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# The Food and Nutrition Technical Assistance III Project (FANTA) Cooperative Agreement No. AID-OAA-A-12-00005

Fiscal Year 2016, Project Year 5

Second-Quarter Report for Mozambique: January 1–March 31, 2016

April 29, 2016

**FANTA III**  
FOOD AND NUTRITION  
TECHNICAL ASSISTANCE

**fhi360**  
THE SCIENCE OF IMPROVING LIVES

- I. **Project Duration:** 5 years
- II. **Start Date:** February 8, 2012
- III. **Life-of-Project Funding:** Funding to date: \$1,762,690 from the United States President's Emergency Plan for AIDS Relief (PEPFAR)–General, \$1,025,000 from PEPFAR–Plus-Up, \$1,300,000 from Feed the Future, and \$3,606,533 from Mission funds.
- IV. **Geographic Focus:** National-level technical assistance in Mozambique (based in Maputo) and provincial-level technical assistance in the provinces of Nampula and Zambézia.
- V. **Project Objectives:** The Food and Nutrition Technical Assistance III Project (FANTA) provides technical assistance to U.S. Government (USG)-supported programs and the Mozambique Ministry of Health (*Ministério de Saúde* [MISAU]) to achieve three objectives:
  - 1. Improved food and nutrition program design, implementation, and monitoring and evaluation (M&E) for people living with HIV and/or tuberculosis (TB) in MISAU care and treatment services supported by USG
  - 2. Improved maternal and child health and nutrition (MCHN) program design, implementation, and M&E in MISAU health services supported by USG, and community-based programs supported by USG
  - 3. Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique 2011–2014 (*Plano de Acção Multisectorial para a Redução da Desnutrição Crónica em Moçambique* [PAMRDC])

## VI. Summary of the Reporting Period

### (A) Achievement Highlights

#### Central-Level Technical Assistance

- In collaboration with MISAU, facilitated the first regional training of trainers for the PRN II in Maputo City. The training was for the southern region and attended by 25 participants from Gaza, Inhambane, and Maputo Provinces as well as Maputo city.
- Supported MISAU to submit the PRN II M&E tools to the Health Information System department (*Sistema de Informação de Saúde [SIS]*) to become a formal part of the national health information system.
- Finalized and submitted to MISAU the results of the mapping of the infant and young child feeding (IYCF) counseling materials, which looked at the number of the staff that has been trained on the materials in the provinces and the number of materials in circulation, among other variables.
- Finalized and submitted to MISAU the Baby-Friendly Hospital Initiative (BFHI) pre-assessment report of Songo Rural Hospital.
- With a team of Scaling Up Nutrition civil society (SUN-CS) platform members, sensitized policy and decision makers on nutrition-sensitive and nutrition-specific interventions to encourage budgetary provisions in their annual planning in support of the PAMRDC.
- Provided input to the Decree that Approves the Regulation of Food Fortification (*Decreto que Aprova o Regulamento da Fortificação de Alimentos*), which was endorsed by the Minister of Commerce and Industry and approved by the Council of Ministers.

#### Provincial-Level Technical Assistance

- Supported the Provincial Health Offices (*Direções Provinciais de Saúde [DPS]*) in Nampula and Zambézia provinces to organize and facilitate the Provincial PRN technical working group (TWG) meetings.
- Supported a PRN I refresher training for 30 participants from 13 health facilities in Alto Molócuè District, Zambézia Province.
- Conducted 12 technical assistance visits to health facilities and continued to support the DPS, District Health Offices (*Serviços Distritais da Saúde, Mulher, e Acção Social [SDSMAS]*), and health facilities in improving PRN implementation; supply management of nutrition products; and quality, reporting, and analysis of PRN data.
- Analyzed the performance monitoring plan (PMP) data from January to March 2016 and produced the indicators. The data demonstrate improvements over the period of FANTA's technical assistance, e.g., the health centers are identifying more patients with severe and moderate acute malnutrition compared to previous months.

### (B) Activities and Achievements in This Reporting Period: Central-Level Technical Assistance

Planned Activities	Main Activities and Achievements in this Reporting Period
<b>Objective 1: Improved food and nutrition program design, implementation, and M&amp;E for people living with HIV and/or TB in MISAU care and treatment services supported by USG.</b>	
<b>1.1 Strengthen MISAU and provincial health systems to implement the Nutrition Rehabilitation Program (<i>Programa de Reabilitação Nutricional [PRN]</i>).</b>	
<ul style="list-style-type: none"> <li>• Continue supporting MISAU's Department of Nutrition (MISAU-DN) PRN technical working group, including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA participated in the two PRN TWG meetings during the reporting period. The agendas of those meetings were planning for the PRN II trainings of trainers, which included establishing the dates of the southern regional training for Gaza, Inhambane, and Maputo provinces as well as Maputo city; central regional training for Sofala, Manica, Tete, and Zambézia provinces; and northern regional training for Nampula, Niassa, and Cabo Delgado provinces. In addition, the group discussed the number of participants, type of participant, number of facilitators per training, and the contribution clinical partners will provide for the roll out of the training countrywide. It was agreed that FANTA will be the main</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<ul style="list-style-type: none"> <li>• Support MISAU to conduct at least one regional PRN II training of trainers, as requested.</li> <li>• Continue to revise the PRN training materials for community groups to make them applicable to both PRN I and II.</li> <li>• [This activity was not originally planned, but was requested by MISAU during the reporting period.]</li> <li>• [This activity was not originally planned, but was undertaken during the reporting period as a follow up to the pretesting of the PRN II register books.]</li> </ul>	<p>facilitator for the three regional trainings.</p> <ul style="list-style-type: none"> <li>• FANTA in collaboration with MISAU-DN facilitated the PRN II southern regional training of trainers, which took place in Maputo City. The training was attended by 25 participants from Gaza, Inhambane, and Maputo provinces as well as Maputo city (11 women and 14 men). The pre- and post-test showed an improvement in the participants' knowledge, from a pre-test average of 61 percent (range of 33 to 92 percent) to a post-test average of 86 percent (range 63 to 100 percent). According to participant's evaluation the training met the objectives.</li> <li>• The PRN training materials for community groups has two modules: one for community health workers (<i>Agentes Comunitário de Saúde</i> [ACS]/<i>Agentes Polivalente Elementar</i> [APE]) and the other for community leaders and practitioners of traditional medicine. Each module has a facilitator's guide and a participants' guide. FANTA is revising the current version of the materials, which was developed for PRN I, to include both PRN I and II. During the reporting period, FANTA revised the participants' guide of the ACS/APE module and submitted it for internal technical review. FANTA continued to revise the facilitator's guide of the ACS/APE module, and began revising the community leader module as well.</li> <li>• FANTA supported MISAU to submit the PRN II M&amp;E tools to the SIS to become a formal part of the national health information system. FANTA assisted in the development of a formal letter to the SIS, and organized the list of indicators and tools to be submitted. FANTA will follow up this integration with the M&amp;E focal point of the MISAU Department of Nutrition.</li> <li>• Before this reporting period, FANTA finalized the PRN II register books after pre-testing them in six health facilities: Anchilo and Rapale in Nampula Province; Nicoadala and 17 de Setembro in Zambézia Province; and Malangalene and Primeiro de Maio in Maputo city. In this reporting period, FANTA analyzed the data from the PRN II register books. The analysis showed that during the pre-test, 622 patients were registered in the PRN II registry books, 70 percent were suffering from moderate acute malnutrition (MAM) and 30 percent from severe acute malnutrition (SAM). In terms of health facilities' contribution, Zambezia's health facilities contributed 66 percent of patients. The health facilities that had fewer patients were Malhangalene (4 percent) in Maputo city and Anchilo (5 percent) in Nampula Province. The data showed that about 39 percent of patients registered during the pre-test were patients on TB treatment, followed by patients on antiretroviral therapy (ART) (37 percent). Regarding correct registration of patients, the analysis showed that 210 of the 622 patients (34 percent) were incorrectly registered, i.e., some patients with SAM were registered as MAM and vice versa, and some patients that were healthy were registered as undernourished.</li> </ul>
<p><b>1.2 Support MISAU to develop and implement quality improvement (QI) systems for nutrition services provided through health facilities.</b></p>	
<ul style="list-style-type: none"> <li>• Continue to support MISAU in integrating the Partnership for HIV-Free Survival (PHFS) into the implementation of the National QI Strategy, as requested.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA did not receive any requests from MISAU for support in integrating the PHFS into the National QI strategy, and there were no working group meetings during the reporting period.</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<ul style="list-style-type: none"> <li>Finalize the revision of the <i>Quality Standards for the Measurement of the Performance of PRN Services</i> (hereafter called the PRN Quality Performance Standards) and submit the final version to MISAU.</li> </ul>	<ul style="list-style-type: none"> <li>In the previous quarter, FANTA reported the results of the baseline assessment in which the PRN Quality Performance Standards were used. During this reporting period, FANTA continued reviewing the tool, as more gaps were identified to be corrected, e.g., the standards were considered “achieved” only if 100 percent of the criteria had been attained, and feedback from the baseline experience was that it would be better to assess achievements by disaggregating the results by service to identify more specific gaps that need to be supported. FANTA is currently working on finalizing the changes in the tool.</li> </ul>
<b>1.3 Support integration and improvement of counseling activities to improve nutrition practices among PLHIV and/or TB in care and treatment services and community-level programs.</b>	
<ul style="list-style-type: none"> <li>Analyze the trends in the results of the key informant interviews, and use the data to help refine the draft counseling materials.</li> <li>Conduct the final key informant interviews with health facility workers in Zambézia Province and with other Peace Corps volunteers in Nampula and Zambézia provinces.</li> <li>[This activity was not planned, but was undertaken during the quarter.]</li> </ul>	<ul style="list-style-type: none"> <li>In the previous reporting period, FANTA conducted key informant interviews with facility- and community-based health care providers from the Marracuene, Manhiça, and Matola II health facilities in Maputo Province, and the Mecuburi and Angoche health facilities in Nampula Province to identify preferences with social and behavior change communication (SBCC) materials and job aids used for group education and one-on-one counseling; determine the feasibility of the messages that will be included on the SBCC materials from the health care providers’ perspectives; identify additional messages that are relevant in the Mozambican context; and learn about language specifications that may make a message easier to understand. In this reporting period, FANTA began compiling and coding the information to perform the qualitative analysis, which will be used to refine the draft materials. FANTA expects to finalize the analysis of these interviews in the next reporting period.</li> <li>Upon reviewing the data collected from the key informant interviews in Maputo and Nampula provinces, FANTA determined that additional data collection was not necessary given that sufficient information had already been collected and would delay the development of the counseling materials unnecessarily given the timeline to develop the materials before the end of the calendar year. Therefore, additional key informant interviews were not conducted.</li> <li>In the previous quarter, FANTA finalized the creative briefs, which were used by the creative firm to develop the draft counseling materials. The creative briefs explain details of the design concept and contents, such as the intended audience, desired changes, barriers to change, and what can help facilitate change. After further discussions with the creative firm, during this reporting period FANTA started to improve the creative briefs, which will be further refined from the analysis of the key informant interviews and then used by the creative firm to refine the counseling materials.</li> </ul>
<b>1.4 Support the integration and improvement of nutrition content in in-service training of health professionals and strategies and curricula related to HIV and TB.</b>	
<ul style="list-style-type: none"> <li>Provide technical support to the Challenge TB project on the integration of nutrition activities in field-level implementation in Nampula and Zambézia provinces, as requested and feasible.</li> </ul>	<ul style="list-style-type: none"> <li>The Challenge TB project did not request FANTA’s technical assistance during this reporting period.</li> </ul>
<b>1.5 Support the MISAU to improve the national nutrition surveillance system.</b>	
<ul style="list-style-type: none"> <li>Continue to advocate for the submission of the SISVAN (<i>Sistema de Vigilância</i></li> </ul>	<p>The SISVAN concept note did not progress during the reporting period because MISAU did not have focal points for this activity due to staffing constraints. In the next reporting period, FANTA will continue to advocate</p>

Planned Activities	Main Activities and Achievements in this Reporting Period
<p><i>Alimentar e Nutricional</i>) (the Food and Nutrition Surveillance System) concept note to the National Department of Public Health (<i>Departamento Nacional de Saúde Pública</i> [DNSP]) for approval</p> <ul style="list-style-type: none"> <li>Continue to support MISAU in obtaining approval of the anthropometric growth curves reference booklet.</li> </ul>	<p>for the SISVAN concept note approval, pending MISAU staff's availability to lead the process.</p> <ul style="list-style-type: none"> <li>During the reporting period, MISAU-DN informed FANTA that the anthropometric growth curves reference booklet was submitted to the Maternal and Child Health Department for their review. FANTA will continue to follow up this activity for approval.</li> </ul>
<p><b>Objective 2: Improved MCHN program design, implementation, and M&amp;E in MISAU health services supported by USG and community-based programs supported by USG.</b></p>	
<p><b>2.1 Support MISAU to strengthen infant and young child feeding (IYCF) policies, strategies, and implementation.</b></p>	
<ul style="list-style-type: none"> <li>Continue to support the development of the IYCF strategy by participating in regular meetings of the IYCF technical working group and reviewing drafts.</li> <li>Continue to advocate for the approval of the National IYCF Policy, with MISAU.</li> <li>Present the final results of the mapping of the implementation of the community-level IYCF counseling materials to MISAU and their implementing partners and support MISAU to identify gaps in terms of trainings, supplies, implementation, and partners.</li> </ul>	<ul style="list-style-type: none"> <li>During this reporting period, FANTA continued to support the development of the IYCF strategy by participating in regular meetings of the IYCF technical working group and providing guidance and input for improvement of the drafts. To ensure the highest possible technical quality of the IYCF strategy, FANTA also assisted MISAU in monitoring the progress of this activity, advocating for greater participation of the technical working group members and stronger follow up with the consultant to finalize the draft since the deadline was overdue. As a result, the consultant shared the draft strategy at the end of the reporting period for the technical working group review. Currently, FANTA is following up with the technical working group members to provide input in a timely fashion. FANTA expects that all partners will have provided their input in the next reporting period.</li> <li>The IYCF policy, which FANTA developed and submitted to MISAU for approval in 2014, has been undergoing a period of approval. At the end of this reporting period, the Minister of Health provided comments to MISAU-DN. FANTA will support MISAU-DN to respond to the comments in the next reporting period.</li> <li>Prior to the reporting period, FANTA shared with MISAU the preliminary results of the mapping of the implementation of the community-level IYCF counseling materials and clarified a few contradictory data. During this reporting period, FANTA finalized and submitted the results of the mapping to MISAU in a PowerPoint presentation. Eight provinces completed the survey. The results showed that all provinces have at least one copy of the materials; the Provincial Nutrition Focal Point is trained in the use of the materials in seven of the eight provinces; approximately 1800 community-based health workers have been trained; and approximately 1400 counseling materials have been distributed. FANTA anticipates that MISAU will organize an IYCF working group session within the upcoming months to review the results and decide on next steps. FANTA will continue to provide support to MISAU for this activity as requested.</li> </ul>
<p><b>2.2 Support MISAU to implement the BFHI.</b></p>	
<ul style="list-style-type: none"> <li>Support MISAU in the approval and dissemination of the job aids on infant feeding in the context of HIV,</li> </ul>	<ul style="list-style-type: none"> <li>Before this reporting period, FANTA developed two job aids that provide a simple decision tree-style algorithm to guide health workers as they counsel mothers on infant feeding and HIV. MISAU pre-tested the job aids, and FANTA updated them accordingly and resubmitted them to</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<p>and facilitate trainings on the use of the job aids, as requested.</p> <ul style="list-style-type: none"> <li>Continue to support MISAU in coaching Xai-Xai Provincial Hospital's staff and monitoring their progress, and other hospitals that implement the BFHI, as requested.</li> </ul>	<p>MISAU for review. During this reporting period, FANTA began incorporating MISAU's feedback into the job aids. During the next reporting period, the job aids will be finalized. Upon approval, FANTA will provide support to MISAU in making a plan for printing and distributing the job aids to health facilities with the help of the PEPFAR clinical partners.</p> <ul style="list-style-type: none"> <li>FANTA concluded the BFHI pre-assessment report of the Songo-Rural Hospital and submitted it to MISAU-DN counterparts and the UNICEF BFHI consultant leading the efforts. This pre-assessment was not conclusive as the sample size of the target groups, e.g., mothers who gave birth and health workers, was not large enough. Therefore, a new pre-assessment will be performed at a future date to be determined by MISAU-DN. The Ministry of Health did not request any other activity regarding the BFHI during this reporting period.</li> </ul>
<p><b>2.3 Support MISAU to strengthen the nutrition content of MCHN materials.</b></p>	
<ul style="list-style-type: none"> <li>No activities were planned this quarter.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<p><b>2.4 Support MISAU to implement the PHFS and to strengthen the implementation of the national infant feeding guidelines in the context of HIV.</b></p>	
<ul style="list-style-type: none"> <li>Address any requests for clarification on the report of the pilot phase of the PHFS, as requested.</li> <li>Continue writing the English version of the PHFS final report.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA submitted the final draft of the report of the pilot phase of the PHFS to MISAU in Q4 of the previous fiscal year and has been following up for feedback since then. FANTA met with the head of the MISAU PMTCT sector to follow up the report and to understand whether, at this point, the PHFS is considered transitioned to the national QI strategy and "closed" from MISAU's perspective. The head of the PMTCT sector confirmed that to be the case and provided a brief summary of the PHFS meeting that he attended in Tanzania in February 2016 with a representative from HEALTHQUAL during which the same message was communicated as to the status of the PHFS in Mozambique. FANTA then communicated this information to USAID/Mozambique, and inquired whether a formal letter from MISAU was needed to signal the status of the PHFS; USAID/Mozambique responded that a letter was not necessary. FANTA does not anticipate receiving additional comments on the report, but will address any comments that do come in if any are received.</li> <li>By the end of the quarter, FANTA had finalized the English version of the PHFS final report and prepared it to post on the website. The report is available at: <a href="http://www.fantaproject.org/focus-areas/infectious-diseases/partnership-hiv-free-survival-phfs">http://www.fantaproject.org/focus-areas/infectious-diseases/partnership-hiv-free-survival-phfs</a>.</li> </ul>
<p><b>Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.</b></p>	
<p><b>3.1 Strengthen the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition.</b></p>	
<ul style="list-style-type: none"> <li>Continue to participate in the PAMRDC working group, and other relevant activities requested by the Technical Secretariat for Food and Nutrition Security (<i>Secretariado Técnico de Segurança Alimentar e Nutricional</i> [SETSAN]), as requested.</li> <li>Support on-going efforts to establish and scale up</li> </ul>	<ul style="list-style-type: none"> <li>During the reporting period, SETSAN did not convene any PAMRDC TWG meetings.</li> <li>As requested by the National Food Fortification Committee (<i>Comité Nacional de Fortificação de Alimentos</i> [CONFAM]) through the PAMRDC Working Group, FANTA was among the members that provided inputs to the Decree that Approves the Regulation of Food Fortification (<i>Decreto que Aprova o Regulamento da Fortificação de Alimentos</i>) and participated in the presentation of the draft and discussion chaired by the Minister of Commerce and Industry. The Decree was subsequently endorsed by the Minister and approved by the Council of Ministers.</li> <li>FANTA continued as an active member of the SUN-CS Platform. Before the reporting period, FANTA provided recommendations to improve a</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<p>Scaling Up Nutrition Civil Society (<i>Scaling Up Nutrition Sociedade Civil</i> [SUN-SC]) groups across provinces in Mozambique, and support other activities and fundraising efforts of the SUN-CS Platform, as requested.</p> <ul style="list-style-type: none"> <li>Participate in the GAIN-led Marketplace for Nutritious Foods Technical Advisory Committee activities, as requested.</li> </ul>	<p>draft presentation to be delivered to the Prime Minister on the accomplishments of the SUN-CS Platform. During the reporting period, FANTA supported the finalization of the presentation and attended the meeting with the Prime Minister. The meeting was very successful in sensitizing him about the problem of chronic malnutrition, and gaining his commitment to support nutrition-sensitive interventions.</p> <ul style="list-style-type: none"> <li>FANTA also contributed to developing ideas for an advocacy and communication campaign for the general public, policymakers, and decision makers, entitled <i>Geração Nutrição</i> (Nutrition Generation). The SUN-CS Platform hired a creative firm to develop a package of advocacy and communication materials, comprised of a set of posters, flyers, TV spots, and press release articles, focusing on the SUN-CS priority areas, namely nutrition and development, gender, child health, maternal health, and education. FANTA was among the active SUN-CS Platform members selected to participate in the launching of the campaign, where the materials were released for dissemination by the media.</li> <li>FANTA also helped prepare for and attend meetings with policy makers to sensitize them on <i>Geração Nutrição</i> advocacy efforts, aimed at including a budgetary line in the government sector strategic planning, to cover nutrition-specific and nutrition-sensitive interventions, thereby contributing to the PAMRDC.</li> <li>FANTA participated in the first 2016 planning meeting of the SUN-SC Platform and supported the Platform to develop a concept note to be submitted to the European Union for the continuation of activities for 3–4 years.</li> <li>Additionally, SETSAN, through the U.N. Food and Agriculture Organization (FAO), is developing materials on nutrition education and communication for behavior change to train provincial PAMRDC working group members, district-level technical staff from the key relevant sectors, and community-based promoters (extension staff) with the MDG1c project on home gardens and nutrition education in the three provinces of Zambézia, Manica and Sofala. SETSAN and FAO requested technical assistance from the SUN-CS Platform to review the materials given the existing technical expertise among its members. The Food and Nutrition Security Association (<i>Associação de Segurança Alimentar e Nutricional</i> [ANSA]), FANTA, the World Food Programme (WFP), among others, began the review this quarter.</li> </ul> <ul style="list-style-type: none"> <li>FANTA did not receive any requests to participate in the GAIN-led Marketplace for Nutritious Foods Technical Advisory Committee activities during the reporting period.</li> </ul>
<p><b>3.2 Strengthen capacity of MISAU and implementing partners on SBCC strategy development.</b></p>	
<ul style="list-style-type: none"> <li>Continue to assist MISAU with the approval process for the SBCC strategy, as requested.</li> <li>Continue to help MISAU plan the workshop to launch the SBCC strategy, subject to the approval of the SBCC strategy.</li> </ul>	<ul style="list-style-type: none"> <li>During the reporting period, FANTA was pleased to learn that the SBCC strategy was approved by MISAU. FANTA also posted the strategy, executive summary, and pamphlet on the website: <a href="http://www.fantaproject.org/countries/mozambique/strategy-social-and-behavior-change-communication-prevention-malnutrition-mozambique">http://www.fantaproject.org/countries/mozambique/strategy-social-and-behavior-change-communication-prevention-malnutrition-mozambique</a>.</li> <li>FANTA supported MISAU in planning the workshop to launch and disseminate the SBCC strategy, including establishing the dates, location, and agenda. In addition, FANTA provided support to print the materials for the workshop. The workshop is tentatively scheduled for May 2016.</li> </ul>



Planned Activities	Main Activities and Achievements in this Reporting Period
<b>Other Planned Activities</b>	
<ul style="list-style-type: none"> <li>Submit the first-quarter report covering October–December 2015.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA submitted the first-quarter report to USAID/Mozambique.</li> </ul>

### (C) Activities and Achievements in This Reporting Period: Provincial-Level Technical Assistance

Planned Activities	Main Activities and Achievements in This Reporting Period
<b>IR 1: Improved management of PRN and implementation of PRN protocols</b>	
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to the DPS in Nampula and Zambézia provinces to oversee PRN implementation, including presenting the baseline results, designing strategies to overcome the challenges, and conducting joint technical assistance visits to implement those strategies.</li> <li>Continue to support the provincial PRN technical working groups (TWG), including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.</li> <li>Continue to support the provincial PAMRDC working group activities, as requested</li> </ul>	<ul style="list-style-type: none"> <li>In Nampula Province, FANTA hosted a meeting of the provincial PRN TWG. The meeting was led by the DPS Nutrition Focal Point. Also present from the DPS were the TB Focal Point, the Maternal and Child Health Focal Point; and the Chief of the Public Health Department. The partners included the International Center for AIDS Care and Treatment Programs (ICAP); the Maternal and Child Survival Program [MCSP]; Save the Children; and World Vision. During the meeting, FANTA made a brief presentation regarding the last quarter of 2015 (Q1) indicators and main findings found in the districts supported by FANTA. Participants acknowledged the importance of FANTA’s presence in these health facilities to improve PRN implementation. In addition, the DPS requested that all partners with a community focus invest more efforts to strengthen coordination with partners like FANTA working at the health-facility level to improve the province’s nutrition indicators.</li> <li>In Zambézia Province, FANTA participated in the provincial PRN TWG meetings in January, February, and March, in which the following organizations also participated: Concern, Friends in Global Health (FGH), ICAP, Save the Children, World Vision, and UNICEF. During these meetings, implementation of PRN was discussed, particularly stock outs of nutrition products and issues around the provincial supply management system as well as the creation and dissemination of a district-level PRN electronic database to facilitate the submission of PRN data from the districts to the DPS level. (Previously the districts had been submitting hard copies of PRN monthly reports.) The DPS requested that partners support these priority activities to achieve the nutrition goals in the province. FANTA committed to continuing to provide technical support for Nicoadala and Alto Molócuè districts. The clinical partners pledged to support the procurement of equipment such as scales and altimeters. Partners such as Save the Children, World Vision, and Concern pledged to support community activities.</li> <li>In the previous reporting period, FANTA met with SETSAN in Nampula and Zambézia provinces to introduce FANTA’s portfolio and express the project’s availability to participate in the provincial PAMRDC working group meetings. During the reporting period, FANTA met with the Zambézia PAMRDC working group members while on a technical assistance visit in Alto Molócuè District (the working group members happened to be visiting the district at the same time). The discussion further consolidated the relationship with SETSAN, and it was agreed that FANTA would participate in the next meeting in April. In Nampula Province, no PAMRDC working group meetings took place. In the next reporting period, FANTA will continue to support the provincial PAMRDC working group activities, as requested.</li> </ul>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance for the implementation of PRN protocols, including</li> </ul>	<ul style="list-style-type: none"> <li>FANTA conducted a total of 12 technical assistance visits during the reporting period: 3 in Nampula (2 in Angoche and 1 in Mecuburi); and 9 in Zambézia (2 in Alto Molócuè and 7 in Nicoadala). The visits aimed to fill in the gaps identified by the previous technical assistance visits. The</li> </ul>

Planned Activities	Main Activities and Achievements in This Reporting Period
<p>conducting regular technical assistance visits and on-the-job trainings.</p>	<p>number of technical assistance visits was lower than planned in all districts except for Nicoadala because of the FHI 360 travel ban that was put in place because of political unrest and the security situation. The travel ban began February 15, 2016. The ban was lifted in Nampula Province on March 28, 2016 and as of the end of March continued in Zambézia Province. FANTA was not allowed to travel outside a 30-kilometer radius from the capital city. Nicoadala is the only district that lies within 30 kilometers from the capital city.</p> <ul style="list-style-type: none"> <li>• Nampula: In Angoche district, technical assistance focused on improving the screening of malnutrition in the well-child visit (<i>Consulta da Criança Sadia</i> [CCS]) and the referral of children 6–59 months identified as underweight from the CCS to the at-risk child visit (<i>Consulta da Criança em Risco</i> [CCR]); screening of malnutrition in the pre-natal, HIV antiretroviral (ARV), and TB sectors; and improving the implementation of PRN I protocols, including strengthening the capacity of health workers on the use of the anthropometry reference tables and on the calculation of the amount of ready-to-use therapeutic foods (RUTF) to prescribe according to a patient’s weight, as well as filling in the PRN I register book properly.</li> <li>• Nampula: In Mecuburi district, technical assistance focused on improving the organization of health facility sectors where PRN is implemented; improving the screening of malnutrition in the CCS and the referral of children 6–59 months identified as underweight from the CCS to the CCR; screening of malnutrition in the prenatal, ARV, and TB sectors; reviewing the PRN register books; reviewing stock control forms; and strengthening the capacity of the health workers to correctly perform anthropometric assessments. FANTA noted a number of challenges to improving PRN performance in Mecuburi health center, for example, a low commitment from health staff, and raised the concerns with the medical chief and the DPS Nutrition Focal Point to attempt to determine factors contributing to the challenges. FANTA will continue to pay close attention to assisting the health facility to address these challenges and will continue to involve the district and provincial focal points in following up on the situation.</li> <li>• Zambézia: In Nicoadala district, the focus of the activities was on improving anthropometric assessment in the CCS; referral of cases from the CCS to the CCR; screening of malnutrition in the ART and TB sectors; and improving the organization of health facility sectors where PRN is implemented. FANTA’s support was given to the pharmacy sector to support the coordination between it and health providers to improve the internal distribution of nutrition products according to consumption.</li> <li>• Zambézia: In Alto Molócuè District, support was given to reviewing the PRN register books; reviewing stock control forms; strengthening capacity of the health workers to perform anthropometric assessments correctly in the CCR; screening of malnutrition; reviewing register books in the antenatal care, ART, and TB sectors; and supporting the coordination between the pharmacy sector and health providers to improve the internal distribution of nutrition products according to consumption.</li> </ul>
<ul style="list-style-type: none"> <li>• Support the SDSMAS to conduct PRN I refresher trainings.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA supported a PRN I refresh training for a total of 30 participants from 13 health facilities in Alto Molócuè District, Zambézia Province. Of the 30 participants, 23 were female and 7 were male. The pre- and post-test showed an improvement in the participants’ knowledge, from a pre-test average of 46 percent (range of 15 to 80 percent) to a post-test average of 74 percent (range 25 to 90 percent). According to participants’ evaluations, the training met the objectives.</li> <li>• During the reporting period, FANTA collaborated with the DPS Nampula to plan a provincial refresher training regarding the PRN I monitoring and</li> </ul>

Planned Activities	Main Activities and Achievements in This Reporting Period
	<p>evaluation tools for 46 participants in total. It did not take place due to other DPS priorities. However, it is expected to take place during the next reporting period.</p>
<b>IR 2: Improved supply chain management of nutrition products</b>	
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to improve the supply chain management of nutrition products, particularly therapeutic milks and corn-soy blend plus (CSB+).</li> </ul>	<ul style="list-style-type: none"> <li>In Nampula Province, during the reporting period, FANTA found that the provincial warehouse was about to run out of RUTF and F75, in part because MISAU ordered the DPS Nampula to transfer some of the nutrition products to Cabo Delgado and Niassa provinces since there was a stock out in those provinces that the central level was not able to restock. MISAU did not send additional stock to Nampula. FANTA alerted the DPS Nutrition Focal Point about the situation, and recommended that he in turn alert MISAU to request additional stock, which he did. However, MISAU did not refill the RUTF and F75 on time because they were not in stock at the central level. Apart from that, there was no stock out of F100 nor of CSB+. More specifically on the CSB+ stock, WFP provided this product to the districts during the reporting period, and they also provided it to the Nampula Provincial warehouse, so that the DPS could supply it to the other districts. At the district level, Mecuburi district had not run out of any nutrition product stock unlike Angoche district that had run out of RUTF and F75 at both the district warehouse and health facility. FANTA provided technical assistance to the District Nutrition Focal Point in both districts so that they can review the consumption reports from the peripheral health facilities to avoid stock outs of nutrition products. Apart from that, FANTA advocated with the DPS Nutrition Focal Point to refill the stock out of the nutrition products in Angoche district.</li> <li>In Zambézia Province, FANTA continued to support the provincial warehouse to organize the distribution of nutrition products according to the monthly consumption reports submitted by districts. There was a stock out of RUTF and therapeutic milk in February and March in the province as central level did not send it, leading to Nicoadala and Alto Molócuè districts not receiving either during these months. Also a stock out of CSB+ was registered in February and March in the Province and in Nicoadala district. Besides that, FANTA supported the DPS in contacting WFP to find out about the lack of re-stocking CSB+. WFP said they will send it in the following month. Additionally during Q2, FANTA contacted the DPS Nutrition Focal Point indicating that the amounts received from the central level are also not enough. FANTA is working closely with the DPS and the provincial warehouse to ensure that restocking requests are sent on time to the central level for nutrition products. FANTA will continue supporting this component as a key implementation priority.</li> </ul>
<b>IR 3: Improved quality, reporting, and analysis of PRN data</b>	
<ul style="list-style-type: none"> <li>Provide feedback on the results of the analysis of the PMP indicators for the first quarter of implementation of FANTA's technical assistance to the SDSMAS in selected districts in Nampula and Zambézia provinces.</li> </ul>	<ul style="list-style-type: none"> <li>In Nampula Province, FANTA gave feedback on the PMP indicators to both districts, focusing on the PRN indicators, the correct determination of nutritional status, and the submission of reports in a timely manner. In Zambézia Province, FANTA did not provide feedback because of the travel ban.</li> </ul>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to improve the quality, reporting, and analysis of PRN data.</li> </ul>	<ul style="list-style-type: none"> <li>In both provinces, FANTA continued to provide support to the DPS to map out the districts and health facilities that do and do not submit PRN reports. Despite some improvements, the DPS continued to find delays in the timely submission of monthly reports by some peripheral health facilities in the province. FANTA provided technical assistance to support the SDSMAS and DPS in processing monthly data in the PRN database. In addition, FANTA continued to recommend that the SDSMAS and/or DPS conduct supportive supervision to the health facilities where the</li> </ul>

Planned Activities	Main Activities and Achievements in This Reporting Period
	reports are missing to improve the quality, reporting, and timely submission of PRN data.
<b>Linkages with partners</b>	
<ul style="list-style-type: none"> <li>Continue to coordinate technical assistance activities with clinical partners and other provincial stakeholders in Nampula and Zambézia.</li> </ul>	<ul style="list-style-type: none"> <li>In Nampula Province, FANTA met with the provincial representative of the MCSP to introduce FANTA's strategy, discuss ways to strengthen inter-partner coordination, and coordinate technical assistance activities for the DPS and the districts of Angoche and Mecuburi to improve nutrition services. FANTA also coordinated an integrated district visit with ICAP and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to the selected districts, but it did not take place due to other partners' scheduled priorities, and then followed by the FHI 360 travel ban. In the next reporting period, FANTA will continue to follow up with ICAP and EGPAF to conduct the integrated district visit.</li> <li>In Zambézia Province, FANTA coordinated with FGH to improve follow-up of HIV patients with malnutrition in an integrated visit to Alto Molócuè. During the ART and TB consultation services, FANTA distributed the PRN II record books to facilitate follow up. In addition to this, FANTA trained the health providers in each of these sectors on the use of the BMI wheel. FANTA also participated in the quarterly district meeting of TB/HIV activities organized by ICAP in Nicoadala in which it was agreed that FANTA will support ICAP in the nutrition component of the ART sector.</li> </ul>
<b>Supervision and Reporting</b>	
<ul style="list-style-type: none"> <li>Continue to provide support for management and implementation through monthly supervision visits.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA's central-level staff conducted regular support and supervision visits to both provinces, which included support for the technical assistance visits in the selected districts and focus health facilities.</li> </ul>
<ul style="list-style-type: none"> <li>Analyze and report on the PMP indicators for January to March 2016.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA analyzed the PMP indicators for January, February, and March 2016. A summary report can be found in the next section of this report.</li> </ul>
<ul style="list-style-type: none"> <li>Finalize the baseline assessment reports.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA conducted more analysis on the findings of the baseline assessments and is finalizing the reports, one for Zambézia Province and another for Nampula Province, which are currently undergoing internal technical review. The reports will be finalized in the next quarter.</li> </ul>

## VII. Project Performance Indicators

**Special note about the indicators for Alto Molócuè District:** given the travel ban for security reasons, FANTA was not able to collect data from the Alto Molócuè health facility for February and March. FANTA has written "N/A" for those data points, meaning "not available." In Nampula Province, the travel ban was lifted on March 28, 2016, and FANTA was able to collect data for February and March in time for this quarterly report.

### *Cross-cutting Input and Process Indicators*

#### **Indicator A: Number of FANTA technical assistance visits per selected health facility**

Health Center	Jan	Feb	Mar	Q2 Total	Q2 Target	% Achieved
Angoche RH	1	1	0	2	3	67%
Mecuburi HC	1	0	0	1	3	33%
Nicoadala HC	1	3	4	8	6	133%

Alto Molócuè HC	1	0	0	1	3	33%
<b>Total</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>12</b>	<b>15</b>	<b>67%</b>

Data source: TA visit form.

FANTA could not achieve the number of technical assistant visits according to targets due to the travel ban put into effect by FHI 360 starting in February for security reasons as clashes were reported between the opposition party and the government army. The ban did not apply to Nicoadala, which performed better than the other facilities due to the closeness to the provincial capital. According to follow-up information, the security situation is currently improving. FANTA expects that the ban will be lifted in the next reporting period, which will allow for regular visits to meet the target.

#### Indicator B: Number of on-the-job trainings provided by FANTA per selected health facility

Health Center	Jan	Feb	Mar	Q2 Total
Angoche RH	0	0	0	0
Mecuburi HC	0	0	0	0
Nicoadala HC	0	0	1	1
Alto Molócuè HC	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>

Data source: On-the-job training form.

Given the travel ban, there was only one on-the-job training during the reporting period in Nicoadala for the maternal and child health nurses to improve their technical capacity on the criteria to refer children from the CCR to the inpatient ward to be evaluated for admission.

#### Indicator C: Number of people trained by FANTA on child and health and nutrition

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
<i>Number of people trained in child health and nutrition, disaggregated by sex</i>	N/A <sup>1</sup>	66 M: 29 F: 37	N/A	55 M: 21 F: 34	N/A	0	N/A	0	N/A

During the reporting period, FANTA facilitated two trainings, one of which was also financed by FANTA. In Alto Molócuè District in Zambézia Province, FANTA financed and facilitated the PRN I refresher training for 30 participants (7 men and 23 women). FANTA also facilitated the southern regional PRN II training of trainers for 25 participants (14 men and 11 women). These trainings are described in more detail in section VI.

#### Indicator D: Average percentage point change between pre- and post-test of training participants

Training	Average percentage point change
PRN I refresher training in Alto Molócuè District	28
PRN II southern regional training of trainers	25

At the beginning and end of each training, participants complete a pre- and post-test. In both trainings that FANTA facilitated, the post-test results were notably higher than the pre-test results. In the PRN I refresher training in Alto Molócuè District, the average percentage point change was 28, with an average pre-test score of 46 percent and an average post-test score of 74 percent. At the PRN II southern regional training of trainers, the average percentage point change was 25, with an average pre-test score of 61 percent and an average post-test score of 86 percent.

<sup>1</sup> FANTA has not developed annual targets because trainings are provided on an ad hoc basis at the request of MISAU and are not a primary activity on which FANTA's performance is based. Therefore, the percentage achieved is not applicable.

## Indicator E: Percentage of training sessions that successfully achieved training objectives according to participants

The percentage of trainings that successfully achieved the objectives according to participants is 100 percent. This means that for both trainings that FANTA facilitated, at least 80 percent of the participants strongly agreed or agreed with the statement on the training evaluation form that the training met its main objective.

### Intermediate result (IR) 1: Improved implementation of PRN protocols

#### 1.1 Number and percent of FANTA-supported health facilities with PRN protocols (job aids) available for use

Districts	Jan	Feb	Mar	Q2 Available in all months
Angoche RH	1	1	1	1
Mecuburi HC	1	1	1	1
Nicoadala HC	1	1	1	1
Alto Molócuè HC	1	N/A	N/A	N/A
<b>Total number</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Total percent</b>				<b>100%*</b>

Data source: TA visit form.

\*The percentage does not include Alto Molócuè since data were not collected for February and March due to the travel ban.

FANTA ensured that during all months of the reporting period protocols (referring specifically to the job aids) were available for use at the health facilities except for Alto Molócuè where during the month of February and March visits were not performed. Once Alto Molócuè receives a visit, expected during the next reporting period, FANTA will assure that the protocols are still available for use.

#### 1.2 Number of new patient admissions to PRN in selected health facilities

Health Center	Jan	Feb	Mar	Q2 Total
<b>Angoche RH</b>				
MAM	21	20	19	<b>60</b>
SAM	8	3	15	<b>26</b>
<b>Mecuburi HC</b>				
MAM	2	3	2	<b>7</b>
SAM	3	9	4	<b>16</b>
<b>Nicoadala HC</b>				
MAM	7	17	4	<b>28</b>
SAM	21	39	6	<b>66</b>
<b>Alto Molócuè HC</b>				
MAM	13	N/A	N/A	<b>13</b>
SAM	2	N/A	N/A	<b>2</b>
<b>Total new admissions</b>	<b>77</b>	<b>91</b>	<b>50</b>	<b>218</b>

Data source: PRN registry books.

The table above shows the number of admissions of new cases of MAM and SAM in children 6 months to 14 years of age, over the course of the three months of implementation, except for Alto Molócuè District for which data were only available for January. Among the 218 admissions reported, there is a similar case load of MAM (108) with that of SAM (110) when aggregated across all four focus health facilities. When comparing the reported three months of implementation, in Nampula, Angoche's rural hospital experienced the highest number of MAM cases. Mecuburi shows the lowest number of MAM cases with a total of 7. This points to a situation in which focused efforts are still needed to address the challenges, including a lack of commitment by the district health staff to follow

up on recommendations. In Zambézia Province, Nicoadala experienced a variation in the reported cases of MAM with more admissions in the month of February compared to the other months. Overall, Nicoadala was the health facility that reported the highest number of SAM cases. No data are available for Alto Molócuè health facility in the months of February and March because it was not possible to visit the health facility to collect the data due to security reasons. FANTA will continue to make the necessary efforts to improve the number of new admissions to the PRN in selected health facilities, including with Mecuburi District to address the continued challenges already noted by FANTA and the SDSMAS.

### 1.3–1.5 Number and percent of patients who were discharged as cured, died, and defaulted in selected health facilities

Health Center	Jan		Feb		Mar		Q2 Total	
	#	%	#	%	#	%	#	%
<b>Angoche RH</b>								
Cured	5	50%	4	100%	12	92%	21	78%
Died	0	0%	0	0%	0	0%	0	0%
Defaulted	0	0%	0	0%	0	0%	0	0%
Transferred to inpatient	5	50%	0	0%	1	8%	6	22%
Transferred to other sector	0	0%	0	0%	0	0%	0	0%
<b>Total, Angoche RH</b>	<b>10</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>27</b>	<b>100%</b>
<b>Mecuburi HC</b>								
Cured	7	100%	12	100%	7	100%	26	100%
Died	0	0%	0	0%	0	0%	0	0%
Defaulted	0	0%	0	0%	0	0%	0	0%
Transferred to inpatient	0	0%	0	0%	0	0%	0	0%
Transferred to other sector	0	0%	0	0%	0	0%	0	0%
<b>Total, Mecuburi HC</b>	<b>7</b>	<b>100%</b>	<b>12</b>	<b>100%</b>	<b>7</b>	<b>100%</b>	<b>26</b>	<b>100%</b>
<b>Nicoadala HC</b>								
Cured	1	100%	2	40%	8	100%	11	79%
Died	0	0%	0	0%	0	0%	0	0%
Defaulted	0	0%	2	40%	0	0%	2	14%
Transferred to inpatient	0	0%	1	20%	0	0%	1	7%
Transferred to other sector	0	0%	0	0%	0	0%	0	0%
<b>Total, Nicoadala HC</b>	<b>1</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>14</b>	<b>100%</b>
<b>Alto Molócuè HC</b>								
Cured	10	77%	N/A	N/A	N/A	N/A	10	77%
Died	0	0%	N/A	N/A	N/A	N/A	0	0%
Defaulted	3	23%	N/A	N/A	N/A	N/A	3	23%
Transferred to inpatient	0	0%	N/A	N/A	N/A	N/A	0	0%
Transferred to other sector	0	0%	N/A	N/A	N/A	N/A	0	0%
<b>Total, Alto Molócuè HC</b>	<b>13</b>	<b>100%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>13</b>	<b>100%</b>

Data source: PRN registry books.

The table above shows the number and proportion of patients who were discharged as cured, died, and defaulted from January to March 2016 in the four focus health facilities in Nampula and Zambézia. In general, almost all health facilities reported cure rates above the recommended 75 percent, except for Alto Molócuè health facility, and deaths rates at zero. Alto Molócuè and Nicoadala health facilities reported the default rate above the recommended upper limit of 15%. The rest of the health facilities reported no defaulters across the three reported months. FANTA is making extra effort during the technical assistance visits to reduce defaulting. Angoche Rural Hospital reported that a total of 22 percent of patients in quarter 2 were transferred to inpatient care due to aggravation of their

health and nutritional status, which indicates that children are accessing health services late into their episodes. Also Nicoadala health facility reported one transfer to inpatient care in the month of February. FANTA will support the health facilities to continue to register discharges more accurately, and to understand the reasons why more patients were transferred to inpatient treatment.

### 1.6 Number and percent of patients < 5 who are screened for malnutrition in selected health facilities

Health Center	Jan		Feb		Mar		Q2 Total	
	#	%	#	%	#	%	#	%
Angoche RH	25	93%	22	100%	34	100%	81	98%
Mecuburi HC	5	63%	1	6%	0	0%	6	21%
Nicoadala HC	78	100%	68	100%	53	100%	199	100%
Alto Molócuè HC	25	100%	N/A	N/A	N/A	N/A	25	100%
<b>Total</b>	<b>133</b>	<b>96%</b>	<b>91</b>	<b>86%</b>	<b>87</b>	<b>96%</b>	<b>311</b>	<b>93%</b>

**Data source:** CCR individual register form.

**Note:** the table does not show the denominator (total patients under 5 that should be screened for malnutrition), but the denominator can be calculated from the number and percent screened in the table.

The table above shows the number and proportion of patients under 5 years screened for malnutrition in the first consultation of the CCR during the reporting period. Protocols recommend that every child seen in the CCR should be screened for malnutrition during their first visit to allow for timely detection and treatment of cases of acute malnutrition. The general trend of the data shows that screening is taking place according to recommendations, except for Mecuburi which reports a very low screening proportion of 21 percent. FANTA will work in coordination with the Mecuburi health facility to identify the problems that are behind the low screening to reverse the scenario. The Alto Molócuè health facility presents data from one month only, due to the reason explained above, where 100 percent of patients were screened for malnutrition. FANTA will continue to provide technical assistance to the focus health facilities so that 100 percent of children seen for the first time in the CCR in any given month are screened for malnutrition and receive adequate nutritional support.



### 1.7-1.8 Number and percent of patients < 5 with MAM and SAM in selected health facilities

Health Center	Jan		Feb		Mar		Q2 Total	
	#	%	#	%	#	%	#	%
<b>Angoche RH</b>								
Normal	12	48%	11	50%	15	44%	38	47%
Mild	0	0%	0	0%	0	0%	0	0%
<b>MAM</b>	<b>9</b>	<b>36%</b>	<b>9</b>	<b>41%</b>	<b>10</b>	<b>29%</b>	<b>28</b>	<b>35%</b>
<b>SAM</b>	<b>4</b>	<b>16%</b>	<b>2</b>	<b>9%</b>	<b>9</b>	<b>26%</b>	<b>15</b>	<b>19%</b>
Total, Angoche RH	25	100%	22	100%	34	100%	81	100%
<b>Mecuburi HC</b>								
Normal	3	60%	0	0%	0	0	3	50%
Mild	0	0%	0	0%	0	0	0	0%
<b>MAM</b>	<b>1</b>	<b>20%</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>33%</b>
<b>SAM</b>	<b>1</b>	<b>20%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>17%</b>
Total, Mecuburi HC	5	100%	1	100%	0	100%	6	100%
<b>Nicoadala HC</b>								
Normal	50	64%	47	69%	40	75%	137	69%
Mild	14	18%	5	7%	4	8%	23	12%
<b>MAM</b>	<b>5</b>	<b>6%</b>	<b>10</b>	<b>15%</b>	<b>5</b>	<b>9%</b>	<b>20</b>	<b>10%</b>
<b>SAM</b>	<b>9</b>	<b>12%</b>	<b>6</b>	<b>9%</b>	<b>4</b>	<b>8%</b>	<b>19</b>	<b>10%</b>
Total, Nicoadala HC	78	100%	68	100%	53	100%	199	100%
<b>Alto Molócuè HC</b>								
Normal	18	72%	N/A	N/A	N/A	N/A	18	72%
Mild	4	16%	N/A	N/A	N/A	N/A	4	16%
<b>MAM</b>	<b>1</b>	<b>4%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>1</b>	<b>4%</b>
<b>SAM</b>	<b>2</b>	<b>8%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>2</b>	<b>8%</b>
Total, Alto Molócuè HC	25	100%	N/A	N/A	N/A	N/A	25	100%

**Data source:** CCR individual register form.

The table above shows the results of malnutrition screening of children under 5 during the reporting period, in which Nicoadala health facility reported a rate of 69 percent of children screened with normal anthropometric parameters, followed by Mecuburi Health Facility and Angoche Rural Hospital with, 50 percent and 47 percent respectively. Alto Molócuè report the highest proportion of normal cases (72 percent), but this corresponds only to the month of January. Mecuburi and Angoche did not report any case of mild acute malnutrition during the report period. Nicoadala and Alto Molócuè health facilities presented 12 percent and 16 percent respectively of mild acute malnutrition in children 0–59 months. It is important to mention that mild acute malnutrition, although not subject to treatment under the PRN, deserves attention as it can soon deteriorate into a MAM if the child does not receive the proper care.

The two selected health facilities in Nampula have high proportions of MAM and SAM in children 0–59 months that were screened in the CCR, with 35 percent and 19 percent in Angoche and 33 percent and 17 percent in Mecuburi, though the numbers are small from Mecuburi. In Zambézia, Nicoadala health facility reported the same proportion of MAM and SAM (10 percent) whereas Alto Molócuè health facility reported data only from the month of January with MAM and SAM of 4 percent and 8 percent, respectively.

### 1.9- 1.10 Number and percent of patients < 5 who received therapeutic and supplementary food in selected health facilities

Health Center	Jan		Feb		Mar		Q2 Total	
	#	%	#	%	#	%	#	%
<b>Angoche RH</b>								
MAM 6-59 mo	7		9		9		25	
Received supp food	6	86%	9	100%	8	89%	23	92%
SAM 6-59 mo	3		2		9		14	
Received therap food	2	67%	1	50%	9	100%	12	86%
<b>Mecuburi HC</b>								
MAM 6-59 mo	1		1		0		2	
Received supp food	1	100%	1	100%	0	N/A	2	100%
SAM 6-59 mo	1		1		0		2	
Received therap food	1	100%	0	0%	0	N/A	1	50%
<b>Nicoadala HC</b>								
MAM 6-59 mo	4		4		3		11	
Received supp food	4	100%	3	75%	0	0%	7	64%
SAM 6-59 mo	8		6		3		17	
Received therap food	7	88%	4	67%	1	33%	12	71%
<b>Alto Molócuè HC</b>								
MAM 6-59 mo	1		N/A	N/A	N/A	N/A	1	
Received supp food	1	100%	N/A	N/A	N/A	N/A	1	100%
SAM 6-59 mo	1		N/A	N/A	N/A	N/A	1	
Received therap food	1	100%	N/A	N/A	N/A	N/A	1	100%

**Data source:** CCR individual register form.

The table above shows the number and percentage of patients aged 6–59 months screened for malnutrition in the CCR and identified with MAM and SAM and those who received supplementary or therapeutic feeding according to PRN protocols. Data showed that not all children 6–59 months received supplementary or therapeutic food according to PRN protocols. The Angoche Rural Hospital reported higher number of cases of SAM and MAM, with 92 percent receiving supplementary feeding and 86 percent receiving therapeutic food. In Mecuburi, the two cases identified with MAM had food supplementation, and for SAM in the two children identified only one received therapeutic food, accounting for 50 percent. In Nicoadala Health Facility, 64 percent and 71 percent of children received supplementary and therapeutic feeding, respectively. Alto Molócuè Health Facility presented data from only January and reported 100 percent of children receiving supplementary and therapeutic food.

It should be noted that SAM cases in the table above includes those with complications who are referred for inpatient care; therefore the differences seen between those with SAM and those that received therapeutic food (defined here by RUTF) is less than 100 percent, as it should be. Additionally, stock out of the products accounted for some of the patients not receiving appropriate products, e.g., in Nicoadala where there were stock outs of RUTF and CSB+, as described in indicators 2.4–2.6. FANTA will continue to work with the health facilities to ensure that all children identified with malnutrition have proper treatment.

**Data Quality Check: The number and percentage of screened patients < 5 with incorrect classification of nutritional status in the CCR registers**

Health Facility	Jan			Feb			Mar			Q2 Total		
	# screened	# incorrect classification	% incorrect classification	# screened	# incorrect classification	% incorrect classification	# screened	# incorrect classification	% incorrect classification	# screened	# incorrect classification	% incorrect classification
Angoche	25	4	16%	22	1	5%	34	8	24%	81	13	16%
Mecuburi	5	0	0%	1	1	100%	0	0	0	6	1	17%
Nicoadala	78	8	10%	68	4	6%	53	4	8%	199	16	8%
Alto Molócuè	25	3	12%	N/A	N/A	N/A	N/A	N/A	N/A	25	3	12%
<b>Total #</b>	<b>133</b>	<b>15</b>	<b>11%</b>	<b>11</b>	<b>0</b>	<b>0%</b>	<b>15</b>	<b>0</b>	<b>0%</b>	<b>159</b>	<b>15</b>	<b>9%</b>

Data source: CCR individual register form.

The determination of correct classification of nutritional status is an important factor for improving the proper care and treatment of patients diagnosed with SAM and MAM. Therefore, FANTA checked the quality of the calculations in the CCR Individual form by classifying the nutritional status for each child who was screened during their first visit to the CCR using their recorded weight, height, age, and sex, and compared it with the nutritional status classification registered on the CCR individual form. The table above shows the results of this data quality check in which it can be seen that Mecuburi showed the highest proportion of incorrect classification (17 percent) followed by Angoche (16 percent). For which we can conclude that Nampula selected health facilities require more support on classification of the nutrition status. Despite the lower proportion reported by Zambézia health facilities compared to Nampula, there is clearly room for improvement, particularly in Alto Molócuè, which reported 12 percent although only for the month of January. Therefore, FANTA will continue making efforts toward improving the capacity of health providers to perform accurate anthropometry measurements and classify nutritional status according to protocols.

**IR 2: Improved supply chain management of nutrition products**

**2.1. Number of selected health facilities in which the PRN-related sections of the stock-control cards were completed in all months of the last quarter**

Health Center	Jan	Feb	Mar	Q2: Stock card completed in all months?
Angoche RH	1	1	1	1
Mecuburi HC	1	1	1	1
Nicoadala HC	1	1	1	1
Alto Molócuè HC	1	N/A	N/A	N/A
Total facilities with completed stock-control cards in all months of last quarter				3
<b>Quarterly Target</b>				<b>3*</b>
<b>% Achieved</b>				<b>100%</b>

\*This target was adjusted from 4 to 3 to reflect the lack of data from Alto Molócuè due to the travel ban.

The table above shows that all selected health facilities report 100 percent on the completion of stock control cards for nutrition products over the reporting period. It should be noted Alto Molócuè HC only reported the month of January. FANTA will continue to provide technical assistance to ensure that the PRN-related sections of the stock-control cards in selected health facilities continue to be completed.

## 2.2 Number of district warehouses that developed supply chain forecasts based on health facility data

Districts	Jan	Feb	Mar	Q2 Total	Q2 %
Angoche	1	1	1	3	100%
Mecuburi	1	1	1	3	100%
Nicoadala	1	1	1	3	100%
Alto Molócuè	1	N/A	N/A	1	100%*
<b>Total number of district warehouses</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>100%</b>

\*This percentage reflects only the month of January.

The table above shows that all district warehouses developed supply chain forecasts based on health facility data during the reported months. FANTA was pleased with the results and will continue to provide support to the district warehouses to maintain this pattern.

## 2.3 Number of months for which the provincial warehouses developed a distribution plan for nutrition products based on district data

Provinces	Jan	Feb	Mar	Q2 Total
Nampula	1	1	1	3
Zambézia	1	1	1	3

The table above shows that the two provincial warehouse in Nampula and Zambézia developed distribution plans for nutrition products based on district data for all three months in the period under review. In the next reporting period, FANTA will continue to support the provincial warehouse focal points to maintain the pattern in both provinces.

## 2.4–2.6 Number and percent of selected health facilities with stock outs of nutrition products during the last month

Indicator		Jan		Feb		Mar		Q2 Average	
		#	%	#	%	#	%	#	%
2.4	Number and percent of selected health facilities with stock outs of RUTF during the last month	1	25%	1	25%	1	25%	1.0	25%
2.5	Number and percent of selected health facilities with stock outs of therapeutic milk during the last month	1	25%	2	50%	2	50%	1.7	42%
2.6	Number and percent of selected health facilities with stock outs of CSB+ during the last month	0	0%	2	50%	2	50%	1.3	33%

The table above shows the number and percent of selected health facilities that experienced stock outs of RUTF, therapeutic milks, or CSB+ during the reporting period, while the table below shows the stock outs by health facility and month. The data shows that stock outs of all three products took place, except in Mecuburi. Angoche District experienced only one stock out of RUTF in January. In Zambézia Province, the situation was direr, as there were stock outs of therapeutic milk, RUTF, and CSB+ in all months. For therapeutic milk and RUTF, there was a stock out at the provincial level. For CSB+, it appeared that there was a stock out as well. FANTA has been working with the DPS Nutrition Focal Points to follow up with MISAU at the central level and with the WFP logistics focal point in Beira City to obtain updates on the situation. FANTA will continue to work at the provincial, district, and health facility levels to improve the supply chain management of all nutrition products, as stock management problems take place at all levels, with the request and/or receipt of insufficient stock of nutrition supplies compared to the requests and needs.

### Months in which the selected health facilities experienced stock outs

Angoche RH	Jan	Feb	Mar
RUTF	1	0	0
Therapeutic milk	0	0	0
CSB+	0	0	0
Mecuburi HC	Jan	Feb	Mar
RUTF	0	0	0
Therapeutic milk	0	0	0
CSB+	0	0	0
Nicoadala HC	Jan	Feb	Mar
RUTF	0	1	1
Therapeutic milk	1	1	1
CSB+	0	1	1
Alto Molócuè HC	Jan	Feb	Mar
RUTF	0	0	0
Therapeutic milk	0	1	1
CSB+	0	1	1

### IR 3: Improved Quality, Reporting, and Analysis of PRN Data

#### 3.1 Number and percent of health facilities in selected districts submitting PRN monthly reports on time

Districts	No. of health facilities implementing PRN I by district	Jan		Feb		Mar		Q2 Average	
		#	%	#	%	#	%	#	%
Angoche	11	8	73%	8	73%	7	64%	8	70%
Mecubúri	12	9	75%	12	100%	12	100%	11	92%
Nicoadala	8	7	88%	6	75%	5	63%	6	75%
Alto Molócuè	12	10	83%	10	83%	12	100%	11	89%

The table above shows the number and percent of health facilities that implement PRN activities in selected districts that submitted PRN monthly reports on time to the SDSMAS during the reporting period. The data shows that the selected districts did not receive all the reports from the health facilities, with an average of 70 to 92 percent received, except for Mecuburi District in the month of February and March and Alto Molócuè District in March in which all reports were received on time. FANTA will make the necessary effort in coordination with the selected district to improve the existing underreporting.

#### 3.2 Number and percent of selected SDSMAS submitting PRN monthly reports on time

Provinces	No. of districts per province	Jan		Feb		Mar		Q2 Average		Q2 Target		Q2 % Achieved
		#	%	#	%	#	%	#	%	#	%	%
Nampula	2	2	100%	2	100%	2	100%	2	100%	2	100%	100%
Zambézia	2	2	100%	2	100%	2	100%	2	100%	2	100%	100%

The table above shows that the selected districts in Nampula and Zambézia submitted PRN monthly reports in a timely manner. FANTA will continue to provide technical assistance for the selected districts to maintain this 100 percent level of performance.

### 3.3 Number and percent of months for which the DPS submitted PRN monthly reports on time

Province	Jan	Feb	Mar	Q2 Total		Q2 Target		Q2 % Achieved
				#	%	#	%	%
Nampula	1	1	1	3	100%	3	100%	100%
Zambézia	1	1	1	3	100%	3	100%	100%

The data in the table above shows that MISAU consistently received provincial reports from the selected provinces in a timely fashion in all months of the period under review, for a quarterly average of 100 percent. FANTA will continue to support the DPS to maintain this pattern.

## VIII. Major Implementation Issues

A travel ban for Nampula and Zambézia provinces was put into effect for all FHI 360 projects starting February 2016 due to political unrest. Project staff were not allowed to travel outside a 30 kilometer radius from the capital city. This effectively put a stop to FANTA's technical assistance at the district and health facility levels, except at the Nicoadala Health Center in Zambézia Province. In Nampula Province, the ban was lifted on March 28, 2016. FHI 360 continues to monitor the security situation on a weekly basis, and will lift the ban in Zambézia Province once it is determined that there is no risk for staff members to travel.

FANTA experienced some delays in completing certain documents and deliverables that are pending reviews and approval as follows:

- Anthropometric growth curves reference booklet is pending a review by the Maternal and Child Health Department for further MISAU approval.
- The SISVAN concept note is dependent on MISAU review and approval.
- The IYCF strategy continues to depend on the UNICEF consultant to send the final draft for the TWG to review.
- The departure of the MISAU-DN focal person on IYCF and the BFHI created a significant constraint in moving forward several items that were in motion. As of the end of the quarter, the position has not been filled.
- The job aids on infant feeding in the context of HIV, which FANTA had considered final and was preparing to submit to MISAU and USAID/Mozambique, were revised after some TWG members submitted late comments to improve the wording.
- The Portuguese version of the PHFS report is pending MISAU review and approval.
- FANTA noted a number of challenges to improving PRN performance in Mecuburi health center, for example, a low commitment from health staff, and raised the concerns with the medical chief and the DPS Nutrition Focal Point. FANTA will continue to pay close attention to assisting the health facility to address these challenges and will continue to involve the district and provincial focal points in following up the situation.
- Despite some improvements, stronger coordination with the clinical partners at the provincial level continues to need improvements.

## IX. Collaboration with Other Donor Projects

FANTA collaborated with the following partners and donor projects:

### *Central-Level Technical Assistance*

- Ariel Glaser Foundation for Pediatric AIDS (*Fundação Ariel Glaser Contra o SIDA Pediátrico*) to deliver the southern regional PRN II training of trainers.
- UNICEF on coordination of activities to accelerate the development of the national IYCF strategy and the implementation of the integrated BFHI into the Maternity Model Initiative in targeted hospitals as per MISAU's Annual Plan.
- ANSA to support the SUN-CS Platform.
- FAO to support SETSAN-PAMRDC by revising nutrition education and communication for behavior change materials.

### *Provincial-Level Technical Assistance*

- In Nampula, coordinated an integrated district visit with ICAP and EGPAF to improve nutrition services, which will take place in the next quarter.
- In Nampula, met with MCSP to provide an orientation on the projects' work, and agreed to maintain communication with MCSP. (MCSP also participates in the provincial PRN TWG.)
- ICAP, FGH, and UNICEF in Zambézia Province to discuss ways to strengthen inter-partner coordination; to coordinate the methodology of support provision to the DPS and the districts of Nicoadala and Alto Molócuè; and to conduct joint activities at the district and health facility levels.

## X. Upcoming Plans

### (A) Central-Level Technical Assistance

#### Activities Planned for the Next Reporting Period (April to June 2016)

#### Objective 1: Improved food and nutrition program design, implementation, and M&E for people living with HIV and/or TB in MISAU care and treatment services supported by the USG.

##### 1.1 Strengthen MISAU and provincial health systems to implement the PRN.

- Continue supporting the MISAU PRN TWG, including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.
- Support MISAU to conduct central and northern regional PRN II training of trainers.
- Continue to revise the PRN training materials for community groups to make them applicable to both PRN I and II.
- FANTA central staff to provide technical assistance and supervision to the FANTA provincial staff on management and implementation.

##### 1.2 Support MISAU to develop and implement QI systems for nutrition services provided through health facilities.

- Continue to revise the PRN Quality Performance Standards based on feedback from the first field application.

##### 1.3 Support the integration and improvement of counseling activities to improve nutrition practices among people living with HIV and/or TB in care and treatment services and community-level programs.

- Finalize the qualitative analysis of the key informant interviews to refine the draft counseling materials.
- Discuss the results of the qualitative analysis with the creative firm to assist them in producing more refined counseling materials.

##### 1.4 Support the integration and improvement of nutrition content in in-service training of health professionals and strategies and curricula related to HIV and TB.

- Provide technical support to the Challenge TB project in support of an FHI 360-initiated synergy strategy on the integration of nutrition activities in field-level implementation in Nampula and Zambézia provinces (e.g., revision of tools, possible facilitation of trainings or participation in key meetings, and joint technical assistance visits), as requested and feasible.

##### 1.5 Support MISAU to improve the national nutrition surveillance system.

- Continue to advocate for the submission of the SISVAN concept note to the DNSP for approval.
- Continue to support MISAU-DN to obtain the MISAU Maternal and Child Health Department review of the anthropometric growth curves reference booklet, for subsequent approval.

**Objective 2: Improved MCHN program design, implementation, and M&E in MISAU health services supported by the USG and community-based programs supported by the USG.**

**2.1 Support MISAU to strengthen IYCF policies, strategies, and implementation.**

- Continue to support the development of the IYCF strategy by participating in regular meetings of the IYCF TWG and reviewing drafts.
- Continue to support MISAU with the approval of the National IYCF Policy.
- Address clarifications from MISAU on the final results of the mapping of the IYCF counseling materials, as requested. Additionally, support MISAU to organize a meeting of the IYCF working group members to present the final results of the mapping and support MISAU in identifying gaps in terms of trainings, supplies, implementation, and partners.

**2.2 Support MISAU to implement the BFHI.**

- Support MISAU in the approval of job aids on infant feeding in the context of HIV, and in making a plan for printing and distributing the job aids to health facilities with the help of the PEPFAR clinical partners.
- Continue to support MISAU in monitoring provincial hospitals' progress to obtain BFHI accreditation, as requested.

**2.3 Support MISAU to strengthen the nutrition content of MCHN materials.**

- No activities are anticipated during next quarter.

**2.4 Support MISAU to implement the PHFS and to strengthen the implementation of the national infant feeding guidelines in the context of HIV.**

- No activities are anticipated during the next quarter.

**Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.**

**3.1 Strengthen the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition.**

- Continue as an active member of the SETSAN PAMRDC working group meetings, supporting relevant activities as requested.
- Continue as an active member of the SUN-CS Platform activities, supporting the *Geração Nutrição* campaign, advocacy visits, and other activities as requested.

**3.2 Strengthen capacity of MISAU and implementing partners on SBCC strategy development.**

- Continue to support MISAU in the organization of the workshop to launch and disseminate the SBCC strategy.

**Other Planned Activities**

- Submit the second-quarter report covering January to March 2016.

**(B) Provincial-Level Technical Assistance**

**Activities Planned for the Next Reporting Period (April to June, 2016)**

**IR 1: Improved management of PRN and implementation of PRN protocols**

- Continue to provide technical assistance to the DPS in Nampula and Zambézia provinces to oversee PRN implementation, including supporting the provincial PRN TWGs, designing strategies to overcome the challenges, and conducting joint technical assistance visits to implement those strategies.
- Continue to support the provincial PAMRDC working group activities, as requested.
- Continue to provide technical assistance for the implementation of PRN protocols, including conducting regular technical assistance visits and on-the-job trainings.
- Support the DPS in Nampula and Zambézia provinces to conduct the PRN II trainings at the provincial level, as requested.



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- Support the DPS and SDSMAS in Nampula and Zambézia provinces to conduct PRN I refresher trainings, as requested, including the refresher training in PRN monitoring and evaluation in Nampula Province, if scheduled by the DPS.

#### **IR 2: Improved supply chain management of nutrition products**

- Continue to provide technical assistance to improve the supply chain management of nutrition products, particularly therapeutic milks, RUTF, and CSB+.

#### **IR 3: Improved quality, reporting, and analysis of PRN data**

- Continue to provide technical assistance to improve the quality, reporting, and analysis of PRN data.

#### **Linkages with partners**

- Continue to coordinate technical assistance activities with clinical partners and other provincial stakeholders in Nampula and Zambézia provinces.

#### **Supervision and reporting**

- Continue to provide management and implementation support through monthly supervision visits.
  - Analyze and report on the PMP indicators from April through June 2016.
  - Finalize the baseline assessment reports.
- 

### **XI. Evaluation/Assessment Update**

**Completed during the reporting period:** No evaluations or assessments were completed during this reporting period.

**Underway during the reporting period:** No evaluations or assessments were underway during this reporting period.

**Planned:** No evaluations or assessments are planned during the upcoming reporting period.

## **XII. Success Stories and Photos**

### **Success Story 1**

#### ***Referral of Children from CCS to CCR***

Zambézia is the Mozambican province with the highest prevalence of acute malnutrition in children under 5, with 9% affected, which is more than double the 4% national prevalence. Given the critical importance of detecting and treating children with acute malnutrition, FANTA began providing technical assistance in October 2015 to Zambézia's Nicoadala and Alto Molócuè Districts to strengthen the identification, referral, and treatment of acutely malnourished children.

Based on a baseline assessment and visits to health facilities, the FANTA team observed that children found to be underweight at Well-Child Clinics, known locally as *Consulta da Criança Sadiá* or CCS, were not being appropriately registered or referred for evaluation for possible acute malnutrition. According to Ministry of Health protocols, each child flagged as underweight during routine growth monitoring requires immediate referral to the At-Risk Child Clinic (*Consulta da Criança em Risco* or CCR) for further anthropometric measurements to determine whether the child is moderately or severely acutely malnourished according to low weight for height or mid-upper arm circumference. The lack of referral to CCR represented a critical impediment for diagnosis, treatment, and follow-up of these malnourished children.

To address this missed opportunity to identify possible cases of acute malnutrition, FANTA met with CCS health providers and the District Head of Nutrition to discuss a strategy to improve the referral of underweight children. The group suggested the development of a tool to register and refer underweight children to the CCR.

After field testing with health providers, FANTA developed the Daily Registry for Children Referred to CCR due to Malnutrition. As of October 2015, this tool is being used at CCS to improve referral of underweight children and prevent children from getting lost during the referral process. The tool also provides feedback to the CCS regarding the outcome of each referred child and prevents duplicate registrations of the same child in the same month.

When an underweight child is identified in the Well-Child Clinic, the child's name and age are recorded on the daily registry, as well as the date of referral and reason for referral (see Annex 1). CCS support staff then personally accompany the child and his or her guardian to the CCR, where CCR nursing staff note the date the child was evaluated, along with any observations. Having support staff accompany the family to the CCR helps avoid an excessive waiting time for nutritional evaluation as CCR nurses are expected to prioritize children brought by service agents.

FANTA is still working toward improving and systematizing this form to be used to refer patients from CCS to other sectors where malnourished patients are treated.

### **Success Story 2**

#### ***Provincial Coordination Enhances Detection and Treatment of Acute Malnutrition***

In Mozambique, both chronic and acute malnutrition are devastating to children's growth and development, as well as the long-term development of the country. Chronic malnutrition, manifested as stunting, affects half of Mozambican children under 5<sup>2</sup>, and prevents them from reaching their potential for physical growth and cognitive development, as well as creating a barrier for schooling and future earning potential. Acute malnutrition, or wasting, affects 6% of children under 5, with higher prevalence around 10% among children 0–17 months<sup>3</sup>, as well as those affected by HIV/AIDS. Consequently, they are at a higher risk of acquiring various illnesses and mortality, and as a result need urgent treatment.

To combat chronic malnutrition and treat acute malnutrition effectively, several policies and strategies have been designed for implementation by stakeholders who focus on nutrition, as well as other key health challenges related to child and maternal health, HIV, and others. For maximum impact, these approaches must be integrated to allow the programs to complement and coordinate with each other.

Key objectives of the Food and Nutrition Technical Assistance III Project (FANTA) include providing nutrition technical assistance at the provincial level and establishing joint coordination

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<sup>2</sup> Mozambique Demographic and Health Survey 2011.

<sup>3</sup> Ibid.

mechanisms among partners to achieve the best results for nutrition activities. In February of 2016, FANTA convened the first meeting of the Provincial Nutrition Rehabilitation Program (PRN)<sup>4</sup> Technical Working Group in its Nampula office. The inaugural meeting involved the heads of several provincial-level health programs including Maternal and Child Health; Public Health, Nutrition and TB; and implementing partners such as the International Center for AIDS Care and Treatment Programs; the Maternal and Child Survival Program; Save the Children; and World Vision (See Annex 2).

The PRN Technical Working Group has already supported the Provincial Health Directorate in integrating key PRN protocols to identify and treat acute malnutrition into the Maternal and Child Health Clinics and the Expanded Program for Immunization.<sup>5</sup> The PRN Technical Working Group also provided technical support to ensure that antiretroviral therapy and TB clinics use anthropometry to select beneficiaries for food supplementation when needed and to appropriately graduate beneficiaries who meet the criteria for improved nutritional status. Building on this promising start in early 2016, the PRN Technical Working Group agreed to maintain monthly meetings to discuss and analyze PRN implementation in the province, as well as produce quarterly reports on developments, results, and achievements to assure that nutrition program activities continue moving forward.

See below a photo.



*Photo: Nampula Provincial PRN Technical Working Group meets for the first time in February 2016 to strengthen PRN implementation and coordination.*

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<sup>4</sup> Programa da Reabilitação Nutricional

<sup>5</sup> Programa Alargado de Vacinação [PAV]

### XIII. Financial Information

FANTA Pipeline (as of March 31, 2016)	PEPFAR	Office of HIV/AIDS Plus-Up	Feed the Future	Mozambique Mission	Total <sup>[1]</sup>
1. Cumulative obligations to date	1,762,690	1,025,000	1,300,000	3,606,533	7,694,223
2. Cumulative disbursement through December 2015	1,762,690	945,705	1,118,767	1,015,735	4,842,897
3. Estimated expenditures for Jan-March 2016 <sup>[2]</sup>	0	63,583	56,767	337,113	457,463
4. Total cumulative expenditure through March 2016 (lines 2 & 3)	1,762,690	1,009,288	1,175,534	1,352,848	5,300,360
5. Pipeline balance as of March 31, 2016 (lines 1–4)	0	15,712	124,466	2,253,685	2,393,863
6. Estimated projection for Q3, FY 16: April-June 2016 (based on FY 16 budget)	0	15,712	62,239	573,732	651,683

<sup>[1]</sup> May not sum exactly due to rounding.

<sup>[2]</sup> Books have not yet been closed for March, so March's expenditures are estimated based on actual spending in January and February.

Annex 1.

Filled out form of patients referred from CCS sector to CCR sector.

FICHA DE REGISTO DIARIO DE CRIANÇAS REFERIDAS PARA CCR POR MOTIVOS DE DESNUTRIÇÃO

Districto Nicoadala <sup>B.C</sup> us Nicoadala - SEDP

Ano 2015 / Mês Outubro

Responsavel: \_\_\_\_\_ Sector

Data	Nome da Criança	Idade	Sexo		Motivos de Referencia DAG; DAM	Data de Registro na CCR/B	Observação
			F	M			
20.10.15		20 meses	X		Amemnia grave	B/S intermédio	Edema/delirio
20.10.15		07 meses	X			CCR	
20.10.15		4 meses		X		CCR	
26.10.15		4 meses			Amemnia G	Hararano	Edema
03.11.15		03 meses			DAM	Hararano	S/edema
03.11.15		11 meses			DAM	Hararano	Edema
03.11.15		12 meses		M	DAG	Hararano	S/edema
03.11.15		7 meses		M	DAM	Hararano	S/edema
04.11.15		24 meses		M	DAG grave	Hararano	Edema
05.11.15		4 meses		M	DAG	Hararano	S/edema
05.11.15		13 meses			DAG	Hararano	S/edema
05.11.15		20 meses		M	DAM	Hararano	Exativ-CCR
06.11.15		18 meses		M	DAM	Hararano	
06.11.15		9 meses	F		DAG	Hararano	Genç Genç
06.11.15		9 meses	F		DAG	Hararano	
10.11.15		9 meses		M	DAG	Hararano	
12.11.15		20 meses		M	DAG	Edema	B/S
16.11.15		12 meses		M	DAG	B/S/CCR	Anemnia
11.11.15		6 meses	F		DAG	CCR	
24.11.15		27 meses		M	DAG	CCR	B/S Men
24.11.15		12 meses	F		DAG	CCR	S. Positivo
24.11.15		20 meses	F		DA	CCR	Emtia
2.12.15		21 meses		X	DAM-Ligero	CCR	
9.12.15		14M	X		DAG	CCR	
14.12.15		22 meses	X		DAG	B/S/CCR	Edema +
15.12.15		10 meses	X		DAG	CCR	
11.01.16		12 meses	X		DAM	CCR	
11.01.16		11 meses	X		DAG	CCR	
14.01.16		10 meses	X		DAG	CCR	Edema
14.01.16		14 meses		X	DAG	CCR	
16.1.16		17 meses		X	DAM	CCR	

Annex 2.

List of participants of the first meeting of the Nampula Provincial PRN Technical Working Group



LISTA DE PARTICIPANTES NA REUNIÃO DO GRUPO TÉCNICO DE NUTRIÇÃO 17 DE FEVEREIRO 2016 - ESCRITÓRIO FHI360 NAMPULA

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O Responsável da Reunião