnerable to growth faltering, which is most often caused by illness, infection and sub-optimal feeding practices. In Mozambique, the prevalence of stunting and underweight increases dramatically between the ages of 6 months to 23 months, as is indicated in the accompanying figure.<sup>8</sup> Because stunting is frequently irreversible,



especially after age two when the pace of growth slows, it is important to intervene to support children’s health and nutrition before they become stunted. Moreover, if chronic malnutrition is not dealt with at this early age, it will have adverse effects on the children’s ability to learn and on their health and productivity in adulthood.

## B. Food Insecurity by Regions and Provinces

Mozambique is generally divided into three regions: the north, which includes the provinces of Niassa, Cabo Delgado and Nampula; the center, which includes Zambezia, Tete, Manica and Sofala; and the south, which includes Inhambane, Gaza, Maputo Province and Maputo City (see maps in Annex 2). The three regions vary with respect to their levels of food insecurity based on a number of factors, including capacity for agricultural production given their distinct agro-ecological environments; levels of poverty and malnutrition; and risks and vulnerability to shocks such as drought, floods, cyclones and chronic and acute illnesses, including HIV infection, tuberculosis, cholera and malaria.

### 1. Availability of Food

Food availability in Mozambique is derived from household and national production, stocks and net imports including food aid. Food balance sheets for Mozambique (2006-2007) show that although the southern region of the country (Inhambane, Gaza and Maputo) experienced food deficits, the northern region (Cabo Delgado, Niassa and Nampula) and Zambezia province experienced food surplus, and the country as a whole had a surplus of food, taking into consideration total production, stocks, imports and food aid.<sup>9</sup> Southern Mozambique is generally characterized by an arid/semi-arid environment with low levels of rainfall and insufficient production of basic foods to meet population

<sup>8</sup> Instituto Nacional de Estatística, 2005. Inquérito Demográfico e de Saúde 2003, Instituto Nacional de Estatística, Ministério da Saúde, Measure DHS+/ORC Macro, Calverton, Maryland, June, 2005, p. 181.

<sup>9</sup> Bias, Calisto and Cynthia Donovan, 2003. Gaps and Opportunities for Agricultural Sector Development in Mozambique, Ministry of Agriculture and Rural Development, Directorate of Economics, Research Report No. 54E, pp 2-4.

needs<sup>10</sup>. Central Mozambique has some areas of surplus production and other areas with poor agricultural yields because of poorer soils and erratic rainfall. Northern Mozambique, known as the country's breadbasket, generally produces surplus grains, which are usually exported to surrounding countries such as Malawi where demand is high. Surpluses from the north are not transported to deficit provinces in the south due to the high transport costs. Food deficits in the south are met through a combination of imports—primarily maize, rice, wheat, beans and groundnuts, and food aid – usually maize. South Africa is the predominant source of imported food for the south given lower transport costs (a distance of a few hundred kilometers instead of thousands of kilometers from northern Mozambique).

Low agricultural productivity is one of the main obstacles to improving food security in Mozambique.<sup>11</sup> Only 5 million of Mozambique's 36 million hectares of arable land is currently in use. Of 3.3 million hectares of land suitable for irrigation, only 14 percent is irrigated. Yields in field crops are well below the regional average for southern Africa. In addition, GRM agricultural extension services exist in only 52 of the country's 128 districts. About 50 percent of the rural population has no access to extension services, and extension coverage is lower in provinces with higher levels of poverty (refer to Table 1 for provincial-level poverty estimates.) However, improved agricultural productivity is necessary not only to improve food availability but also to meet demand in internal and export markets and to improve rural incomes. This, in turn, points to the need for infrastructure and financing to enable farmers to meet demand and, in essence, leads back to the need for poverty reduction among food-insecure families to improve access to the food that is available, through both in-country production and imports.

## **2. Access to Food**

One of the most straightforward indicators of a population's access to food is the percentage of the population living below the poverty line.<sup>12</sup> According to GRM estimates for 2006, over 70 percent of the people whose food consumption levels were below the poverty line lived in rural areas (7.7 million out of 10.8 million people) (See Table 1 below). Estimates by province indicate that the poor tend to be concentrated in the north and center of the country but that the prevalence of poverty is higher in the south. For example, three of the four provinces with 1 million or more poor people are in the north and center: Nampula (2 million), Zambezia (1.7 million) and Cabo Delgado (1 million). Inhambane, one of the southern provinces, also has over a million poor and the highest prevalence of poverty (80.7 percent), followed by Maputo (69.3 percent), Cabo Delgado (63.2 percent) and Gaza (60.1 percent). The reductions in poverty that have occurred also have a geographical dimension, with most of the reductions having taken place in two of the northern provinces—Niassa and Nampula—and the central provinces. However, because of the large numbers of poor people in Nampula and

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<sup>10</sup> Ibid, p. 1.

<sup>11</sup> World Bank, 2005. Mozambique Country Economic Memorandum, p. 110.

<sup>12</sup> USAID. 2005. Food for Peace Strategic Plan for 2006-2010, p. 89.

Zambezia, the GRM still sees poverty reduction efforts in these two provinces as key to the achievement of its overall poverty reduction goals.<sup>13</sup>

**Table 1: Prevalence of Poverty in Mozambique, 1996-97 and 2002-03, and Estimated Number of Individuals below the Poverty Line, 2006**

Province	Poverty headcount index <sup>14</sup> , 1996-1997, estimate*	Poverty headcount index, 2002-2003, estimate	Total population (projected, 2006)**	Number of people whose consumption falls below poverty line <sup>15</sup> , estimate, 2006
<b>National</b>	69.4	54.1	19,888,701	10,759,787
<b>Urban<sup>16</sup></b>	62.0	51.5	5,966,610	3,072,804
<b>Rural</b>	71.3	55.3	13,922,091	7,698,916
Niassa	70.6	52.1	1,027,037	535,086
Cabo Delgado	57.4	63.2	1,650,270	1,042,971
Nampula	68.9	52.6	3,767,114	1,981,502
Zambezia	68.1	44.6	3,794,509	1,692,351
Tete	82.3	59.8	1,551,949	928,066
Manica	62.6	43.6	1,359,923	592,926
Sofala	87.9	36.1	1,676,131	605,083
Inhambane	82.6	80.7	1,412,349	1,139,766
Gaza	64.6	60.1	1,333,106	801,197
Maputo Province	65.6	69.3	1,072,086	742,956
Maputo City	47.8	53.6	1,244,227	666,906

Sources: \* GRM, 2006, PARPA II, p. 12.

\*\*GRM, National Statistics Institute, Projected Population, Total and by Province, Retrieved December 31, 2006 from: [http://www.ine.gov.mz/populacao/projeccoes/pop\\_total\\_e\\_prov](http://www.ine.gov.mz/populacao/projeccoes/pop_total_e_prov)

### 3. Utilization of Food

The seriousness of the country's malnutrition problems also varies geographically. Chronic malnutrition is higher in rural areas, where 45.7 percent of the children under five are stunted compared with 29.2 percent in urban areas (See Table 2, dark shaded column). The highest prevalence of chronic malnutrition is found in Cabo Delgado, Zambezia and Niassa. Because Zambezia and Nampula have large populations, they also

<sup>13</sup> GRM, 2006. PARPA II, p.21.

<sup>14</sup> Poverty headcount index is the proportion of people whose consumption per capita falls below the poverty line.

<sup>15</sup> Estimate based on 2002-2003 Poverty Headcount Index and 2006 projected population.

<sup>16</sup> Urban estimate is 30 percent of the total population.

have the highest number of children affected by chronic malnutrition. The lowest prevalence of chronic malnutrition is in southern Mozambique, despite this being the area of the country with more unfavorable conditions for food production. Some believe that this is due to coping systems in place in the southern part of the country, as well as the influx of remittances from Mozambicans working in South Africa. Between 1997 and 2003, the prevalence of chronic malnutrition increased in Zambezia, Sofala, Inhambane and Maputo (see first two columns of Table 2) and decreased in Niassa, Cabo Delgado, Nampula, Tete and Manica.

**Table 2: Provincial-Level Data for Chronic Malnutrition for Children Under 3 Years --DHS 1997 Versus 2003; Chronic Malnutrition and Underweight Among Children Under 5 Years – DHS 2003; and Maternal Malnutrition**

Province	% children <u>U3</u> w/ Height for age < -2 SD (DHS '97)	% children <u>U3</u> w/ Height for age < -2 SD (DHS '03)	% children <u>U5</u> w/ Height for age < -2 SD (DHS '03)	% children <u>U5</u> w/ Weight for age < -2 SD (DHS '03)	% mothers with BMI < 18.5 (kg/m <sup>2</sup> ) (DHS '03)
<b>National</b>	36	37	41.0	23.7	8.6
<b>Urban</b>	27	27	29.2	15.2	6.2
<b>Rural</b>	39	41	45.7	27.1	10.0
Niassa	<b>55</b>	<b>40</b>	<b>47.0</b>	<b>25.1</b>	<b>6.5</b>
Cabo Delgado	<b>57</b>	<b>50</b>	<b>55.6</b>	<b>34.2</b>	<b>12.2</b>
Nampula	<b>38</b>	<b>37</b>	<b>42.1</b>	<b>28.2</b>	<b>10.0</b>
Zambezia	<b>37</b>	<b>41</b>	<b>47.3</b>	<b>26.9</b>	<b>11.0</b>
Tete	<b>46</b>	<b>41</b>	<b>45.6</b>	<b>25.1</b>	<b>10.6</b>
Manica	<b>41</b>	<b>34</b>	<b>39.0</b>	<b>22.9</b>	<b>6.1</b>
Sofala	<b>39</b>	<b>41</b>	<b>42.3</b>	<b>26.2</b>	<b>8.6</b>
Inhambane	<b>26</b>	<b>29</b>	<b>33.1</b>	<b>12.8</b>	<b>4.8</b>
Gaza	<b>30</b>	<b>30</b>	<b>33.6</b>	<b>22.6</b>	<b>12.6</b>
Maputo Province	<b>16</b>	<b>24</b>	<b>23.9</b>	<b>9.2</b>	<b>3.7</b>
Maputo City	<b>22</b>	<b>22</b>	<b>20.6</b>	<b>7.9</b>	<b>4.4</b>

Women's chronic energy deficiency (CED), as measured by body mass index (BMI), should also be considered when reviewing indicators of food insecurity. High prevalence of CED among women can result from inadequate energy intake that might be caused by many factors, including lack of food access, anorexia due to infection and nausea,

discriminatory intra-household food distribution and self-sacrificing behavior.<sup>17</sup> Heavy physical labor, such as water and fuel collection or agricultural work, can also exacerbate CED among women in developing countries. CED increases the risk of wasting (low weight relative to height), ill health and poor physical performance. In women, CED is associated with poor birth outcomes, such as delivering a low birth-weight infant (<2,500 grams). Table 2 provides the percentage of women in Mozambique with CED by province. CED between 10 percent and 19.9 percent is indicative of a poor nutrition situation requiring interventions such as supplementation, improved food production in the home, nutrition education and behavior change, while CED between 5 percent and 9.9 percent signals the need for monitoring and prevention efforts. Prevalence of CED among women in Nampula and Cabo Delgado in the north, Zambezia and Tete in the center and Gaza in the south indicates the need for intervention, while levels in Niassa, Manica and Sofala call for monitoring and prevention efforts.

#### **4. Risks and Vulnerabilities**

All countries are vulnerable to a variety of risks, including natural shocks as well as economic, social and health risks. What distinguishes the food secure is their ability to cope with these risks. Mozambique has needed external assistance in recent years, including emergency food assistance, to help it cope with cyclones, flooding and drought. These shocks affect different areas of the country and also vary in terms of the actions that need to be taken to reduce the damage they can cause. Cyclones occur along the coast, for example, often in sparsely settled areas. Flooding occurs along the major rivers leading to the Indian Ocean, and droughts tend to occur in the western areas of Maputo, Gaza, Inhambane and Tete provinces. Small-scale investments in water catchments and other water harvesting techniques and more emphasis on more drought resistant crop varieties and livestock could help populations living in drought prone environments better cope. On the other hand, for Mozambique to better cope with the flooding along its major rivers, the Zambezi River in particular, is likely to require major investments in additional flood control infrastructure.

At the household level, a variety of factors also contribute to a household's vulnerability to chronic or transitory food insecurity.<sup>18</sup> These include shocks such as drought and flooding; chronic or acute illness of a household member; crop and animal pests and disease; low income diversity; and low levels of livelihood capacities based on measures of human, financial, physical, natural and social capital available to the household.<sup>19</sup> An analysis of household vulnerability to chronic and transitory food insecurity in Mozambique that took these factors into consideration found that Niassa, Cabo Delgado, Nampula and Tete had the highest vulnerability to chronic food insecurity, while

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<sup>17</sup> Remancus, Sandra, Penelope Nestle and Leslie Elder, forthcoming. Women's Nutrition Indicator Guide. Food and Nutrition Technical Assistance Project, Washington DC, p. 61.

<sup>18</sup> Chronic food insecurity is the state of being vulnerable to food insecurity that persists over time, while transitory food insecurity is a temporary inability to meet food needs or maintain smooth consumption levels.

<sup>19</sup> Human capital relates to household demographics and education; financial capital to sources of income and expenditure; physical capital to assets and living conditions; natural capital to land; and social capital to participation in local associations and access to credit. De Matteis, et al., 2006, pp. 34-54.

Nampula, Zambezia and the southern provinces of Gaza, Inhambane and Maputo had the highest vulnerability to transitory food insecurity.<sup>20</sup> The most frequently mentioned shocks experienced by these food-insecure households included drought, flooding, death of a household member and chronic and acute illness in a household member. Alteration in food consumption was the main coping strategy for affected households, including reduction in the number of daily meals and changing the diet to cheaper food products. Almost 50 percent of households had not recovered from a shock at the time of the survey, with the highest percentages in Tete (70 percent), Zambezia and Nampula (59 percent) and Niassa (48 percent).

Poverty and food insecurity in Mozambique is exacerbated by high prevalence of HIV infection, which is expected to reduce economic growth per capita by 0.3 percent to 1.0 percent per year through lost human capital and decreased productivity.<sup>21</sup> Recent estimates indicate that 16 percent of the population aged 15-49 years, or 1.5 million Mozambicans, is HIV-infected.<sup>22</sup>

The highest level of HIV prevalence is in Sofala at 26 percent, followed by Maputo Province and Maputo City with 21 percent, Gaza and Manica with 20 percent, Zambezia with 18 percent and Tete with 17 percent. Inhambane has an HIV prevalence rate of 12 percent, the fourth lowest of all the provinces, while the lowest HIV prevalence is in the northern region of the country (Niassa at 11 percent and both Cabo Delgado and Nampula at 9 percent). The provinces with the highest number of HIV-infected individuals are Zambezia and Nampula. It is noteworthy that the highest levels of HIV prevalence are not found in the provinces most affected by chronic food insecurity, with the exception of Zambezia and Tete, while high levels of HIV prevalence do coincide with high vulnerability to transitory food insecurity in Maputo Province, Gaza and Zambezia.

## **5. Summary of Food Insecurity by Regions and Provinces**

Information on how Mozambique's provinces rank with respect to six key food security indicators is provided in Tables 3a and 3b. To determine these rankings: (1) each province was ranked from one to eleven for each indicator, with one indicating the best situation and eleven indicating the worst situation, (2) the individual rankings were added together for each province and an average calculated to get a "final score," and (3) the provinces were ranked according to their final scores, with a higher number indicating greater food insecurity. Two sets of calculations were made, one based on the numbers of households affected (Table 3a) and the second based on the percentage of the population affected (Table 3b). In both sets of calculations, Maputo and Maputo City rank as the areas with the least food insecurity, relatively speaking, based on these key indicators, and four provinces – Tete, Cabo Delgado, Nampula and Zambezia – rank as the provinces with the greatest food insecurity.

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<sup>20</sup> De Matteis, et al., 2006, p. 74.

<sup>21</sup> GRM, 2006. PARPA II, p. 22.

<sup>22</sup> Ibid, p. 22.

**Table 3a: Ranking of Provinces by Key Indicators of Food Security (Using Numbers Affected)<sup>a</sup>**

Province	Number of poor whose consumption falls below poverty line	Access to basic infrastructure and services <sup>b</sup>	Number of children U5 with chronic under-nutrition	Maternal under-nutrition	Number vulnerable to chronic food insecurity <sup>c</sup>	Number of individuals who are HIV positive	Overall Score (Simple Average)
Maputo Province	5	2	1	1	2	4	2.5
Maputo City	4	1	2	2	2	5	2.7
Niassa	1	8	5	5	7	1	4.5
Inhambane	9	6	4	3	4	3	4.8
Gaza	6	3	3	11	1	7	5.2
Manica	2	7	6	4	6	8	5.5
Sofala	3	4	8	6	5	10	6.0
Tete	7	5	7	8	9	6	7.0
Cabo Delgado	8	9	9	10	8	2	7.7
Nampula	11	10	10	7	11	9	9.7
Zambezia	10	11	11	9	10	11	10.3

<sup>a</sup>1 = best situation, that is, fewest poor, best access to services, lowest number of children who are chronically malnourished (height-for-age Z-score less than -2 SD), lowest percentage of maternal malnutrition, lowest vulnerability to chronic food insecurity and lowest number of individuals infected with HIV.

<sup>b</sup>UNDP, 2006. Mozambique National Human Development Report 2005, Human Development to 2015, Reaching for the Millennium Development Goals, p. 67.

<sup>c</sup>Calculated from data provided by FEWSNET/Mozambique, Food Security and Nutrition Baseline Survey, Mozambique, 2006.

**Table 3b: Ranking of Provinces by Key Indicators of Food Security (Using Percent of Population Affected)<sup>a</sup>**

Province	Percent poor whose consumption falls below poverty line	Access to basic infrastructure and services <sup>b</sup>	Percent children U5 with Chronic under-nutrition	Maternal malnutrition	Percent vulnerable to chronic food insecurity <sup>c</sup>	Percent individuals who are HIV positive	Overall Score (Simple Average)
Maputo City	6	1	1	2	4	9	3.8
Maputo Province	10	2	2	1	4	9	4.7
Inhambane	11	6	3	3	2	4	4.8
Manica	2	7	5	4	6	7	5.2
Sofala	1	4	7	6	3	11	5.3
Gaza	8	3	4	11	1	7	5.7
Niassa	4	8	9	5	8	3	6.2
Nampula	5	10	6	7	9	1	6.3
Tete	7	5	8	8	11	5	7.3
Zambezia	3	11	10	9	7	6	7.7
Cabo Delgado	9	9	11	10	9	1	8.2

<sup>a</sup>1 = best situation, that is, lowest percent of poor, best access to services, lowest percent of children who are chronically malnourished (height-for-age Z-score less than -2 SD), lowest percentage of maternal malnutrition, lowest vulnerability to chronic food insecurity and lowest percent of individuals infected with HIV.

<sup>b</sup>UNDP, 2006. Mozambique National Human Development Report 2005, Human Development to 2015, Reaching for the Millennium Development Goals, p. 67.

<sup>d</sup>Calculated from data provided by FEWSNET/Mozambique, Food Security and Nutrition Baseline Survey, Mozambique, 2006.

### **III. Programming Framework for Food Insecurity in Mozambique**

The Mozambique Food Security Programming Framework was developed based on an assessment of the strategies and interventions that are being implemented by the GRM, USAID/Mozambique and other development actors to address food insecurity in Mozambique (see Annex 3 for further information on these strategies, plans and programs). In addition, the framework was developed to support and complement these strategies and interventions.

#### **A. Role of Mission-Funded Programs to Support Improvements in Food Security**

Mission programs that support growth of incomes in rural areas and improvements in the health conditions of the Mozambican population are helping improve food security conditions and contributing to improved food availability, access and utilization. Mission-funded programs cover a greater number of program areas and elements than the Title II activities (see Table A2, Annex 3), and many have a broader and, at times, nationwide focus. Some support improvements in food security indirectly by contributing to the improvement of the enabling environment. For example, Mission-funded activities, by helping to improve the business climate in the country and policies related to trade and investment, are contributing to the Economic Growth objective of the new Foreign Assistance Framework and to increased food availability and access. By helping improve health policies, USAID-supported activities also contribute to improved food utilization and the Investing in People objective. Title II activities will be the foundation for the USAID Mozambique Mission's child survival and health programs by increasing community capacity to identify and respond to health and nutrition needs. Interventions where integration of Title II and Mission-funded maternal and child health programs is possible include micronutrient supplementation, prenatal care, newborn care, child nutrition, safe water and treatment of childhood illnesses. Linkages that will improve food availability (agricultural research), food access (linkages with export markets), utilization (in the quality and delivery of health services) and improved hygiene and maternal and child nutrition will continue to be supported.

#### **B. Role of Title II Multi-Year Assistance Programs in Addressing Food Insecurity**

##### **1. Objectives and Desired Outcomes**

The overall strategic objective for the use of P.L. 480 Title II resources is “to reduce food insecurity among the most vulnerable rural populations in Mozambique.” This formulation puts the emphasis where it should be – on those populations that are already food insecure or vulnerable to food insecurity. It is also consistent with the strategic objective that has been adopted by FFP for the period 2006-2010 (See FFP Strategic Framework in Annex 5).

To be successful in reducing food insecurity in Mozambique, programs should contribute to improving food availability, access and utilization and reducing vulnerability as identified in the “Expanded Conceptual Framework for Understanding Food Insecurity” which underlies FFP’s current strategic focus (see FFP Expanded Conceptual Framework in Annex 4). Program success at the objective level should be measured in terms of reducing child malnutrition (height-for-age and weight-for-age of children under 5). This is a measure of success of the entire program as well as activities to improve health and nutrition status of program beneficiaries. Because the Mozambique programs should also have an access dimension, Cooperating Sponsors (CSs) need to track changes in measures of household food consumption (number of months of adequate food provisioning and a household dietary diversity score). More specific information on FFP’s indicators and reporting systems appears in Annex 9.

## **2. Program Priorities**

P.L. 480 Title II programs should focus on activities expected to help improve food availability, access and utilization. Priority activities within each of these outcome areas are identified and discussed below. These priorities reflect the findings and recommendations from the final evaluations of the current Title II-funded programs and build on the knowledge and experience gained during the current and previous programs. Some represent an attempt to respond to new opportunities and others to the need to address problem areas that are emerging as serious constraints to further progress toward the overall objective of reducing food insecurity.

### **a. Improving Food Availability and Access with a Focus on Increasing Agricultural Productivity and Rural Household Incomes**

To improve food availability and access within the Mozambican context, priority should be given to activities designed to improve agricultural productivity and increase household incomes. Programming should continue to support the transfer of improved agricultural practices and technologies, while at the same time, give greater priority to increasing and improving market linkages. Implementers should also consider components focused on increasing farmers’ access to water.

#### Transferring improved agricultural practices and technologies

Introducing more productive crop varieties to farmers, including more disease- and drought-resistant varieties, and providing them with information on more productive farming practices are among the most important and successful of the activities undertaken by the current and previous programs. These activities have also included working with farmers to introduce new crops, including cash crops such as organic groundnuts and cashews, to help diversify production and increase household incomes. Although some of the programs have had problems in getting farmers to use purchased inputs such as fertilizers due to their lack of profitability, success has been achieved in getting them to adopt a range of improved practices including planting in rows, intercropping, crop rotation, using botanical pesticides and applying manure and mulch to

improve soil fertility. Programs have also made effective use of market-oriented agricultural research and zonal research stations to meet the needs of local farmers and farmers associations to improve production, considering the agro-ecological zone in which they function, their household needs and market demand. These types of activities need to be continued, with more attention paid to understanding the economic costs and benefits of the new technologies and practices that are being promoted and understanding links between the private sector and farmers related to inputs, since farmers will not continue to use new technologies and practices unless they are profitable and the inputs are readily available.

#### Increasing and improving market linkages

To be successful in helping farmers increase their incomes, programs need to be market driven, and farmers need to be equipped to think more about market opportunities and to assess profitability. Most of the current programs have been working with farmers to help link them to markets. This has included helping to identify and introduce new products with promising markets; identify and develop information on current as well as new markets and their specific needs such as varieties, quality and packaging; facilitate linkages with buyers, including the development of new arrangements to provide farmers more security, such as contract farming; and organize farmers into groups, thus easing the transfer of information and helping achieve economies of scale in marketing. These types of activities should be continued and intensified. As production grows, marketing issues will become increasingly important.

#### Increasing access to water and improving water management

Farmers' dependence on rainfall and the drought-prone environments in which most of the food-insecure households operate are key constraints to increasing agricultural production and rural household incomes. Many interventions in Mozambique have been trying to help farmers deal with this problem by introducing more drought-resistant crop varieties. Conservation farming practices, which have the added benefit of improving the quality of the soil and increasing its capacity to retain moisture, are also being tried. These efforts should be included in the new Multi-Year Assistance Programs (MYAPs) and more attention devoted to adapting them to the local environment.

Where appropriate, adding an infrastructure component should be seriously considered to help farmers increase their access to water. These could include water catchments (e.g., ponds, tanks and cisterns), small dams and irrigation systems. Improving access to water for agricultural purposes can make a tremendous difference to the lives of rural households, reducing their vulnerability to droughts and making the adoption of new crops and improved agricultural practices more feasible. Where irrigation is promoted, programs should also give attention to identifying and extending best practices with respect to farming under irrigated conditions.

## **b. Improving Food Utilization with a Focus on Reducing Chronic Malnutrition among Children Less Than 5 Years Old**

With over 40 percent of children under 5 suffering from chronic malnutrition, preventing chronic malnutrition among children when they are most vulnerable (i.e., less than 2 years old) must be the overarching health and nutrition priority for the food security framework. There is consensus that the window of opportunity for improving malnutrition is small, from pre-pregnancy through the first two years of life, and that damage to physical growth and brain development during this period is largely irreversible.<sup>23</sup> As indicated earlier, evidence clearly demonstrates that many children in Mozambique start experiencing the process of “failing to grow” at about 6 months of age, when the prevalence of stunting and underweight increases dramatically until approximately 24 months of age.

Based on experience elsewhere in the world, reducing these high rates will require improvements on many fronts, including the diets of pregnant women and children and the prevalence and duration of illness among young children. More specifically, there is still a need to change families’ behaviors to improve the quantity, quality and frequency of feeding of young children; improve nutrition in pregnant and lactating women; improve hygiene practices; and reduce the frequency and severity of illnesses, such as diarrhea and malaria, and infections associated with HIV. This argues that to improve food utilization and reduce chronic malnutrition, priority should be given to the four types of activities discussed below. Selected resources for health and nutrition program design can be found in Annex 6.

### Improving IYCF practices

Many of the current programs have made significant progress in increasing the percentage of women who are practicing exclusive breastfeeding and feeding their young children enriched complementary foods. However, it is not clear that these efforts are part of a broader, more comprehensive strategy for improving overall child feeding practices that is based on a thorough understanding of the current feeding practices and the constraints, including cultural ones, to changing inappropriate behaviors. In the next round of MYAPs, CSs need to give more attention to this objective, including focusing on development of behavioral change and communication strategies through the use of formative research, to better understand current practices and constraints preventing adoption of ideal practices and to develop appropriate activities and information, education and communication materials to support the adoption of prioritized practices at the community level. These practices include exclusive breastfeeding; appropriate complementary feeding in terms of quantity, quality, frequency, consistency and responsive feeding; infant feeding during and following illness; and where applicable, infant feeding in the context of HIV. CSs should work in collaboration with community and MOH stakeholders to ensure adherence to the WHO guiding principles for complementary feeding of the breastfed child, and where appropriate or applicable, to

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<sup>23</sup> World Bank, 2006. Repositioning nutrition as central to development, p. 55.

WHO guiding principles for feeding the non-breastfed child 6-24 months.<sup>24</sup> In areas with high prevalence of HIV, the Title II program should follow the WHO consensus statement on infant feeding<sup>25</sup> and link to programs providing prevention of mother-to-child transmission (PMTCT) of HIV or nutritional care and support for HIV-infected children.

### Improving maternal nutrition

Adequate maternal nutritional status is critical for a mother's health as well as her child's health and survival. Low pre-pregnancy BMI, or thinness, and inadequate weight gain during pregnancy increase the risk of fetal malnutrition and low birth weight and contribute to higher rates of neonatal and infant mortality and later deficits in child growth and development.<sup>26</sup> Anemia in women increases the risk of poor pregnancy outcomes such as low birth weight, maternal mortality from hemorrhage and decreased stores of iron and other micronutrients in infants. Maternal deficiencies in some micronutrients, such as vitamin A, decrease the nutritional quality of breast milk and micronutrient status of infants.

The prevalence of low BMI among women in certain provinces of Mozambique demonstrates the need for interventions to improve women's nutritional status. In addition, women's intake of iron tablets for the recommended number of days during pregnancy is low (14 percent), as well as vitamin A supplementation post-partum (20 percent).<sup>27</sup> Empirical data from Mozambique demonstrate the relationship between maternal nutritional status and children's chronic malnutrition.<sup>28</sup> Given this situation, the MYAPs need to focus on improving the adequacy of women's diets (energy, protein and micronutrients), especially during pregnancy and lactation, improving education on women's nutrition for women and other influential family and community members, decreasing women's workload during pregnancy and lactation, and developing behavior change interventions, including conducting formative investigations, to better understand and address barriers and facilitators that influence adoption of positive practices. Programs should also focus on improving access to essential services for women, for example, linking to GRM- and USAID-funded programs for prenatal care, iron/folic acid supplementation, intermittent preventive treatment of malaria in pregnant women (IPT), coverage with insecticide-treated nets (ITNs) and post-partum vitamin A supplementation.

### Expanding access to potable water and improved sanitation, and improving hygiene practices

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<sup>24</sup> WHO Guiding Principles for Complementary Feeding of the Breastfed Child and WHO Guiding Principles for Complementary Feeding of the Non-Breastfed Child 6-24 Months are available at:

<http://www.who.int/nutrition/publications/infantfeeding/en>.

<sup>25</sup> WHO Consensus Statement, "WHO HIV and Infant Feeding Technical Consultation," October 25-27, 2006, [http://www.who.int/child-adolescent-health/New\\_Publications/NUTRITION/consensus\\_statement.pdf](http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/consensus_statement.pdf).

<sup>26</sup> USAID, 2006. Technical Reference Materials: Nutrition. PVO Child Survival and Health Grants Program, pp. 34-36.

<sup>27</sup> Mukuria, Altrena G. and Monica T. Kothari. 2007. Micronutrient Update. Calverton, Maryland, USA: ORC MACRO, p. 10.

<sup>28</sup> Rose, et al. 2002. p. v.

Hygiene education and development of behavior change interventions focused on appropriate hygiene practices should also be emphasized given the extremely low levels of access to potable water and sanitation facilities in the rural areas of Mozambique and high prevalence of diarrhea, especially among children 6-23 months of age. However, findings from several evaluations indicate that promotion of increased knowledge of better hygiene practices is not a sufficient response. While hygiene education might succeed in increasing people's knowledge about good hygiene practices, education alone will not translate into behavior change in the absence of better access to potable water and improved sanitation facilities. Progress in reducing the current high rates of chronic malnutrition is likely to be dependent on progress through a two-pronged approach: expanding access to potable water and improved sanitation facilities and providing hygiene education, including behavior change initiatives to improve hand washing, proper waste disposal, safe preparation and storage of food (especially for young children), point-of-use water treatment and safe storage of water. Formative work could also be useful to understand current practices and constraints to adoption, as could testing of practices with participants to identify behaviors they are willing and able to change.

#### Improving access to and utilization of health services

Community-based maternal and child health and nutrition programs should continue to be strengthened in the new MYAPs and, wherever possible, linked to GRM- and USAID-funded maternal and child health and nutrition initiatives to increase access to treatment for common childhood illnesses and malnutrition and to promote behavior change to prevent them. These programs play an important role in increasing knowledge in the community about common health problems and how to treat them. They also help facilitate contacts with the public health system and increase demand for its services. Prevention and prompt treatment of diarrheal diseases and malaria in children and illnesses such as malaria and anemia in pregnant women are essential to decrease levels of malnutrition among children and low birth weight in infants. Across provinces in Mozambique, the prevalence of chronic malnutrition shows a correlation with children's dietary intake, child illness, maternal nutritional status and provision of prenatal and pediatric services.<sup>29</sup> In addition to focusing on community-level preventive nutrition and health programs designed for prevention and early detection of children's failure to grow and prevention of malnutrition among pregnant and lactating women, programs should also ensure appropriate referral and/or program activities to address cases of moderate and severe underweight in young children<sup>30</sup> and extreme thinness in adults, especially pregnant and lactating women. Food and health interventions funded by USAID should function collaboratively to the extent possible to help ensure maximum effectiveness.

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<sup>29</sup> Rose, et al., 2002. p. v.

<sup>30</sup> Although programs should focus preventive child health activities on those most vulnerable (children under age 2) project impact indicators for chronic malnutrition will include all children 6-59 months and those for underweight will include all children 0-59 months to capture the effects of the program on all children through its duration (assuming five years).

### **3. Key Design Considerations**

#### **a. Integrating HIV into the Program**

When P.L. 480 Title II programs operate in areas that have a high prevalence of HIV, they need to be designed to explicitly address the constraints that PLHIV and HIV-affected households face. However, adding an HIV dimension to Title II programs should not change their overall nature. Their target groups should still be the food insecure, and their core objective should continue to be to reduce food insecurity through improved availability, access and/or utilization of food and reduced vulnerability.

With its access to food resources, the Title II program is positioned to make a unique contribution to programs dealing with the most food-insecure HIV-affected households. In Mozambique, this should take the form of a direct distribution component to provide food transfers to PLHIV and HIV-affected households suffering from chronic or transitory food insecurity where similar food aid transfers are not available through GRM or community-level programs or are insufficient to meet needs. Programs should develop clear entry and exit criteria for recipients receiving direct distribution of food and build local community and GRM capacity to provide for food aid needs to the extent feasible and necessary in preparation for eventual MYAP exit. Complementary activities for the direct distribution component should focus on addressing the constraints that impoverished PLHIV and HIV-affected households face, including reducing vulnerability through building skills and abilities to access and use labor-saving technologies, inputs and financial services, as well as technical assistance and training in less labor-intensive crops and agriculture related to income-generation activities. However, programs should not lose sight of their core objectives and should also implement activities to reduce food insecurity among food-insecure households unaffected by HIV.

FFP prefers that monetization resources be utilized for programming around direct food insecurity mitigation or interventions to reduce food insecurity and vulnerability for those affected by HIV rather than HIV prevention or education programs.<sup>31</sup> Therefore, where feasible, MYAP partners should facilitate links of poor and food-insecure PLHIV and HIV-affected households with local services designed to provide anti-retroviral therapy (ART), nutrition education and care, and therapeutic foods for acutely malnourished PLHIV and to facilitate links to education programs on prevention of HIV infection. HIV-affected households should also be linked to local poverty-alleviation programs. However, CSs may provide nutritional care, support and counseling to food-insecure PLHIV and HIV-affected households to improve their food security, reduce their risk of suffering from a shock related to HIV and prevent adoption of harmful survival strategies or coping mechanisms that could further jeopardize household human capital. Activities can also be designed to address the underlying causes of poor utilization of food among PLHIV and HIV-affected households related to hygiene, nutritional practices in the household, care and treatment during episodes of illness. The care, support and counseling provided should adhere to national guidelines as applicable.

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<sup>31</sup> USAID, 2006. P.L. 480 Title II Program Policies and Proposal Guidelines, Bureau for Democracy, Conflict and Humanitarian Assistance, Office of Food for Peace, May 1, 2006, lines 623-627.

Further information on the rationale and framework for coordinating Title II and PEPFAR activities can be found in the September 2007 document entitled “USAID P.L. 480 Title II Food Aid Programs and the President’s Emergency Plan for AIDS Relief: HIV and Food Security Conceptual Framework” (see Appendix 7) and the HIV/AIDS section of FFP’s *PL480 Title II Program Policies and Proposal Guidelines* for FY 2008.<sup>32</sup> However, it should be kept in mind that not all of the recommendations for integrating the two programs are appropriate for every context. For example, in a country like Mozambique, where food insecurity is concentrated in rural areas, it is not advisable to move food aid resources to urban/peri-urban programming.

### **b. Geographic Focus**

As stated in the USAID/FFP strategy, and the *PL480 Title II Program Policies and Proposal Guidelines*, MYAP submissions should focus on those most vulnerable to food insecurity, regardless of geographic focus. FFP will consider proposals for all provinces in Mozambique, although complementary development assistance (DA) resources from the Mission will be targeted in Zambezia and Nampula Provinces. Separate USAID/Mozambique guidance will be provided regarding eligibility for DA funding, as noted in Section IV below.

### **c. Integrating Programs at the Community Level**

The Title II activities need to be integrated at the community level to create synergies and increase impact.

### **d. Targeting Program Beneficiaries**

The target beneficiaries for the Title II MYAPs should be food-insecure households who fall into four of the nine livelihood groups that have been defined by the Technical Secretariat for Food Security and Nutrition (SETSAN).<sup>33</sup> A description of these four groups can be found in Annex 8.

In areas where food insecurity prevalence is high, new programs using Title II resources and Mission funds should also target pregnant and lactating women and children under 2 because these individuals are the most vulnerable to the adverse impacts of food insecurity in terms of malnutrition, morbidity and mortality. To prevent chronic malnutrition, all households with children under 2 and pregnant and lactating women should be targeted by the health and nutrition programs—not just households with children who are malnourished or those that are food insecure, given the severe nature of chronic malnutrition.<sup>34</sup>

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<sup>32</sup> USAID/FFP, “Title II Program Policies and Proposal Guidelines for Fiscal Year 2008,” October 15, 2007.

<sup>33</sup> De Matteis, et al., 2006, pp. 22-31.

<sup>34</sup> According to WHO (1995), in areas with high prevalence of stunting ( $\geq 30$  percent) a population approach targeting all children in the most vulnerable age range (under age 2) is preferred given the likelihood that most children are failing to achieve their genetic potential for growth.

#### **e. Monetization**

According to the *PL480 Title II Program Policies and Proposal Guidelines*, individual proposal submissions that do not include a distribution component (i.e., programs funded through 100 percent monetization) will not be approved. Each approved MYAP proposal must identify opportunities for targeted direct distribution, in line with the FFP strategy, where Title II commodities can best be utilized to reduce food insecurity. Prospective CSs are encouraged, where feasible, to develop linkages with PEPFAR in support of PLHIV or orphans and vulnerable children (OVC) who have been identified as vulnerable and food insecure and to explore possibilities of linking with other health and agriculture programs in the Mission's portfolio.

#### **f. Mechanisms for Distribution**

Prospective CSs should present a feasible plan for the direct distribution of commodities and should ensure that such commodities are admitted into Mozambique duty free and exempt from all taxes in keeping with the requirements of Regulation 11. Prospective CSs may negotiate with the GRM regarding this component of their program as part of the required Host Country Food for Peace Agreement and may propose to either work through, or partner with, WFP if feasible terms can be negotiated.

The direct distribution component should be an integral part of the Title II MYAP program. Proposals should clearly delineate the relationships and responsibilities for each party, including monitoring, per USAID/FFP guidance. However, ultimate designs for a direct distribution component should respect GRM policies regarding the importation and distribution of food commodities.

#### **g. Monitoring and Reporting on Program Performance**

FFP has issued two information bulletins to clarify requirements for the development of an effective monitoring and reporting system responsive to internal management needs as well as reporting requirements of FFP, USAID/Mozambique and the Office of the Director of U.S. Foreign Assistance (F) (see Annex 9). The first bulletin (FFPIB 07-01 [updated]) describes the five sets of reporting requirements that are applicable to all MYAPs. These include: (1) CS program indicators, (2) FFP/Washington's Performance Management Plan (PMP) indicators, (3) USAID Mission indicators, (4) "F" indicators, required under the new U.S. Strategic Framework for Foreign Assistance and (5) Initiative to End Hunger in Africa (IEHA) indicators.<sup>35</sup> The second bulletin (FFPIB 07-02) lays out new reporting requirements designed to enable FFP to better track progress toward the objective and intermediate results identified in its 2006-2010 Strategic Plan. All CSs should follow this new guidance in developing and implementing their new MYAPs.

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<sup>35</sup> Note: FFPIB 07-01 (updated) was released on October 5, 2007 as an update to FFPIB 07-01 (August 8, 2007). The updated version includes IEHA indicators, in addition to the other reporting requirements. Since Mozambique is an IEHA country, CSs should consult with USAID/Mozambique about IEHA indicators to include in their reporting systems.

## **4. Cross-Cutting Issues**

### **a. Gender Equity**

The GRM's Poverty Reduction Strategy Paper (PRSP) specifically identifies access of women and girls to land, extension services, credit, labor, health services and education as priority areas. Although current USAID Mission food security programs have addressed issues of gender equity, the principles of gender equity need to be integrated more explicitly and proactively into all food security programs.

### **b. Building Local Capacity**

In the context of food security interventions, prospective CSs should consider development initiatives to strengthen local capacity in the community and local government. An emphasis should be given to improving managerial and analytical skills contributing to food security and its sustainability among various levels of stakeholders.

### **c. Environment**

The quality of natural resources and people's equitable access to them are issues critical to the success of poverty reduction and food security interventions in Mozambique. The GRM's *Plano de Acção para a Redução da Pobreza Absoluta* (Action Plan for the Reduction of Absolute Poverty - PARPA II) has effectively integrated environmental issues into its strategy, and food security programs must also integrate the sustainable use of natural resources into interventions to support agriculture-based livelihoods, rural income strategies, disaster prevention, preparedness and resilience building.

### **d. Risk and Vulnerability**

Under FFP's Strategic Plan, CSs are required to pay more attention to reducing vulnerability and risk. Vulnerability means that food security can be lost as a result of shocks that affect the many (e.g., droughts and floods) or shocks that affect the individual (being infected with HIV or the death of the household head). Risks such as these are common in the food-insecure areas where the Title II programs are working. So, CSs should give particular attention to integrating activities that will help prevent and mitigate these risks throughout their programs. This should start with a risk and vulnerability assessment for each target community. Types of activities can range from the introduction of drought-resistant crop varieties to building the capacities of communities so that they are better able to respond and reduce the damage caused by shocks. In Mozambique, expanding access to irrigation can be another effective way to not only increase agricultural productivity and rural incomes but also to enable farmers to better manage the risks that are inherent in rain-fed agriculture. As stated in the *PL480 Title II Program Policies and Proposal Guidelines*, FFP strongly urges all proposal submissions to include a discussion on the process that will be used to identify potential shocks. If the proposal does not include mechanisms to monitor early warning and trigger indicators and plans for how to respond to shocks, the proposal should indicate why these

mechanisms are not necessary, based on the nature of the targeted population's food insecurity and the sources of vulnerability and risk.

#### **IV. Collaboration and Resource Integration**

Organizations that desire to partner with USAID in food security programming should explore mechanisms for collaboration and joint programming to ensure efficient use of resources. Although prospective partners should submit MYAP proposals that focus on those most vulnerable to food insecurity in provinces where chronic and transitory food insecurity are relatively high, the USAID Mission will issue a Request for Assistance (RFA) for complementary Mission health/agriculture DA resources only in its focal provinces of Zambezia and Nampula. Through the RFA mechanism, USAID/Mozambique will aim to encourage programs focused on food insecurity that integrate agricultural and health interventions with funding from the Mission and FFP Title II programs. Separate USAID/Mozambique guidance will be released, on a separate timeline and via a separate award, for DA resources. The Title II programs should seek to integrate resources to the extent possible from sources such as IEHA, the Comprehensive Africa Agriculture Development Program (CAADP), the President's Malaria Initiative (PMI) and PEPFAR.<sup>36</sup> Prospective partners within the same province are also encouraged to develop consortia in responding to an RFA.

All prospective partners in food security programming are encouraged to demonstrate collaboration and integration of resources with the private sector, given the importance of the private sector in stimulating agricultural production and marketing.

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<sup>36</sup> The FFP "Title II Program Policies and Proposal Guidelines for Fiscal Year 2008," October 15, 2007, provides more detailed guidance on the types of coordination and synergies that it expects with respect to a number of programs and technical areas, including the GDA, HIV/AIDS, CAADP and the Millennium Challenge Corporation (MCC).

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## **ANNEXES**

## ANNEX 1: DEFINITIONS

**Beneficiary:** *Direct beneficiaries* are those who come into direct contact with the set of interventions (goods or services) provided by the program in each technical area. Individuals who receive training or benefit from program-supported technical assistance or service provision are considered direct beneficiaries, as are those who receive a ration or another type of good. Note: all recipients are beneficiaries, but not all beneficiaries are necessarily food ration recipients. Services include training and technical assistance provided directly by program staff, and training and technical assistance provided by people who have been trained by program staff (e.g., agricultural extension agents, village health workers). If cooperatives or organizations receive training or technical assistance from the program, all members of the cooperative/organization are considered direct beneficiaries. In a Food for Training (FFT) program, the direct beneficiaries are those trained under the program. In a Food for Work (FFW) or Food for Assets (FFA) program that is implemented as a stand-alone activity (e.g., not as part of a wider set of interventions in the technical sector), direct beneficiaries are those who directly participate in the activity (i.e., receive a ration), not all of those who use or benefit from the infrastructure/asset created (e.g., a road). If a FFW or FFA activity forms part of a set of activities in a technical sector (e.g., FFW to build irrigation infrastructure, accompanied by technical assistance in new cultivation techniques and water management to a targeted group of farmers), the direct beneficiaries include FFW participants and the farmers receiving the technical assistance (the two groups may overlap). In the case of food rations, direct beneficiaries include the individual recipient in the case of individual rations, and the recipient plus his/her family members in the case of family rations.

Direct beneficiaries do not include those who benefit indirectly from the goods and services provided to the direct beneficiaries, e.g., members of the household of a beneficiary farmer who received technical assistance, seeds and tools, other inputs, credit, livestock, etc.; farmers from a neighboring community who might observe the effects of the training and demonstration plots in the target community and decide to adopt or model the new practices themselves; the population of all of the communities in a valley that uses a road improved by FFW; or all individuals who may have heard a radio message about prices, but who did not receive the other elements of an agricultural intervention necessary to increase incomes. Such individuals are considered *indirect beneficiaries*.

**Emergency Resources:** Title II resources used to provide agricultural commodities to meet emergency food needs. Single Year Assistance Program (SYAP) activities are generally funded with emergency resources. Emergency resources may be used in a MYAP for expanded safety net and asset protection activities that target populations suffering from transitory food insecurity during a shock or transition from an emergency situation; as well as to fund mitigation and early warning activities.

**Food Security:** According to USAID’s Policy Determination Number 19: “*Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.*” This definition focuses on three distinct but inter-related elements, all three of which are essential to achieving food security:

- **Food availability:** having sufficient quantities of food from household production, other domestic output, commercial imports or food assistance;
- **Food access:** having adequate resources to obtain appropriate foods for a nutritious diet, which depends on available income, distribution of income in the household and food prices, and
- **Food utilization:** proper biological use of food, requiring a diet with sufficient energy and essential nutrients, potable water and adequate sanitation, as well as knowledge of food storage, processing, basic nutrition and child care and illness management.

**Multi-Year Assistance Program (MYAP):** A Title II program that is approved to operate for more than one year (usually three to five years in duration). This can be funded with a combination of Title II emergency and non-emergency resources, or only non-emergency resources over the life of the activity. MYAP resources focus on a select number of priority countries, proposals for which are submitted to FFP on an annual basis.

**Non-Emergency Resources:** Non-emergency resources are used in MYAPs for activities that target chronically food insecure populations. These activities include long-term safety nets and interventions to enhance human capacities, livelihood capabilities, and community resiliency and capacity.

**Priority Country:** A country identified to receive priority consideration for future MYAP funding based on quantitative indicators of food insecurity. While some MYAPs may be funded through a combination of emergency and non-emergency resources, country prioritization applies to MYAPs only; no country prioritization exists for SYAPs.

**Safety Nets:** A "safety net" is a system of providing resource transfers to low-income and other vulnerable individuals and populations who are unable to meet basic needs for survival and human dignity. Individuals may be unable to meet these needs due to an external shock, such as a natural disaster or war, or due to socioeconomic circumstances, such as age, illness, disability or discrimination. Such individuals are often dependent to some extent upon outside resources to meet their basic food and livelihood needs. There are three basic kinds of safety nets relevant in the Title II programming context: unconditional, conditional and productive. Unconditional safety nets provide resource transfers based solely on criteria of need. Conditional safety nets provide a resource transfer contingent on certain behaviors, such as sending children to school or bringing them to health centers on a regular basis. Conditional safety nets address both short-term protection objectives while promoting the longer-term accumulation of human capital. Productive safety nets provide a resource transfer in order to meet basic needs, prevent households from selling off productive assets such as animals, tools and equipment; and

build community assets. In a chronic food insecurity situation, a productive safety net might be a seasonal intervention.

**Shock:** A rapid or slow onset event (or set of events) having a detrimental effect on a population's food security status by impeding one or more of the three elements of food security (availability, access, utilization). Shocks can occur occasionally or recurrently. The source of the shock(s) can be:

- natural (drought, floods, earthquake, hurricane, etc.,)
- political (conflict, civil war),
- economic (employment insecurity, hyper-inflation, collapsed terms of trade), and
- health-related (epidemics, endemic disease, and widespread malnutrition).

**Single-Year Assistance Program (SYAP):** A Title II emergency program scheduled to last up to one year and funded (in most cases) with Title II emergency resources. On a case-by-case basis, SYAPs may be extended beyond the initial 12-month approval.

**Surge capacity:** The ability for rapid staff deployment and material mobilization to sudden-onset emergencies or urgent requirements for additional staff, with overall arrangements to mobilize external capacities for rapid response.

**Trigger indicator:** Indicator used to determine the threshold at which MYAPs need to shift activities and/or require additional resources for new activities in response to a slow-onset shock. Such an indicator helps direct program priorities in dynamic and often unpredictable operating environments. For example, in order to be aware of when a population's vulnerability has increased, a MYAP needs to monitor early warning indicators such as prices or coping measures, clearly understanding which coping measures indicate "normal times" and which indicate that the situation and environment is becoming stressful and hazardous and may warrant additional Title II resources. The trigger indicator(s) advises that the community is being subject to unusual stress. For example, parents/guardians withdrawing children from school may be an important piece of information to help implementers assess the direction in which food insecurity is moving.

**Vulnerability:** In a food security context, people are vulnerable or at risk of food insecurity because of their physiological status, socioeconomic status or physical security; this also refers to people whose ability to cope has been temporarily overcome by a shock. "Vulnerability to food insecurity is a forward looking concept related to people's proneness to future acute loss in their capacity to acquire food. The degree of vulnerability depends on the characteristics of the risks and a household's ability to respond to risk" (TANGO International 2004).

Sources: The FFP "Title II Program Policies and Proposal Guidelines for Fiscal Year 2008," October 15, 2007, unless noted otherwise.





## **ANNEX 3: SELECTED STRATEGIES, PLANS AND PROGRAMS RELATED TO REDUCING FOOD INSECURITY IN MOZAMBIQUE**

Table A1 provides a summary of the strategies and plans currently used by the Government of the Republic of Mozambique (GRM), USAID and other development actors to address food security in Mozambique. The USAID Mission and its partners will complement and build upon these approaches and interventions through activities that will be implemented as part of the food security programming framework. Although there are many development initiatives in the country, this annex focuses on food security initiatives directly funded by the GRM or the United States Government (USG).

### **GRM Plans, Strategies and Programs**

The GRM's Action Plan for the Reduction of Absolute Poverty (PARPA II) is the centerpiece for poverty reduction and improving food security. It is built around three pillars: governance, human capital and economic development. The *governance pillar* seeks to improve the capacity of the state to promote human capital and economic development by improving the quality of policy analysis, design and implementation, transparency, accountability and enforcement of law. The *human capital pillar* seeks to improve health, hygiene, education and access to basic resources, especially food and water, reduce the incidence of diseases that affect the most vulnerable population groups, primarily HIV/AIDS, malaria, and tuberculosis, and ensure social services and safety nets reach populations with the greatest need. The *economic development pillar* seeks to promote rural development, particularly improvements to agricultural productivity and integration in national, regional and world markets, improve infrastructure, support the development of the national business community, and create a favorable investment environment, especially through reductions in bureaucratic obstacles and improvements in banking and financial systems. The GRM, through the PARPA II, intends to reduce the prevalence of poverty from 54 percent in 2003 to 45 percent in 2009.<sup>37</sup>

The objectives and interventions of the GRM Food and Nutrition Security Strategy are reflected in PARPA II, and address improving food availability, access and utilization to achieve a 30 percent reduction in the percentage of the Mozambican population suffering from hunger and chronic malnutrition between 1990 and 2009. The three main challenges in food security and nutrition detailed in PARPA II are to (1) reduce the high levels of chronic and acute malnutrition in Mozambique; (2) set up comprehensive multi-sectoral and inter-institutional interventions that positively influence food availability, access and utilization to reduce food insecurity among vulnerable populations; and (3) make food security and nutrition a central element in the battle against absolute poverty in Mozambique. Although implementation of food security and nutrition activities is included in all state sectors, activities are primarily found in agriculture, health, education and infrastructure (roads, energy, and water).

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<sup>37</sup> PARPA II, p.1.

**Table A1: Summary of Selected Strategies, Plans and Programs Relevant to Achieving Food Security Objectives in Mozambique**

Strategy/Plan	Date(s)	Objectives and interventions	Responsible party
Action Plan for the Reduction of Absolute Poverty (PARPA II)	2006-2009	1) Ensure conditions for adequate food production or income to acquire food through improving access to resources, especially improving rural agricultural productivity, smallholder commercial farming, agrarian services, natural resource management and fisheries; 2) Reduce high levels of acute and chronic malnutrition, especially improving access to quality health services, water and sanitation, and education/behavior change in infant and young child feeding; and 3) Increase inter-institutional interventions to improve availability, access and utilization of food among vulnerable target groups, improving safety nets/assistance for those unable to support themselves and mitigation of impact of infection with HIV. <sup>38</sup>	GRM
Food and Nutrition Security Strategy	1998	1) Increase availability of food via improved land tenure, agricultural technologies, inputs, storage and markets, animal husbandry infrastructure, fisheries, rural finance; 2) Improve access to food via improved rural roads, market information systems, rural traders, capital markets; and 3) Improve utilization of food via improved national nutrition monitoring, health care services, hygiene, quality of food and water, prevention and control of infectious disease, malnutrition and micronutrient deficiencies; improved safety nets, social services, warning systems and disaster management. <sup>39</sup>	GRM
Comprehensive Africa Agricultural Development Program (CAADP) – Mozambique Bankable Investment Project	2004-2017	Small-scale irrigation project (SSIP): expand small-scale irrigated areas in Nampula, Tete, Manica and Inhambane (2004-10); Small dams project: provide water for human consumption, livestock, wildlife, small-scale irrigation and hydropower in Nampula, Tete, Manica, Sofala, Inhambane and Gaza (2004-09); Fisheries development: improve fish marketing, aquaculture production, private sector support services and fish farmer organizations nationwide (2004-17); Livestock development program: improve access to livestock inputs, marketing infrastructure, extension services, and production systems in	GRM

<sup>38</sup> Government of the Republic of Mozambique, 2006. PARPA II.

<sup>39</sup> Government of the Republic of Mozambique, National Executive Secretariat of Food Security and Nutrition, Food and Nutrition Security Strategy, December, 1998, downloadable at: [www.setsan.org.mz/Docs/4-%20ESAN/ESAN%20Documento/ESAN%20VersaoEN.pdf](http://www.setsan.org.mz/Docs/4-%20ESAN/ESAN%20Documento/ESAN%20VersaoEN.pdf)

<sup>40</sup> Government of the Republic of Mozambique. 2004. Support to NEPAD – CAADP Implementation, National Medium Term Investment Programme (NMTIP), Volume I of IV, November, 2004.

<sup>41</sup> Government of the Republic of Mozambique. 2004. Support to NEPAD – CAADP Implementation, Bankable Investment Project Profile, Small Scale Irrigation Project II, Volume II of V, November, 2004.

Profiles (BIPPs)		southern Mozambique (2004-09). <sup>40 41 42 43 44</sup>	
Natural Disaster Prevention and Attenuation Master Plan (INGC)	2006-2011	Program in 28 arid and semi-arid districts to reduce vulnerability to hunger due to drought and improve disaster preparedness in high risk areas through water reservoirs, irrigation systems, agro-forestry management, processing and storage of agricultural products, drought resistant crops and permaculture, agricultural insurance, small business management and artisanal production in Maputo, Gaza, Inhambane, Tete, Sofala, Manica, Nampula, and Cabo Delgado. INGC is mandated to coordinate initiatives to prevent, mitigate and respond to natural disasters. <sup>45</sup>	GRM
USAID Food for Peace Strategic Plan	2006-2010	Reduce food insecurity in vulnerable populations through: IR1: Global leadership to reduce food insecurity enhanced and IR2: Title II Program impact in the field increased through protecting and enhancing human capabilities, livelihood capacities, and community resiliency and community capacity to influence factors that affect food security. <sup>46</sup>	USG
USAID Mission Country Strategic Plan	2004-2009	Goal: broad-based, rapid economic growth sustained through expanded capacities and opportunities; Objectives: 1) sustain rapid rural income growth in target areas 2) increase labor-intensive exports 3) increase the use of child survival and reproductive health services in target areas 4) reduce the transmission of HIV and mitigate the impact of the HIV epidemic and 5) increase democratization of municipal government. <sup>47</sup>	USG
Initiative to End Hunger in Africa (IEHA)	2003-2017	IEHA interventions in Mozambique: 1) Institutional strengthening and support to IIAM 2) Expanding markets for exports 3) Formation of Farmer Associations 4) Development and dissemination of cassava varieties and reducing disease 5) Research and extension in cashew production, processing and marketing 6) Research and extension in rice production, processing and marketing in Zambezia and Sofala 7) Enhancing biotechnology applications	USG

<sup>42</sup> Government of the Republic of Mozambique. 2004. Support to NEPAD – CAADP Implementation, Bankable Investment Project Profile, Small Dams Rehabilitation/Construction Project, Volume III of V, November, 2004.

<sup>43</sup> Government of the Republic of Mozambique. 2004. Support to NEPAD – CAADP Implementation, Bankable Investment Project Profile, Improving Small Scale Fish Farms Production, Volume IV of V, August, 2005.

<sup>44</sup> Government of the Republic of Mozambique. 2004. Support to NEPAD – CAADP Implementation, Bankable Investment Project Profile, Maputo/Gaza Small Scale Livestock Development Project, Volume V of V, November, 2004.

<sup>45</sup> Government of the Republic of Mozambique, National Disaster Management Institute (INGC), Council of Ministers, Natural Calamities Prevention and Attenuation Master Plan, March, 2006.

<sup>46</sup> USAID. 2005. Strategic Plan for 2006-2010. Washington, DC, USAID, Bureau for Democracy, Conflict and Humanitarian Assistance DCHA, Food for Peace Office. May 2005

<sup>47</sup> USAID Mozambique Country Strategic Plan FY 2004-2010.

		to agricultural research 8) Post-harvest research and food technology 9) Enhancing local seed production in the North, Center and South. <sup>48</sup>	
Global Development Alliance (GDA)	2004-2007	Three GDA projects were implemented in Mozambique, with the following partners: 1) Cooperative League of the USA (CLUSA), to develop producer-owned trading companies in northern Mozambique; 2) African Wildlife Foundation, to consolidate community rights to participate in biodiversity conservation, build community assets, and boost income generating capacity through partnerships with state and private sector; and 3) Technoserv, to increase trade and investment between Mozambique and the world by creating business linkages and long-term partnerships between Mozambican, U.S., and South African businesses. <sup>49</sup>	USG
Millennium Challenge Corporation (MCC) Compact	2007-2012	A 506.9 million dollar MCC Compact was approved for Mozambique in July 2007. MCC will work in the 3 northern provinces of Cabo Delgado, Nampula and Zambezia to: 1) Improve rural and urban water and sanitation; 2) Improve selected roads in these 3 provinces; 3) Improve land tenure in the 3 provinces and Niassa, with the potential for national impact; and 4) Improve farmer incomes in Zambezia and Nampula through diversifying agricultural production and implementing measures to prevent and mitigate Coconut Lethal Yellowing Disease. <sup>50</sup>	USG
USAID/Office of Foreign Disaster Assistance (OFDA)	2007	USAID/OFDA is providing funding for the following: 1) FEWS NET for preparedness and mitigation in Inhambane Province; 2) International Relief and Development (IRD) for activities in agriculture and food security in Inhambane; 3) International Organization for Migration (IOM) for plastic sheeting in Inhambane, Manica, Sofala, Tete and Zambezia; 4) Population Services International (PSI) for insecticide-treated mosquito nets in Manica, Sofala and Zambezia; and 5) USAID/Mozambique for emergency relief supplies in Sofala, Tete and Zambezia. <sup>51</sup>	USG
The National Strategic Plan to Combat STI/HIV/AIDS,	2004-2008	Multi-sectoral strategy encompassing both preventive and curative interventions, selected based on their potential impact, and grouped into the following six areas: 1) reduction of sexual transmission; 2) reduction of mother-to-child transmission; 3). improvement of quality of HIV services provided at health units; 4) reduction of impact of HIV/AIDS on	GRM

<sup>48</sup> USAID. 2003. Initiative to End Hunger in Africa Action Plan, USAID Mozambique Mission, Draft, March 28, 2003.

<sup>49</sup> USAID, Mozambique Mission website, last updated January 2005, available at: [http://www.usaid.gov/mz/global\\_development\\_alliance.htm](http://www.usaid.gov/mz/global_development_alliance.htm)

<sup>50</sup> Millennium Challenge Corporation, Mozambique, Compact, July 2007, downloadable at: <http://www.mcc.gov/countries/mozambique/index.php>

<sup>51</sup> United States Agency for International Development (USAID), Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), Office of U.S. Foreign Disaster Assistance (OFDA), Mozambique Fact Sheet #2, April 16, 2007, downloadable from: [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/countries/mozambique/template/index.html](http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/countries/mozambique/template/index.html)

Health Sector		health care workers; 5) increased survival rates and improvement of quality of life of PLHIV; and 6) improvement of quality and use of information on HIV/AIDS. <sup>52</sup>	
The President's Emergency Plan for AIDS Relief (PEPFAR)	2007-2008	PEPFAR activities in Mozambique work to prevent the spread of HIV through 1) prevention of mother-to-child transmission (PMTCT), 2) promotion of abstinence, faithfulness, and delay of sexual debut (AB), 3) targeting high-risk or high-transmitter groups with condoms and other prevention measures, and 4) ensure blood, biomedical, and injection safety. PEPFAR also works to improve care delivery through 1) mobilizing and supporting local responses, 2) standardizing essential services for orphans and vulnerable children (OVC), and 3) strengthening the enabling environment and government response. In addition, it provides technical assistance and training to strengthen pharmaceutical logistics information and control systems to ensure a reliable supply of anti-retroviral (ARV) drugs and strengthens human resources and institutional capacity through training and technical materials. <sup>53</sup>	USG
Global Fund to Fight AIDS, Tuberculosis and Malaria	2004-2009	The Global Fund principal recipients for AIDS in Mozambique are: 1) The National AIDS Council (CNCS) of Mozambique, whose objectives are to: a) provide knowledge, skills and services to prevent HIV infection and AIDS among young people; b) promote and distribute condoms; c) promote positive behavior through media and personal communication; d) support and care for orphans and children made vulnerable by HIV/AIDS, and e) foster and strengthen associations of people living with HIV and AIDS; and 2) The Ministry of Health of Mozambique, whose objectives are to: a) promote use of facility and home-based health services for prevention, treatment and care of HIV; b) strengthen and expand Volunteer Counseling and Testing; c) strengthen and expand health facilities for prevention and treatment of AIDS-related opportunistic infections (OI's) and provision of HAART therapy; d) strengthen and expand services for prevention of mother-to-child transmission; and e) strengthen and expand home-based care services for PLHIV. The Global Fund principal recipient for Tuberculosis is the MOH of the GRM, whose objective is to increase the case detection rate and treatment success rate by applying DOTS. The Global Fund recipient for Malaria is the MOH of the GRM, whose objectives include: a) scale up of community-based malaria prevention and treatment by early recognition of malaria symptoms, prompt, correct treatment, and correct use of insecticide-treated nets; and b) provision of preventive	GRM/Global Fund

<sup>52</sup> Government of the Republic of Mozambique, Ministry of Health, National Strategic Plan to Combat STI/HIV/AIDS, Health Sector, 2004-2008, Maputo, March 19, 2004. Downloadable from: [https://www.portaldogoverno.gov.mz/docs\\_gov/programa/fo\\_pen\\_04\\_08/PEN%20Saude%20EN.pdf](https://www.portaldogoverno.gov.mz/docs_gov/programa/fo_pen_04_08/PEN%20Saude%20EN.pdf)

<sup>53</sup> PEPFAR, Mozambique FY 2007 Country Operational Plan, available from: <http://www.pepfar.gov/about/82448.htm>.

		services through indoor residual spraying to 240,000 persons living in suburban areas of 10 districts. <sup>54</sup>	
President's Malaria Initiative (PMI) 3-Year Strategy for Mozambique	2007-2010	PMI in Mozambique was launched in December of 2006 and supports the MOH Strategic Plan for Malaria Control 2007-2009 through activities to advance the following objectives: 1) Strengthening surveillance and monitoring and evaluation capacity in National Malaria Control Program; 2) Improving quality of laboratory diagnosis of malaria and extension of use of rapid diagnostic tests to more peripheral levels of the health system; 3) Strengthening the MOH's pharmaceutical management system; 4) Supporting safe and effective implementation of intermittent preventive treatment in pregnant women (IPTp) and artemisinin-based combination therapy (ACT); 5) Increasing coverage with insecticide-treated nets (ITNs) among pregnant women and children less than 5 years of age; 6) Improving indoor residual spraying in up to 6 districts of Zambezia Province targeted by MOH; and 7) Supporting nationwide survey to measure under five mortality rates and coverage of major malaria interventions to provide baseline for PMI. <sup>55</sup>	USG

<sup>54</sup> The Global Fund, Mozambique, Portfolio of Grants, Grant performance reports, available from: <http://www.theglobalfund.org/programs/countrysite.aspx?countryid=MOZ&lang=>.

<sup>55</sup> President's Malaria Initiative, Malaria Operational Plan, FY07, Mozambique, p. 5 & Annex 2. Downloadable from: <http://www.usaid.gov/mz/pmi.htm>.

Also reflected in PARPA II are the projects that fall under the Comprehensive Africa Agricultural Development Program (CAADP), including small-scale irrigation, small dams, and fisheries and livestock development, which directly support objectives for increased agricultural productivity in both PARPA II and the Food and Nutrition Security Strategy. Projects under the National Disaster Management Institute's (INGC) plan for arid and semi-arid areas also support the objectives of PARPA II (see Table A1 for more details).

## **USAID Strategies and Programs**

### *Alignment with the New Foreign Assistance Framework*

Under the new Foreign Assistance Framework, all U.S. Government foreign assistance spending has to be aligned with five functional objectives, and their program areas, program elements and program sub-elements. This is true for all the Mozambique Mission's programs, including the current Title II multi-year programs. This can be seen in Table A2, with USAID/Mozambique's programs funded under other accounts focused on the Governing Justly and Democratically, Investing in People and Economic Growth objectives and the Title II multi-year programs focused on the Investing in People and Economic Growth objectives. The Title II focus on the objectives for Economic Growth and Investing in People is reflected in the Mozambique Food Security Programming Framework for FY 2008-2012.

### *USAID Food for Peace Strategic Plan 2006-2010*

The Mozambique Food Security Programming Framework draws heavily from the FFP Strategic Plan. The FFP Strategic Plan's definition and concepts of food insecurity, its strategic objective and intermediate results, its underlying conceptual framework and the target groups identified form the basis around which USAID/Mozambique's programming framework was designed (See Annexes 4 and 5 for the FFP Expanded Conceptual Framework for Understanding Food Insecurity and the FFP 2006-2010 Strategic Framework).

The strategic objective of FFP's 2006-2010 Strategic Plan is "*Food Insecurity in vulnerable populations reduced*". FFP's strategy focuses on reducing risks of, and vulnerability to, food insecurity shocks, including natural, economic, social, health and political shocks. The strategy emphasizes protecting and building human and livelihood assets. The strategy is designed to meet the needs of both the chronically food insecure, who suffer from persistent food insecurity over time, and the transitorily food insecure, who have a temporary inability to meet food needs or smooth consumption levels.<sup>56</sup> Key target groups under the new strategy are those populations at risk of food insecurity because of their physiological status, socioeconomic status or physical security, and/or people whose ability to cope has been temporarily overcome by a shock.

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<sup>56</sup> "Smoothing" refers to any actions to even out or stabilize fluctuations in food consumption.

**Table A2: Alignment of Title II multi-year and USAID programs funded under other accounts with the U.S. Foreign Assistance Framework**

Objectives	Program Areas (•) and Program Elements (-)	
	Programs funded under other accounts (DA, CSH, etc)	Title II DAP
Governing Justly and Democratically	<ul style="list-style-type: none"> <li>• Good Governance               <ul style="list-style-type: none"> <li>- Local government and decentralization</li> </ul> </li> </ul>	
Investing in People	<ul style="list-style-type: none"> <li>• Health               <ul style="list-style-type: none"> <li>- Maternal and child health</li> <li>- Family planning and reproductive health</li> <li>- HIV/AIDS</li> <li>- Tuberculosis</li> <li>- Malaria</li> <li>- Avian influenza</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Health               <ul style="list-style-type: none"> <li>- Maternal and child health</li> </ul> </li> </ul>
Economic Growth	<ul style="list-style-type: none"> <li>• Macroeconomic foundation for growth</li> <li>• Trade and Investment</li> <li>• Infrastructure               <ul style="list-style-type: none"> <li>- Transport services</li> </ul> </li> <li>• Agriculture               <ul style="list-style-type: none"> <li>- Agricultural enabling environment</li> <li>- Agricultural sector productivity</li> </ul> </li> <li>• Private sector competitiveness               <ul style="list-style-type: none"> <li>- Business enabling environment</li> <li>- Private sector productivity</li> </ul> </li> <li>• Economic opportunity               <ul style="list-style-type: none"> <li>- Policy environment for micro and small enterprises</li> <li>- Strengthen micro enterprise productivity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Agriculture               <ul style="list-style-type: none"> <li>- Agricultural sector productivity</li> </ul> </li> </ul>

The FFP strategic objective encompasses emergency and non-emergency (or development) programs, breaking down earlier distinctions between the latter and aligning the strategic objective with the USAID vision of “development relief”. The focus on reduction of risk and vulnerability will make it easier to implement programs that address the underlying causes of emergencies by incorporating actions that improve people’s ability to prevent and cope with future crises. FFP’s strategic objective will be achieved via two intermediate results:

- IR 1: *Global leadership in reducing food insecurity enhanced;* and
- IR 2: *Title II program impact in the field increased.*

The first intermediate result responds to the recognition that FFP must enhance its relationships with its major implementing partners -- private voluntary organizations (PVOs) and the World Food Program (WFP), and, given its importance as an actor in food security, should play a more active role in framing and advocating for a new food security agenda; coherence among policies, interventions and programs; and effective integration of resources and technical expertise within USAID and the broader international community. It also recognizes the need to involve various partners, both old and new, to achieve its objectives. The second intermediate result reflects the decision to focus the Title II program on enhancing the ability of individuals, households and communities to cope with shocks in order to reduce their vulnerability. Specifically, IR 2 focuses on protecting and enhancing human capabilities at the individual level; protecting household livelihood capacities and increasing household resiliency by building up assets; and by increasing communities’ capacity to predict and address shocks, by building up public assets, and strengthening community capacity to influence factors that affect their food security.

In addition to enhancing the capabilities of vulnerable individuals, households and communities, FFP’s strategy focuses on building the capacity of partners in the field in order to increase the impact and sustainability of food security programming. The strategy also includes activities to improve the measurement of Title II impact, including the program’s contribution to the achievement of the Millennium Development Goal (MDG) indicator for reduction of the prevalence of underweight in children less than five years of age. In addition, the strategy aims to expand knowledge and sharing of what works and why and use this knowledge to influence policy and improve program impact.

As in prior strategies, the FFP 2006-2010 strategy incorporates the use of Title II food resources to contribute to the USAID Food for Peace vision of a “*world free of hunger and poverty, where people live in dignity, peace and security*”. The strategy further promotes the use of complementary resources to achieve its food security objectives, notably through better integration with the rest of the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA), field missions, and the USAID Bureaus for Economic Growth, Agriculture and Trade (EGAT) and Global Health (GH).

## *USAID/Mozambique Country Strategic Plan 2004-2010*

The goal of the USAID/Mozambique FY 2004-2010 Country Strategic Plan (CSP) is “broad-based, rapid economic growth sustained through expanded capacities and opportunities.”<sup>57</sup> The CSP includes five strategic objectives to achieve this goal: (1) sustain rapid rural income growth in target areas, the Mission’s priority strategic objective; (2) increase labor-intensive exports; (3) increase the use of child survival and reproductive health services in target areas; (4) reduce the transmission of HIV and mitigate the impact of the HIV epidemic and (5) increase democratization of municipal government.

The CSP supports PARPA II and the reduction of food insecurity in Mozambique through its objectives related to rapid rural income growth, health and child survival and HIV/AIDS. The Mission’s rapid rural growth strategic objective aims to increase agricultural production and sales, expand rural enterprises and improve transport infrastructure, all of which directly support PARPA II objectives to increase rural development and decrease poverty and food insecurity in rural areas. The Mission’s child survival and reproductive health strategic objective works to increase access to quality maternal and child health and nutrition services, increase demand for maternal child health and nutrition (MCHN) services and improve policy and management in the health sector, which directly support PARPA II objectives to improve prevention and treatment of malnutrition and improve food utilization. The Mission’s strategic objective related to HIV aims to enhance HIV prevention and care, promote the use of essential services, and link civil society to the HIV response. These support the PARPA II objective to integrate food security with HIV programs to reduce food insecurity among HIV-affected families and PLHIV. The Mission implements activities in support of PARPA II through various programs such as Development Assistance (DA), IEHA, Title II, Child Survival, PEPFAR, and PMI, among others (see Table A1 for more details).

### *The Initiative to End Hunger in Africa (IEHA)*

IEHA is a Presidential Initiative launched at the World Summit on Sustainable Development in 2002<sup>58</sup>. The goal of IEHA is to rapidly and sustainably increase agricultural growth and rural incomes in Sub-Saharan Africa in order to reduce hunger in Africa by half by 2015, to coincide with the MDG to eradicate extreme hunger and poverty. The initiative aims to improve the livelihoods of Sub-Saharan Africans through a market-oriented and smallholder-based agricultural growth strategy. IEHA is managed by the USAID/Washington Bureau for Africa in collaboration with EGAT, and is implemented by bilateral and regional USAID Missions and implementing partners in selected countries of southern, eastern and western Sub-Saharan Africa over a period of 15 years (2003-2017).

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<sup>57</sup> USAID Mozambique Country Strategic Plan FY 2004-2010, p. 1.

<sup>58</sup> Ender, Gary and Jeff Hill. N.D. A Comprehensive Monitoring and Evaluation Framework for USAID’s Initiative to End Hunger in Africa, USAID/AFR/SD, Abt Associates Inc. p. 1.

IEHA focuses on six areas to achieve its goals in agricultural growth: Science and technology; Agricultural trade and marketing systems; Community-based and producer organizations; Human and institutional capacity; Vulnerable groups and countries in transition; and Environmental management. These areas are reflected in USAID/Mozambique's action plan for IEHA<sup>59</sup>, especially science and technology and agricultural trade and marketing because of their importance as drivers of agricultural growth. IEHA interventions in Mozambique are currently focused in the Nacala and Beira transport corridors because these areas possess the greatest agricultural potential. Table A1 above provides options for implementation that were given priority under IEHA in Mozambique, with the understanding that selection of options would depend on annual funding availability. IEHA is managed as part of the overall Mission CSP, primarily under the Rapid Rural Income Growth strategic objective (SO) and the Increased Labor-Intensive Export SO.

### *The 2002-2006 Title II Development Assistance Program in Mozambique*

The current Title II Development Assistance Programs (DAPs) in Mozambique (2002-2006) are being implemented by six Cooperating Sponsors (CSs): ADRA, Africare, CARE, Food for the Hungry International (FHI), Save the Children and World Vision. The current DAPs are 100 percent monetized. The objective of the programs is to improve rural household food security primarily through improving agricultural production, storage and marketing of food and cash crops to improve availability of and access to food; improving infrastructure and access to markets to improve access to food; and forming and strengthening farmer associations to create economies of scale in production, access to inputs and marketing of agricultural products. Some of the DAPs also implement activities to improve utilization of food through an integrated nutrition program providing education and training in breastfeeding, complementary feeding, prevention of and care for child malnutrition, and skills in food processing and storage. Given the high prevalence of HIV infection in the program areas the DAPs also implement activities to decrease the negative impact of HIV on food security through educational campaigns to increase safe behavior.

The DAPs have been particularly successful in increasing agricultural production and marketing of agricultural products, resulting in improved incomes for participating households and a decrease in the number of months that families suffer from hunger. Agricultural and nutrition components have generally been well integrated and implemented, resulting in improvements in family diets and food intake and nutritional status among young children. DAP results show that each CS has strengths which can be built upon, including capacities in technology transfer, marketing, contract farming, identification and dissemination of disease-resistant crop varieties, seed storage, grain storage, conservation farming, road construction, participatory methods -- especially with women, community-based nutrition approaches, and capacity building, among others.

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<sup>59</sup> USAID. 2003. Initiative to End Hunger in Africa Action Plan, USAID Mozambique Mission, Draft, March 28, 2003, p. 3.

Program results, including findings and conclusions from the final evaluations, also suggest promising areas for Title II programs to focus on in the future. These include the development of infrastructure to improve access to water for agriculture and home use; mitigation measures for drought prone areas, including further experimentation with conservation farming; improved management of crop pests/disease; strengthening links with markets; improving the understanding of determinants of child nutritional status and infant and young child feeding; community-based growth promotion; and behavior change and communication, among others.

### **World Food Program (WFP) Protracted Relief and Recovery Operation (PRRO) and Country Plan**

WFP's activities form an integral part of efforts in Mozambique to reduce food insecurity and improve the capacity of vulnerable households, especially women and children, to withstand and recover from external economic shocks and natural disasters.<sup>60</sup> (See Table A3 for a summary of the WFP PRRO and Country Plan.) WFP has been active in Mozambique since the country's independence in 1975 and implements both a Country Program and activities via a regional PRRO under a single management structure and monitoring plan. WFP works closely with the GRM, USAID/Mozambique and over 100 national and international NGOs as an important partner for achieving food security objectives in the country.

The Mozambique portion of the PRRO (2008-2011) supports food-for-assets and food-for-training programs and vulnerable group feeding (VGA) activities to help beneficiaries cope with food shortages and strengthen community resiliency to shocks through the creation of assets such as drainage channels, water reservoirs, tertiary roads and wells.<sup>61</sup>

<sup>62</sup> A care and treatment activity for food insecure individuals infected and affected by HIV provides food assistance to reduce the impact of HIV on food security. It also helps improve the well-being of clients in anti-retroviral therapy, prevention of mother-to-child transmission (PMTCT) programs, and treatment of opportunistic infections (OI) and chronic illness (CI). The PRRO also provides nutritional rehabilitation to children through the Ministry of Health, which takes leadership for the program, with technical and operational support from WFP and UNICEF.

Part of WFP's 2007-2009 Country Program in Mozambique is focused on education and child development and support to community safety nets.<sup>63</sup> The food for education program provides primary school children with meals, support to boarding schools, and take home rations for girls and OVC (both boys and girls). The take home rations component aims to provide incentives to improve enrolment, attendance and completion rates, especially in grades 6 and 7; improve learning capacity and school performance, improve gender balance in primary education, and improve capacity to manage national

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<sup>60</sup> World Food Program, 2006. General Brief, October 2006, p.2.

<sup>61</sup> World Food Program Mozambique, 2006. Program Portfolio 2007+, Presentation at USAID Food Security Strategy Meeting, November 3, 2006.

<sup>62</sup> World Food Programme, 2007. Protracted Relief and Recovery Operation Mozambique, 8 October 2007, 28pp.

<sup>63</sup> World Food Program, 2006. Country Program, Mozambique, November 2006, 22 pp.

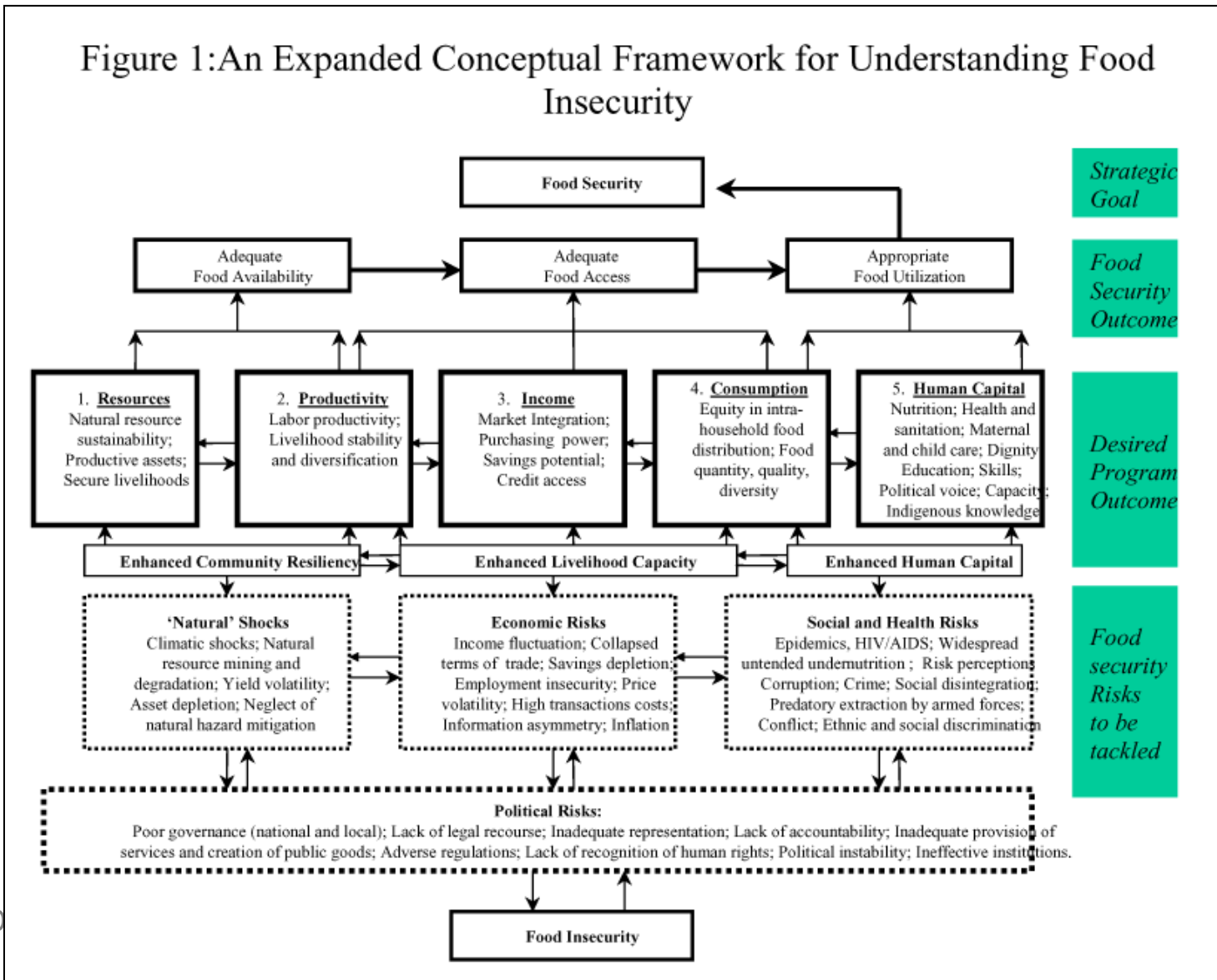
food for education programs. WFP also supports children to participate in Junior Farmer Field and Life Schools, which provides life skills training for OVC. The OVC community safety net program supports children at the community and institutional levels with food resources to meet their basic needs for care, nutrition and education, reduce food insecurity among families that support OVC and PLHIV, and ensure children remain within family or protective care structures.

**Table A3: Summary of WFP PRRO and Country Plan**

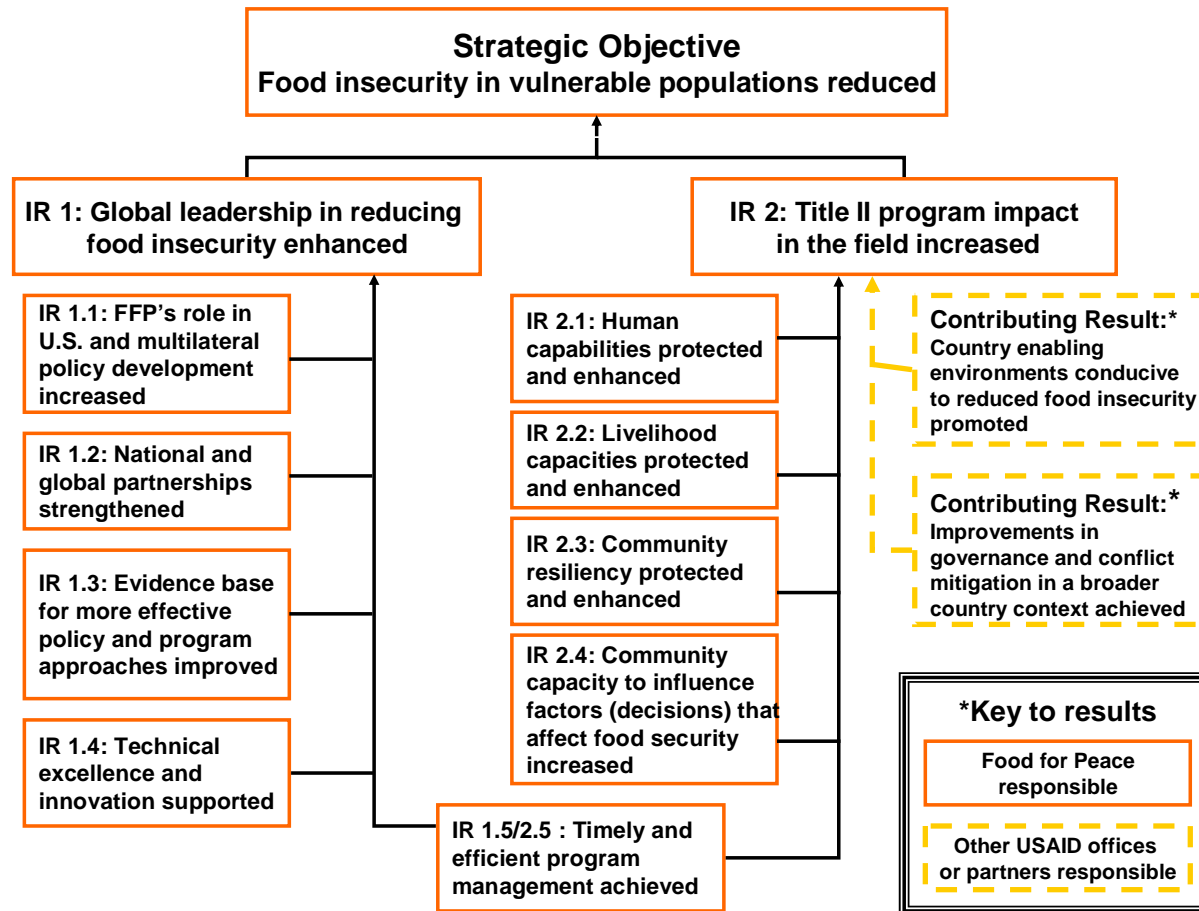
<b>WFP intervention</b>	<b>Dates</b>	<b>Portfolio</b>	<b>Primary Geographic Areas of Intervention</b>	<b>Number Beneficiaries</b>
PRRO	2005-2007	<ul style="list-style-type: none"> <li>• Disaster management, preparedness and response</li> <li>• Livelihood protection and promotion               <ul style="list-style-type: none"> <li>- Food for Assets and Vulnerable Group Feeding</li> </ul> </li> <li>• HIV Care and Treatment               <ul style="list-style-type: none"> <li>- Home-based Care, PMTCT and ART</li> </ul> </li> <li>• Nutritional rehabilitation</li> </ul>	Gaza, Inhambane, Maputo, Manica, Sofala,  Tete	887,000
	2008-2011	<ul style="list-style-type: none"> <li>• Disaster preparedness and response</li> <li>• Livelihood protection and promotion               <ul style="list-style-type: none"> <li>- Food for Assets, Food for Training, and Vulnerable Group Feeding</li> </ul> </li> <li>• Social Assistance of HIV-affected groups</li> <li>• Food support for improved health and nutrition               <ul style="list-style-type: none"> <li>- Support for HIV care and treatment (food assistance in context of ART, PMTCT, OI, CI)</li> <li>- Nutrition Rehabilitation</li> </ul> </li> </ul>	Gaza, Inhambane, Manica, Maputo, Sofala, Tete, Zambezia	2,060,400
Country Plan	2007-2009	<ul style="list-style-type: none"> <li>• Food for education</li> <li>• OVC community safety nets</li> </ul>	Country-wide (FFE)	282,000
			Gaza, Inhambane, Maputo, Manica, Sofala, and Tete (OVC safety nets)	43,000

## ANNEX 4: FFP EXPANDED CONCEPTUAL FRAMEWORK FOR UNDERSTANDING FOOD INSECURITY

Figure 1: An Expanded Conceptual Framework for Understanding Food Insecurity



## ANNEX 5: FFP STRATEGIC FRAMEWORK 2006-2010



## ANNEX 6: RESOURCES ON COMMUNITY-BASED PROGRAMS AND BEHAVIOR CHANGE PROGRAMMING IN HEALTH AND NUTRITION

### Community-based Nutrition Programs:

PVO Child Survival and Health Grants Program. *Nutrition Technical Reference Materials*.

<http://www.childsurvival.com/documents/trms/tech.cfm>

### Community-based Growth Promotion:

Griffiths, Marcia, Kate Dickin and Michael Favin (1996). *Promoting the Growth of Children: What Works*. Tool #4. The World Bank Nutrition Toolkit, The World Bank.

<http://siteresources.worldbank.org/NUTRITION/Resources/Tool4-Frontmat.pdf>

### C-IMCI:

CORE (2001). *Reaching Communities for Child Health and Nutrition: A Framework for Household and Community IMCI*.

[http://www.coregroup.org/working\\_groups/c\\_imci\\_full\\_english.pdf](http://www.coregroup.org/working_groups/c_imci_full_english.pdf)

### PD/Hearth:

Core (2003). *Positive Deviance/Hearth: A resource guide for sustainably rehabilitating malnourished children*.

[http://www.coregroup.org/working\\_groups/pd\\_hearth.cfm](http://www.coregroup.org/working_groups/pd_hearth.cfm)

Core (2005). *Positive Deviance/Hearth: Essential Elements*. A resource guide for sustainably rehabilitating malnourished children (addendum)

[http://www.coregroup.org/working\\_groups/PDHearth\\_Addendum\\_Aug\\_2005.pdf](http://www.coregroup.org/working_groups/PDHearth_Addendum_Aug_2005.pdf)

### Care Groups:

World Relief and Core (2005). *The Care Group Difference: A guide to mobilizing community-based volunteer health educators*.

[http://www.coregroup.org/diffusion/Care\\_Manual.pdf](http://www.coregroup.org/diffusion/Care_Manual.pdf)

### CTC:

Valid International (2006). *Community-based Therapeutic Care: A Field Manual*

<http://www.fantaproject.org/ctc/manual2006.shtml>

(a trainer's manual is forthcoming)

Support Groups:

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## **ANNEX 7: USAID HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK**



### **USAID P.L. 480 TITLE II FOOD AID PROGRAMS AND THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF: HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK**

**USAID Bureau for Democracy, Conflict & Humanitarian Assistance, Office of Food  
for Peace and the U.S. President's Emergency Plan for AIDS Relief**

**September 2007**

## **HIV AND FOOD SECURITY CONCEPTUAL FRAMEWORK**

USAID Bureau for Democracy, Conflict & Humanitarian Assistance, Office of Food for Peace and the U.S. President's Emergency Plan for AIDS Relief

### **I. Introduction**

This paper describes the rationale for and proposed approach to developing and implementing an HIV and Food Security Conceptual Framework for coordination of activities between the President's Emergency Plan for AIDS Relief (PEPFAR) and the USAID Office of Food for Peace (FFP). The Conceptual Framework will establish and facilitate a programmatic continuum to address the nutrition, dietary supplementation and food security needs of HIV-infected and -affected populations. This Conceptual Framework will address the mutual objectives of FFP and PEPFAR.

In many countries, there is a complex interface between chronic food insecurity and HIV. The infection itself affects metabolism and causes wasting, especially in more advanced stages and in the absence of anti-retroviral therapy (ART). For the past four years, nongovernmental organizations (NGOs) and the World Food Program (WFP) that have been implementing P.L. 480 Title II (otherwise known as Food for Peace) emergency and non-emergency programs have not necessarily worked closely with PEPFAR, nor have resources been programmed systematically in conjunction with PEPFAR to address the food needs of PEPFAR beneficiaries and their communities. Recognition of this situation has highlighted a significant potential for broadening synergies to strengthen the U.S. Government's (USG) response to HIV-related nutrition, food and food security needs in countries where FFP emergency and non-emergency food aid programs and PEPFAR both operate.

In 2005, the U.S. Congress called on the Office of the Global AIDS Coordinator (OGAC) at the U.S. Department of State to take the lead in developing and implementing a USG interagency strategy to address the food and nutrition needs of people living with HIV (PLHIV). Submitted to Congress in May 2006, the *Report on Food and Nutrition for People Living with HIV* builds on the respective comparative advantages of the USG agencies working in HIV, nutrition, food assistance, agriculture and livelihood assistance in order to benefit individuals, families and communities affected by HIV. The Report has led to greater clarity on how PEPFAR and FFP, as well as other USG agencies, international partners and host countries can better collaborate to strengthen nutrition and food interventions for individuals and communities affected by HIV and reduce any remaining programming gaps. By formalizing and expanding the basis for collaboration, a P.L. 480 Title II/ PEPFAR HIV and Food Security Conceptual Framework will ensure that more effective and comprehensive programs are implemented. By continuing to draw upon the technical expertise and resources of both FFP and PEPFAR, the goals of meeting the nutrition, food and food security needs of individuals, households and communities affected by HIV, while strengthening HIV prevention, care, support and treatment, will be better achieved.

## Impacts of the HIV Pandemic

HIV imposes a series of dynamic shocks on livelihoods and food security, and these cannot be addressed in the same way as droughts and other natural disasters. As was noted in a collaborative World Food Program (WFP) and International Food Policy Research Institute (IFPRI) paper for the 2001 UN Standing Committee on Nutrition Meeting: *HIV/AIDS Food and Nutrition Security: Impacts and Actions* held in Nairobi, Kenya, the impact of HIV is felt through individual, household, community, national and regional levels because of the loss of human, financial, physical, social and political capital. These impacts include:

- i. **Human capital:** HIV decreases the productivity of household labor due to sickness and HIV-related opportunistic infections. Additionally, infected individuals die prematurely, resulting in lost productivity. The labor pool is further diminished as healthy individuals have to care for those infected and attend the funerals for those who have died. Children in particular suffer from the emotional and psychological pain of the loss of parents. They are often displaced and forced to leave school early, resulting in lower levels of education. Because of the premature deaths of adult workers, there is a loss of indigenous knowledge transfer between generations. According to the Food and Agriculture Organization's 2005 *Focus Report on HIV*, more than seven million farmers have died and an additional 16 million are likely to die over the next two decades in 25 Sub-Saharan countries.
- ii. **Financial capital:** Medical costs and funerals are a major financial burden. HIV-affected households are often forced to sell assets or increase their burden of debt to pay HIV-related costs. Thus, affected households risk facing difficulties in getting loans from banks. The poor usually rely on informal money-lenders, often at very high interest rates. Infected and affected adults may lose employment as a consequence of illness or because of pressures of caring for the sick, leading to depletion of financial capital and, sometimes, to destitution.
- iii. **Physical capital:** Land is often sold to pay for medical and funeral expenses. Land inheritance patterns can make widows more vulnerable to becoming homeless and similarly disinherit their children. In agriculture, less labor-intensive, livelihood-sustaining ways of farming land are required, resulting in reduced crop value and dietary diversity. Affected households are forced to sell productive assets and livestock and the loss of productive traction animals further reduces agricultural output. Loss of employment may also lead to sale of assets.
- iv. **Social capital:** With rising HIV prevalence rates, social networks within communities fragment, as an increasing number of households and individuals become affected by the disease and cannot provide support to other families in the community. At the national level, the capacity of government and social institutions to provide formal safety nets and support to HIV-affected people decreases with the progression of the epidemic, because of increasing costs and diminished revenues due to illness or death of populations in productive age groups.

- v. **Political capital:** Political participation of HIV-affected family members is constrained due to the burden of illness and the diversion of time to tasks related to survival. Additionally, HIV-affected families are often deliberately excluded from the political process due to stigma and discrimination.

## II. Background

### FFP Policies and Programs Addressing HIV

HIV-infected and -affected populations often cite food as one of their greatest needs. In response, FFP has addressed the food security needs of these groups since 1999. These efforts began with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative, which provided food assistance and other support to PLHIV and orphans and vulnerable children (OVC) in four countries: Kenya, Malawi, Rwanda and Uganda. Between FY 2002 and FY 2004, FFP invested approximately \$14,000,000 in the LIFE Initiative and provided supplementary feeding for more than 118,000 children and family members affected by HIV.

By 2006, FFP NGO programs with HIV components had expanded to Benin, Burkina Faso, Central African Republic, Dominican Republic, Ethiopia, The Gambia, Ghana, Guinea, Haiti, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Romania, Rwanda, Senegal, Sierra Leone, South Africa, Uganda, Zambia and Zimbabwe. The programs included more than \$50,000,000 in FY 2006 for prevention, care and support, vulnerable group feeding, education and food security-enhancing activities for one-half million HIV-infected and -affected beneficiaries. Over 30,000 MT of food aid for vulnerable group feeding was distributed as take-home rations under Food-for-Work (FFW), Food-for-Assets and general relief activities. In fact, most USG food resources directed to support HIV-affected communities and individuals are currently allocated through P.L. 480 Title II FFP programs.

As a result of partners' experiences with mitigation of HIV impacts on food-insecure families, Food for Peace developed guidance in 2004 for both emergency and non-emergency programs on HIV and food insecurity. The guidance seeks to ensure that, where appropriate, partners take HIV into account when analyzing food insecurity and include HIV in their mapping of food insecurity. They are encouraged to develop tools and programming designs that ensure that targeted resources are provided only for *food-insecure* HIV-affected families. These resources should also facilitate collaboration between food security programs and HIV programs. According to the guidance, food may be programmed for related, coordinated food security activities that wrap around nutritional care and support, as an incentive to participating in program activities and as a safety net or income transfer. Ration size and composition are to correspond to the objectives of the program. Food utilization issues should receive adequate attention. In addition, partners are required to present clear, realistic and sustainable eligibility and graduation criteria, as well as appropriate and adequate monitoring and evaluation of the activities.

Most of this assistance has been targeted at HIV-affected food-insecure households through community-level mechanisms, such as home-based care (HBC) networks, PLHIV associations and the use of village health committees and/or village elders. Generally, this aid has not been targeted at HIV-infected individuals in clinical settings—with the exception of some of the more recent WFP programs — nor have the resources necessarily been programmed in conjunction with PEPFAR programs to maximize program synergies. One of the main reasons for this is that P.L. 480 Title II programs are mandated to focus on areas with the highest food insecurity prevalence, which tend to be rural, whereas the majority of HIV clinical treatment, care and support services tend to be clustered in urban areas, where HIV prevalence is higher. Thus, it has become clear, especially to HIV service providers, that urban and peri-urban food insecurity among HIV-affected individuals, households, and their communities has largely been neglected and requires alternative targeting strategies by Title II and other food security and livelihoods assistance programs.

### **PEPFAR’s Approach to Supporting Food and Nutrition Needs**

PEPFAR is the largest public health initiative focused on a single disease in history. Initiated in January 2003, PEPFAR coordinates and funds HIV/AIDS activities aimed at providing comprehensive and integrated prevention, treatment, care and support services. PEPFAR supports programs worldwide, and focuses its efforts on 15 heavily impacted countries in Africa, Asia and the Caribbean: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia. The goals for these countries, known at the “2/7/10 goals” are to support, in an accountable and sustainable way:

- Prevention of 7 million new HIV infections
- Treatment of 2 million HIV-infected people
- Care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children

Based on the May 2006 *Report on Food and Nutrition for People Living with HIV/AIDS* presented to Congress, PEPFAR released field guidance in September 2006 in order to further inform country-level programs. A central precept of the PEPFAR guidance is to leverage other partners for broad support for the provision of food and livelihood assistance to vulnerable families while targeting PEPFAR resources to specific priority target groups. PEPFAR priorities include meeting the nutritional needs of HIV-positive pregnant and lactating women (P & L ♀), orphans and vulnerable children born to HIV-positive parents, and HIV patients in care and treatment programs, especially those who are severely malnourished at entry. The following are illustrative examples of the types of food and nutrition interventions that contribute to achievement of the 2/7/10 goals, as stated in the 2006 Report:

- Development and/or adaptation of food and nutrition policies and guidelines;

- Nutritional assessment and counseling, including hygiene and sanitation education, maternal nutrition, and safe infant and young child feeding related to prevention of mother-to-child transmission (PMTCT);
- Therapeutic and supplementary feeding that is well-targeted to the priority groups noted above;
- Micronutrient supplementation, where adequate intake of micronutrients is not being addressed through a diverse diet, including fortified foods;
- Replacement (weaning) feeding and support, within the context of WHO and national PMTCT and infant feeding guidelines; and
- Linking Emergency Plan programs to food assistance, food security and livelihood programs.

While PEPFAR remains focused on supporting food and nutrition interventions in limited, priority circumstances, its strategy also strongly promotes and fosters linkages to food security and livelihood assistance activities. These include, for example, improved agricultural practices, and skills training and microcredit programs supported by other donors and USG entities, including FFP, to avoid dependency and address chronic individual and family food needs. Models of innovative sustainable approaches that link HIV/AIDS care and treatment can be found in many PEPFAR programs. One notable model is partnerships in Kenya through the AMPATH program that links clinical care and treatment with food production and distribution programs as well as small business development. FFP is also a partner in sustainable approaches in countries where programs overlap. Partnering with the private sector, the PVO and NGO community and relevant USG and other international partner agencies to strengthen these linkages is a key PEPFAR priority. One of the past challenges with establishing specific FFP linkages however, has been differences in the geographical targeting of the two programs, combined with FFP's approach of identifying vulnerable households within food-insecure communities versus the PEPFAR focus on HIV-infected and -affected individuals. The Food Security Conceptual Framework outlined below seeks to address this challenge.

### **III. Toward a New Title II- PEPFAR HIV Food Security Conceptual Framework**

While opportunities for closer collaboration between P.L. 480 Title II and PEPFAR programs have begun to emerge, some programming challenges have prevented a more seamless continuum of support. For example, as previously mentioned, the focus of P.L. 480 Title II programs on areas with the highest levels of food insecurity, which tend to be rural, often differ from those areas that have the highest HIV prevalence, which tend to be urban and peri-urban. Also, P.L. 480 Title II uses community-level mechanisms for targeting food-insecure households, rather than targeting through clinics or HIV service delivery sites. P.L. 480 Title II programs are also awarded through a Washington-based process while PEPFAR funding is determined at the country level. Table 1 illustrates the different focal points, targeting strategies and inputs of Title II and PEPFAR food support in the HIV context.

**Table 1: Food Support in the HIV Context**

	<b>Title II</b>	<b>PEPFAR</b>		
<b>Beneficiaries</b>	Households	PLHIV		HIV+ P & L ♀ OVC
<b>Point of Entry</b>	Community	Hospital, Clinic, Community,		Community, Hospital, Clinic
<b>Criteria for Entry</b>	Food Insecurity	Clinical Malnutrition		Any nutritional status
		Severely malnourished adults	Mild and Moderately malnourished adults	
<b>Assessment Tool</b>	Household Food Security	Nutritional Assessment and counseling	Nutritional Assessment and counseling	P & L ♀: HIV Status, OVC:HIV-affected/infected (i.e. any nutritional status)
<b>Nutrition Support</b>	Food aid commodities, Supplemental foods	Therapeutic foods; Micronutrient supplements	Supplementary food if severely malnourished at entry; Micronutrient supplements	Basic Food Commodities, Therapeutic or Supplemental foods Micronutrient supplements
<b>Types of food</b>	Fortified and blended foods legumes, oil	F-100, F-75, and ready-to-use therapeutic foods (RUTF)	Fortified and blended foods and RUTF in pilot study areas	Fortified blended foods

Table 2 shows the allowable coverage for the direct distribution of food for various HIV-infected and –affected target groups under P.L. 480 Title II and PEPFAR. The table illustrates that while the allowable coverage under these two programs is extensive, in practice, even when all of the interventions described below are being implemented, there could be gaps in coverage.

**Table 2: Allowable Coverage by Direct Food Distribution and Livelihood Support by Target Group and Funding Source**

<b>Target Group</b>	<b>HIV-Related Goal</b>	<b>PEPFAR</b>	<b>Title II</b>
Severely malnourished ART & pre-ART clients	Treatment Care & Support	Therapeutic Feeding Supplemental Feeding Select support for livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental feeding for food insecure HH & improved sustainable livelihoods for food-insecure (FIN) families
Food insecure or moderately malnourished ART & pre-ART clients	Treatment Care & Support	N/A (some clinic-based supplemental feeding in pilot study areas only) Select support for livelihoods (improved	Supplemental feeding Improved sustainable livelihoods for FIN families

<b>Target Group</b>	<b>HIV-Related Goal</b>	<b>PEPFAR</b>	<b>Title II</b>
		sustainable agricultural practices, microfinance etc.)	
HIV+ pregnant/lactating women	Care & Support	Supplemental Feeding Select support for livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding for FIN Improved sustainable livelihoods for FIN
OVC < 2	Care & Support	Replacement Feeding Supplemental Feeding Select support for caretakers' livelihoods (improved agricultural practices, microfinance etc.)	Supplemental Feeding Improved sustainable livelihoods for FIN
OVC 2-5 years	Care & Support	Supplemental Feeding Select support for caretakers' livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding Improved sustainable livelihoods for FIN caretakers
OVC primary school-age	Care & Support	Supplemental Feeding Select support for livelihoods (improved agricultural practices, microfinance etc.)	Supplemental Feeding Food for Education (including take-home rations) Improved sustainable livelihoods for FIN caretakers
OVC secondary school-age	Care & Support Prevention	Supplemental Feeding Select support for caretakers' livelihoods (improved sustainable agricultural practices, microfinance etc.)	Supplemental Feeding Food for Education (including take-home rations) Food for Training Improved sustainable livelihoods for FIN
Food-insecure HIV negative household members in HIV affected communities	Prevention Mitigation	N/A	Supplemental Feeding Food for Education Food for Training Food for Work Improved sustainable livelihoods
Food-insecure, high-risk groups: female headed HH, child-headed HH, HH with high dependency ratios	Prevention Mitigation	N/A	Food for Education Food for Training Food for Work Improved sustainable livelihoods

Beyond harmonized targeting and coordination of PEPFAR and FFP support to address the immediate needs of individuals and families for food assistance, a commitment is needed by the USG, international agencies, governments and the NGO community to strengthen the long-term capacity of HIV-affected families to provide for their own basic food and other needs. Thus, a number of program modifications are necessary to provide more complete coverage for HIV-infected and -affected target groups through P.L. 480 Title II and PEPFAR programming, including:

1. Reducing the geographic disparity between food aid and HIV program targeting, by expanding the focus of FFP resources to include food insecurity within urban and peri-urban areas.
2. Strengthening the use of clinics, PMTCT sites and other HIV service delivery sites for the targeting of PLHIV and their households for food aid to address household food insecurity.
3. Improving the ability of community-based P.L. 480 Title II programs to link with and refer beneficiaries for HIV services, such as VCT, ART, PMTCT and palliative care, including nutritional support.
4. Improving the ability of HIV clinical services to link with and refer food-insecure beneficiaries to community food security, food aid and livelihood assistance programs.
5. Increasing FFP support for institutions, community organizations and families providing services and support to food-insecure OVC, including orphanages, training centers and programs for street children, which tend to be more urban and peri-urban based.
6. Strengthening prevention programs among food-insecure high risk populations such as female and child-headed households, families with high dependency ratios, etc.
7. Improving monitoring and evaluation, including the utilization of shared indicators and reporting systems.
8. Strengthening the capacity of all individuals and families receiving nutrition and food support to sustainably address their long-term food needs through improved food production, employment and other vocational and livelihood assistance.

#### **IV. The Legal and Statutory Frameworks**

PEPFAR and P.L. 480 Title II programs operate under separate authorities for acquisition of both services and commodities. To realize the most efficient and effective food security and nutritional support programs using resources from both, PEPFAR and FFP can explore a variety of funding options. These may include coordinated country PEPFAR and FFP operation and budget plans and either “hybrid” agreements or a central mechanism that would allow PEPFAR funds to be added to individual FFP agreements with PVO cooperating sponsors to conduct appropriate HIV/AIDS activities.

## V. Next Steps

The Conceptual Framework will be implemented in FY 2008. Both PEPFAR and FFP have already strengthened guidance language for proposal submissions: PEPFAR for Country Operations Plans and FFP for its Multi-Year Assistance Programs (MYAP). There are several additional actions that have been identified as next steps. The FFP HIV Policy Working Group, in collaboration with the PEPFAR Food and Nutrition Technical Working Group (F&N TWG), should continue to support the implementation of these steps, including:

**1. Stakeholder discussions:** FFP, in collaboration with PEPFAR, will take the lead to share ideas and seek to develop a consensus, through discussions within the USG and with outside stakeholders, on how P.L. 480 Title II and PEPFAR can improve programmatic collaboration. FFP, in collaboration with PEPFAR, will also reach out to USAID Missions, and host country food and nutrition working groups to include them in this process.

**2. Formation of FFP procurement task force:** Led by FFP's Policy and Technical Division (PTD), this group will work closely with PEPFAR to identify technical and programmatic parameters to achieve the objectives of both groups and develop an appropriate award process to facilitate tandem programming of P.L. 480 Title II funding in support of PEPFAR programs, as well as an examination of options to use Title II mechanisms for PEPFAR funds. This process will further ensure close collaboration with in-country teams, an optimal geographic focus and that the communities identified represent priority beneficiary groups.

**3. Development of the program module:** At the end of the procurement exercise, the Procurement Task Force should be able to present options for model program formats explaining programmatic/technical approaches, and possible funding and procurement configurations to the FFP and PEPFAR Directors for their approval.

**4. Inventory of policies and guidelines for funding of initiative proposals:** The Task Force will work with P.L. 480 Title II managers, Missions, and host country food and nutrition working groups, to develop written guidance on key criteria for the funding of future proposals.

**5. Mapping of Current Title II and PEPFAR programs:** Gaining a clearer idea of where existing Title II and PEPFAR programs are being implemented in each country is an essential starting point. This exercise is underway. This information will allow the joint Washington and country working groups to identify priority areas, gaps, and develop a clearer vision of coverage needs. It will also increase synergies of existing P.L. 480 Title II and PEPFAR programs already underway when the information is shared.

**6. Determination of standardized eligibility and exit criteria:** As with existing P.L. 480 Title II programs, food aid support to PEPFAR beneficiaries and their families would be based on levels of food insecurity as well as nutritional status, with clear eligibility

and exit criteria. Discussions with other stakeholders are needed to determine optimal vulnerability, eligibility and exit criteria to inform the development of guidelines for the program participation of future beneficiaries.

**7. Assessing urban and peri-urban food insecurity in PEPFAR countries:** P.L. 480 Title II implementing partners have extensive experience with vulnerability assessments. It will be important to gather food insecurity data from urban and peri-urban areas in the countries selected to be able to further define eligibility and exit criteria, priority target groups, rations, program design and monitoring and evaluation plans. In addition, further thought is needed on the additional program linkages for PLHIV who have successfully “graduated” from food support, are healthier, but have no source of income. PEPFAR and FFP will begin discussions with Missions, other USAID offices and implementing partners to create program links where possible.

**8. Strengthening monitoring and evaluation:** There is a need for more accurate tracking and reporting on beneficiaries from both programs. This process would use standard indicators that both identify numbers of people served with funding from either program as well as better account for dollars leveraged. A common set of indicators need to be identified or developed and agreed upon.

**9. Development of a timetable:** The FFP HIV Policy Working Group together with the PEPFAR F& N TWG representatives will develop a timetable for the steps necessary for successful implementation of the Conceptual Framework during FY 2008.

## ANNEX 8: SETSAN LIVELIHOOD GROUPS TARGETED BY TITLE II

- *Self-sufficient subsistence farmers*: households that produce food crops for their own consumption and sale, especially maize and sorghum. Due to low income diversity, 50 percent are estimated to have high or very high vulnerability to chronic food insecurity. Sixteen percent of the rural population falls into this group, making it the second largest of the livelihood groups. The majority of these household are located in Zambezia, Nampula, Cabo Delgado and Sofala.
- *Lower production farmers*: households that combine food and cash crop production with informal labor, fishing, livestock, and remittances. They have higher than average vulnerability to chronic food insecurity due to low crop production levels, low economic diversity, poor access to low lying land and greater reliance on food purchases/food aid. This group, which accounts for 11 percent of the rural population, is distributed throughout the country, but with concentrations in Nampula, Cabo Delgado and Inhambane.
- *Low income laborers*: households that rely principally on informal labor supplemented by low-production subsistence farming. They have very low access to productive capital (land and livestock) and earn a living mainly through informal labor (ganho-ganho), often working for payment in kind. This group has the lowest agricultural productivity and crop diversification of all the groups because of poor land quality and small plot size. They have high or very high vulnerability to chronic food insecurity, and generally produce only enough to meet their needs for four months. The group has great difficulty overcoming illness related shocks given they are highly labor dependant. This group, which accounts for 8 percent of the rural population, has its highest concentrations in Nampula, Zambezia, Tete and Inhambane.
- *Marginal households*: households that live perpetually “on the edge”, with very low access to resources of all types and high dependency ratios. They have a high proportion of female-headed households and many elderly-headed households. Two-thirds of the household heads in this group cannot read or write and 60% never attended school, most often due to high costs and the need to care for relatives. The households usually rely on monoculture (commonly maize) and focus on production for household consumption, with limited livestock, mainly small ruminants and chickens. These households have very low diversification of household incomes. Although the households in this group are able to produce approximately 70 percent of their food needs, they face high and very high vulnerability to food insecurity. This group, which accounts for 6 percent of the rural population, is distributed throughout the country, but with concentrations in Nampula, Cabo Delgado and Inhambane.

**ANNEX 9: FFP INFORMATION BULLETINS ON FFP  
INDICATORS AND REPORTING SYSTEMS**

## INFORMATION BULLETIN (FFPIB)

Updated: October 5, 2007

### MEMORANDUM FOR ALL FOOD FOR PEACE OFFICERS AND COOPERATING SPONSORS

TO: USAID/W and Overseas Distribution Lists; FFP Cooperating Sponsors  
FROM: DCHA/FFP, Jonathan Dworken, Acting Director  
SUBJECT: USAID and Food for Peace Indicators and Reporting Systems

FFPIB 07-01 (updated)

**Background and Purpose:** USAID uses multiple reporting systems with different sets of indicators which can become confusing for Food for Peace (FFP) implementers and staff alike. The purpose of this document is to orient FFP Cooperating Sponsors (CSs) and FFP Officers to the five main types of Monitoring and Evaluation (M&E) reporting requirements that affect Title II programs, primarily Multi-Year Assistance Programs (MYAPs). Items 1, 2 and 4 listed below apply to Single-Year Assistance Programs (SYAPs) as well.

1. Cooperating Sponsor's Program Indicators
2. FFP/Washington's Performance Management Plan (PMP) Indicators
3. USAID Mission Indicators
4. "F" Indicators
5. IEHA Indicators

These represent distinct requirements that serve different purposes.

#### **I. Cooperating Sponsor's Program Indicators**

CSs implementing MYAPs are required to develop M&E plans and track and report on performance indicators that permit them and FFP to assess progress made towards objectives. Each MYAP has its own indicators specific to its program. MYAP performance indicators are identified in the Indicator Performance Tracking Table (IPTT) submitted with the original proposal, and updated each November in the program's annual Results Report to reflect progress made in the previous fiscal year (FY). The IPTT indicators should be selected based on the MYAP's strategic framework and implementation strategies, and should be useful for program management and performance reporting. To the extent feasible, these indicators should include well-established food security indicators commonly used by FFP programs<sup>1</sup>. There are generally two types of indicators in the IPTT— impact indicators and annual monitoring indicators. As of FY 2006, the M&E system of MYAPs may also include "trigger" indicators, which form part of an early warning system that alerts the CS and FFP to increasing food stress in the MYAP intervention region.

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<sup>1</sup> <http://www.fantaproject.org/focus/monitoring.shtml>

Applicable to MYAPs awarded in FY 2007 and later (and for SYAPs, where applicable), is the new requirement to report on a limited set of standard indicators in addition to the program-specific indicators (see the next section).

Similarly, CSs implementing SYAPs are also required to develop M&E plans, and to report semi-annually on progress as defined in the program proposal. While the reporting requirements for SYAPs are less exhaustive, CSs must provide clarification for any targets not met or exceeded.

## **2. Food for Peace/Washington's PMP Indicators**

FFP Washington has its own Performance Management Plan (PMP) designed to measure progress on the Office's 2006-2010 Strategic Plan<sup>2</sup>. The PMP identifies a limited set of indicators developed to capture results from a wide range of FFP-funded programs. The data source for most of FFP's PMP indicators is the Standardized Annual Performance Questionnaire (SAPQ). As of FY 2006, all CSs implementing MYAPs or SYAPs are required to fill in and submit an SAPQ with their annual Results Report in November of each year. Some of the data for the PMP indicators also comes from the Summary Request and Beneficiary Tracking Table, also submitted as part of the annual Results Report.

New SYAPs and MYAPs awarded in FY 2007 and later are required to report data for the applicable indicators in the SAPQ. Ongoing MYAPs and SYAPs are asked to provide data where possible (see Results Report Guidelines for more information). New MYAPs should integrate the FFP indicators into their IPTTs and if they already have a similar but different indicator of their own, they should replace it with the standard FFP indicator so that FFP can aggregate results from across all of its programs and countries. Ongoing MYAPs may want to add FFP indicators to their IPTT, mid-course, if they are able to report on them.

The FFP PMP indicators and the type of program for which they are applicable are:

- Strategic Objective: Food Insecurity among Vulnerable Populations Reduced
1. Percentage of underweight children 0-5 years of age in Title II-assisted areas in FFP priority countries (MYAP)
  2. Percentage of applicable programs reporting maintenance or improvement in nutritional status (SYAP/MYAP)
  3. Average number of months of adequate food provisioning in Title II-assisted program areas (MYAP)
  4. Percentage of applicable programs reporting maintenance or improvement in household food consumption (MYAP)

- IR 2: Title II Impact in the Field Increased
1. Percentage of targeted direct beneficiaries reached (SYAP/MYAP)
  2. Percentage of Title II program beneficiaries with improved health, nutrition or hygiene behaviors (MYAP)
  3. Percentage of Title II-assisted producers using a project-defined minimum number of sustainable agricultural technologies (MYAP)
  4. Percentage of Title II-assisted communities with disaster early warning and response systems in place (SYAP/MYAP)

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<sup>2</sup> Available at [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/ffp/ffp\\_strategy.2006\\_2010.pdf](http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf)

5. Percentage of Title II-assisted communities with improved physical infrastructure to mitigate the impact of shocks (SYAP/MYAP)
6. Percentage of Title II-assisted communities with safety nets to address the needs of their most vulnerable members (MYAP)
7. Percentage of Title II-assisted communities with improved capacity (MYAP)

### 3. USAID Mission Indicators

USAID Missions have multiple and complex reporting requirements. They are likely to ask CSs to provide data on, and ideally participate in the development of, the Mission's PMP indicators. These indicators can vary widely, depending on the strategy and programs of the individual Mission. Missions are also required to report to the Director of U.S. Foreign Assistance on a set of standard indicators. The Mission may ask CSs to provide data for these indicators, which are also referred to as "FACTS", "OP", or "F" indicators (see below). Missions may have additional reporting responsibilities that they ask a CS to contribute to, such as PEPFAR (HIV/AIDS) indicators or other special programs.

CSs should work with Missions to identify which of the Mission's indicators apply to their MYAP and they should integrate these indicators into their IPTT. Missions will generally ask CSs to provide indicator data as soon as the fiscal year ends, in October or November of each year.

### 4. "F" Indicators

"F" refers to the Director of U.S. Foreign Assistance, who has authority over all Department of State and USAID foreign assistance funding and programs<sup>3</sup>. The F indicators are a set of standard indicators established by F to measure what is being accomplished with U.S. foreign assistance funds under the U.S. Strategic Framework for Foreign Assistance. Starting in FY 2007, all USAID operating units (OUs—country Missions and Offices in Washington) are required to set targets for and report on these standard indicators. OUs also have the option of setting targets for and reporting on their own "custom" indicators. OUs enter targets for their F indicators into a database called "FACTS" and they do this in October or November when submitting their Operational Plan (OP). The F indicators are subject to change as the F process evolves.

CSs implementing MYAPs should work with Missions to identify the relevant and feasible indicators from the list of F indicators (or the Mission's custom indicators), and adjust their own program information systems to enable collecting and reporting on these indicators to Missions.

The F indicators relevant to SYAPs are collected by FFP in Washington through the SAPQ and Summary Request and Beneficiary Tracking Table, which CSs fill out annually.

### 5. IEHA Indicators

The President's Initiative to End Hunger in Africa (IEHA) relies on evidence-based performance data to demonstrate the impact of U.S. Government agricultural assistance in Africa<sup>4</sup>. The

<sup>3</sup> See <http://www.state.gov/f/>

<sup>4</sup> See [http://www.usaid.gov/locations/sub-saharan\\_africa/initiatives/ieha.html](http://www.usaid.gov/locations/sub-saharan_africa/initiatives/ieha.html)

inclusion of Title II in the results reporting of IEHA provides FFP and its CSs an additional mechanism to demonstrate the effectiveness of development food aid.

At present, IEHA supports efforts in Ghana, Kenya, Mali, Mozambique, Uganda, and Zambia and three regional programs in east, west, and southern Africa. Title II CSs implementing non-emergency programs in IEHA countries are asked to report annually on select IEHA indicators, if possible. CSs should work with their Mission counterparts to discuss which indicators are applicable and should be adopted into their annual monitoring and reporting systems. IEHA has developed and circulated a standardized reporting tool for Missions to use, from which annual data will be collected and reported.

## INFORMATION BULLETIN (FFPIB)

Date: August 8, 2007

### MEMORANDUM FOR ALL FOOD FOR PEACE OFFICERS AND COOPERATING SPONSORS

TO: USAID/W and Overseas Distribution Lists; FFP Cooperating Sponsors  
FROM: DCHA/FFP, William P. Hammink, Director  
SUBJECT: New Reporting Requirements for Food for Peace

FFPIB 07-02

#### **I. Summary**

In 2006, the Office of Food for Peace (FFP) adopted a Strategic Plan covering the years 2006-2010<sup>1</sup>. A new set of indicators was developed to track the progress of this strategy. Accordingly, some changes have been made in reporting requirements applicable to Title II programs.

Multi-Year Assistance Programs (MYAPs) are still required to have comprehensive monitoring and evaluation (M&E) systems, including: measurable objectives, an Indicator Performance Tracking Table (IPTT) with annual monitoring and impact indicators, baseline data, mid-term and final evaluations, a plan for data collection and use, and environmental impact monitoring, if applicable.

In addition to the IPTT, there are now two other methods for FFP to collect results data from Cooperating Sponsors (CS). All MYAPs and Single-Year Assistance Programs (SYAPs) are required to submit the Summary Request and Beneficiary Tracking Table each year with their annual Results Report.<sup>2</sup> It contains data on projected and actual numbers of beneficiaries, per technical sector. The second method that was implemented in fiscal year (FY) 2007 is the Standardized Annual Performance Questionnaire (SAPQ). Each year, Title II CSs will be asked to submit a completed SAPQ to FFP at the same time as their annual Results Report. The SAPQ is a reporting form that collects data across a number of standard indicators, depending on the content of each program, allowing FFP to aggregate results across countries and respond to its stakeholders in the U.S. Government, including Congress. CSs are advised to identify which of the required standard indicators apply to their program and integrate them into their M&E system (and IPTTs, in the case of MYAPs).

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<sup>1</sup> Available online at [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/ffp/ffp\\_strategy.2006\\_2010.pdf](http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf)

<sup>2</sup> An updated version of this table will be available in September 2007, for use by both SYAP and MYAP partners.

The SAPQ collects data on certain standard *annual monitoring indicators* and *impact indicators*, depending on the nature of a program's activities. MYAPs awarded in FY 2007 forward are required to report (each year) on all of the *annual* indicators that are applicable to their programs and on the applicable *impact* indicators in the appropriate years. MYAPs awarded prior to FY 2007 and all SYAPs are asked only to provide the data if they have it available. For many SYAPs, the majority of the SAPQ questions will not be applicable. SYAPs should, however, still fill in the relevant sections of the SAPQ.

The table below summarizes the required standard indicators. *Annual* data is expected to be based on regular monitoring of beneficiaries, whereas the collection of data for *impact* indicators (baseline and final evaluation) is expected to be based on a sample survey representative of the targeted population. MYAPs' M&E systems should contain the applicable indicators below, including the exact age groups and types of beneficiaries (individuals vs. households vs. communities) described. These indicators must be measured exactly as they are formulated. No modifications or substitutes will be made as FFP wants to collect standard data across programs.

If a program ...	... then the CS is required to report in the SAPQ on:							
	Annual Indicators A full census or a representative sample of beneficiaries	Impact Indicators A population-based representative sample survey, reported at baseline and final evaluation						
(a) implements activities to improve the health and nutrition status of program beneficiaries	<ul style="list-style-type: none"> <li>Child nutritional status using any one or more of the following anthropometric indicators. CSs should report on the anthropometric indicators and age groups most appropriate to their program: stunting (height-for-age), underweight (weight-for-age), wasting (weight-for-height), weight gain, growth faltering (trend of weight gain), body mass index (BMI), or middle-upper arm circumference (MUAC).</li> <li>The number of beneficiaries (individuals) reached during the FY, per indicator</li> </ul>	<ul style="list-style-type: none"> <li>Height-for-Age in children 6-59 months of age</li> <li>Number of children 6-59 months of age in the target population</li> </ul> and <ul style="list-style-type: none"> <li>Weight-for-Age in children 0-59 months of age</li> <li>Number of children 0-59 months of age in the target population</li> </ul>						
	Accurately weighing and measuring children is important. CSs are encouraged to use the Anthropometric Indicators Measurement Guide, available at: <a href="http://www.fantaproject.org/publications/anthropom.shtml">http://www.fantaproject.org/publications/anthropom.shtml</a> .							
(b) implements activities to improve health, nutrition, or hygiene behaviors	<ul style="list-style-type: none"> <li>One or more of the following standard behavior change indicators</li> <li>The number of beneficiaries (individuals) reached during the FY, per indicator</li> </ul> <table border="1" data-bbox="485 922 1098 1299"> <thead> <tr> <th data-bbox="485 922 632 987">Human Capacity Objective</th> <th data-bbox="632 922 1098 987">Behavior Change Indicators</th> </tr> </thead> <tbody> <tr> <td data-bbox="485 987 632 1255">To reduce the prevalence of chronic undernutrition among young children</td> <td data-bbox="632 987 1098 1255">           % of children 0-6 months of age exclusively breastfed            % of children 6-23 months of age with 3 appropriate infant and young child feeding practices (continued breastfeeding, age-appropriate dietary diversity, age-appropriate frequency of feeding) <i>Ref. KPC Module 2</i>            % of caregivers demonstrating proper personal hygiene behaviors*            % of caregivers demonstrating proper food hygiene behaviors*            % of caregivers demonstrating proper water hygiene behaviors*            % of caregivers demonstrating proper environmental hygiene behaviors*         </td> </tr> <tr> <td data-bbox="485 1255 632 1299">To help prevent, treat</td> <td data-bbox="632 1255 1098 1299">           % of PLHIV eating the recommended # of times per day            % of PLHIV eating the recommended number of food         </td> </tr> </tbody> </table>	Human Capacity Objective	Behavior Change Indicators	To reduce the prevalence of chronic undernutrition among young children	% of children 0-6 months of age exclusively breastfed % of children 6-23 months of age with 3 appropriate infant and young child feeding practices (continued breastfeeding, age-appropriate dietary diversity, age-appropriate frequency of feeding) <i>Ref. KPC Module 2</i> % of caregivers demonstrating proper personal hygiene behaviors* % of caregivers demonstrating proper food hygiene behaviors* % of caregivers demonstrating proper water hygiene behaviors* % of caregivers demonstrating proper environmental hygiene behaviors*	To help prevent, treat	% of PLHIV eating the recommended # of times per day % of PLHIV eating the recommended number of food	
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To help prevent, treat	% of PLHIV eating the recommended # of times per day % of PLHIV eating the recommended number of food							

	<p>and mitigate the impact of chronic diseases such as HIV/AIDS and TB</p> <p>To enhance the nutritional status of women</p> <p>To improve health status and contribute to improved household nutrition through improved water and sanitation infrastructure and practices</p>	<p>groups</p> <p>% of caregivers using diet appropriately to help manage symptoms or the side effects of medication</p> <p>% of caregivers demonstrating proper personal hygiene behaviors*</p> <p>% of caregivers demonstrating proper food hygiene behaviors*</p> <p>% of caregivers demonstrating proper water hygiene behaviors*</p> <p>% of caregivers demonstrating proper environmental hygiene behaviors*</p> <p>% of participants completing DOT,S</p> <p>% of women who consume food rich in iron</p> <p>% of women who consume food rich in vitamin A</p> <p>% of women who consume food rich in calcium</p> <p>% of women taking iron or iron folate supplements in last 7 days</p> <p>% of caregivers demonstrating proper personal hygiene behaviors*</p> <p>% of caregivers demonstrating proper food hygiene behaviors*</p> <p>% of caregivers demonstrating proper water hygiene behaviors*</p> <p>% of caregivers demonstrating proper environmental hygiene behaviors*</p>	<p>* The specific behaviors that comprise these indicators are to be defined by the Cooperating Sponsor in their M&amp;E plan and included as a footnote to the IPTT.</p>
<p>(c) implements activities to improve household access to food (e.g. programs in agriculture, micro-enterprise development, income generation and diversification)</p>		<ul style="list-style-type: none"> <li>• Number of months of adequate food provisioning</li> <li>• Household dietary diversity score</li> <li>• Number of households benefiting from activities to maintain or improve household access to food during the FY</li> </ul> <p>Indicator guides have been developed that provide a standardized questionnaire with data collection and analysis instructions for both of these indicators. It is important that Cooperating Sponsors follow standard methods in measuring these indicators.</p> <p>The indicator guides can be found at:</p>	

		<a href="http://www.fantaproject.org/focus/household.shtml">http://www.fantaproject.org/focus/household.shtml</a>
(d) provides farmers with agricultural extension/outreach services	<ul style="list-style-type: none"> <li>• Number of farmers (individuals) that received extension/outreach services during the FY</li> <li>• Number of sustainable agricultural technologies being transferred</li> <li>• A list of those technologies</li> <li>• The minimum number of technologies that farmers are expected to adopt</li> <li>• The percentage of beneficiaries (individual farmers) who adopted that minimum number of technologies</li> </ul>	
(e) assists communities to develop disaster early warning and response systems	<ul style="list-style-type: none"> <li>• Total number of communities the CS plans to assist to develop early warning systems, over the life of the activity</li> <li>• Number of communities that had disaster early warning systems in place in the FY</li> </ul>	
(f) assists communities to improve or develop physical infrastructure to mitigate the impact of shocks	<ul style="list-style-type: none"> <li>• Total number of communities the CS plans to assist to improve or develop infrastructure to mitigate the impact of shocks, over the life of the activity</li> <li>• Number of communities that had improved infrastructure in the FY</li> <li>• A list of the kinds of infrastructure improved</li> </ul>	
(g) assists communities to strengthen safety-nets to address the needs of their most vulnerable members	<ul style="list-style-type: none"> <li>• Total number of communities the CS plans to assist to strengthen safety nets, over the life of the activity</li> <li>• Number of communities that had safety nets in the FY</li> </ul>	
(h) helps strengthen community capacity	<ul style="list-style-type: none"> <li>• Total number of communities the CS plans to assist to strengthen community capacity, over the life of the activity</li> <li>• A list of the components of community capacity that are being strengthened, choosing from a standard menu: governance structure, broad-based/equitable participation, transparency of operations, internal functioning, analysis and planning capacity, implementation capacity, external relations and advocacy, resource diversification, M&amp;E, other</li> <li>• Number of communities that had strengthened community capacity in the FY</li> </ul>	