



Nutrition and HIV Unit, WFP Mozambique

Current and future programming

Undernutrition costs Mozambique 10.9% of GDP each year, equivalent to USD 1.7 billion. As such, undernutrition is a cause as well as a result of poverty. Almost half the population lives in poverty, and around one-third in absolute poverty. The food insecurity of these households is exacerbated by Mozambique's high susceptibility to climate shocks such as cyclones, floods and droughts. Mozambique is also one of only eight countries with an HIV prevalence of over 10%. Malnutrition among people living with HIV (PLHIV) is a serious public health concern.

WFP Mozambique's Nutrition and HIV programmes follow the Humanitarian-Development Nexus, aiming to serve communities in [emergencies](#), assist in their [recovery](#), and help build robust [resilience](#). This involves integrating efforts with external stakeholders as well as across WFP Mozambique programming units, to provide a comprehensive package of actions which achieve sustainable outcomes.

PROGRAMMING TO TREAT MODERATE ACUTE MALNUTRITION

Every year, rates of acute malnutrition increase sharply in Mozambique due to natural disasters, pests, lean seasons and conflict. The National Nutrition Rehabilitation Programme (PRN) is a key component of the Government of Mozambique's efforts to treat acute malnutrition. WFP supports the PRN by providing services in six of Mozambique's 11 provinces, to children under 5 (CU5), and pregnant and lactating women (PLW) suffering from moderate acute malnutrition (MAM), including those with HIV. WFP supplies health centres with specialised nutritious foods (SNFs), and trains health centre staff to identify and treat MAM, as well as to refer cases of severe acute malnutrition. Nearly 10,000 CU5 and 3,500 PLW are reached every month with MAM treatment services by WFP.

Demand generation for treatment of MAM

In two provinces, Sofala and Cabo Delgado, the PRN includes demand generation to encourage participation and retention in the programme. Activities focus on [information](#) and [motivation](#). Information about programme activities is provided

through megaphone messaging, local radio spots and outreach activities performed by community health workers (CHWs). CHWs are an important source of support which motivates community members to access services, and to continue to do so until they are fully recovered. Community radio is also used as a motivator, by broadcasting success stories with beneficiaries, health centre staff and CHWs.



A CHW uses a MUAC stick to screen for acute malnutrition at community level
Photo credits: WFP Mozambique/Chico Carniero

CHWs check for acute malnutrition using tapes which measure mid-upper arm circumference, called 'MUAC sticks'. CHWs may not be able to read or write, so the Nutrition and HIV unit has developed picture training tools to show them how to use MUAC sticks and to refer based on results. About 6,000 CU5 and 3,000 PLW are screened through this community-based activity, every month.

Demand generation is key to breaking misconceptions and taboos around malnutrition, and to ensuring retention in programme activities. Early dropout is a major cause of relapse, and often affects the most vulnerable beneficiaries.

Monitoring and evaluation

The PRN programme's outcome, output and performance indicators are monitored weekly and monthly. Post-distribution monitoring reports on the programme are done trimesterly. The demand generation component is monitored monthly. All data are displayed on Tableau dashboards ([Sofala](#) and [Cabo Delgado](#)). This regular monitoring allows for quick, adaptive changes to ensure efficient and effective programming.



HIV/TB PROGRAMMING

In Mozambique, only 56% of PLHIV access treatment. Barriers such as stigma, lack of knowledge and inadequate services contribute to continuing high rates of HIV infection. Tuberculosis (TB) is highly endemic, with a prevalence of 552/100,000. More than half of TB sufferers are co-infected with HIV.

One UN HIV project

Tropical Cyclone (TC) Kenneth made landfall in Cabo Delgado in April 2019. In emergencies, unsafe living conditions, a heightened risk of sexual violence and negative coping strategies (such as commercial sex and sex for food) contribute to an increased rate of HIV transmissions. As well as this, services break down and access to HIV treatment is often interrupted. For PLW, this exposes their unborn child to a greater risk of mother-to-child transmission. As part of emergency relief efforts in Cabo Delgado, WFP partnered with the International Organization for Migration to provide services for PLHIV/TB and HIV-vulnerable populations – particularly PLW, their husbands and their children under 10.

Nutrition support for PLHIV/TB

The mortality rate for PLHIV/TB who begin treatment while malnourished is 3-5 times higher than for those who are well-nourished. Following TC Kenneth, WFP expanded target groups for PRN services to include PLHIV/TB, provided health centres with SNFs for MAM treatment, and trained staff at the District Health Authority (SDSMAS) on MAM screening and treatment.



Child reaching for a sachet of RUSF provided by WFP to a health facility in Cabo delgado province
Photo credits: WFP Mozambique/Chico Carniero

Demand generation for HIV/TB and nutrition services

CHWs provided screening, sensitisation and referral in the community, and also followed up with beneficiaries who received HIV/TB treatment at health centres. Counselling services were provided, both within communities and at health centres, to support treatment adherence and retention in the programme.

Videos and loudspeaker messaging were used to disseminate information about nutrition for PLHIV/TB, the importance of testing, and health seeking behaviour. Community debates were also held to discuss these topics.

These activities aimed at raising awareness of the programme, reducing stigma surrounding HIV, and emphasized the importance of testing and treatment for HIV and TB. Topics include HIV/TB prevention and treatment; undernutrition related to HIV in PLW; HIV infant and young child feeding (IYCF); and available services for HIV and TB at health centres.

Monitoring and evaluation of One UN project

The programme was monitored monthly. Data included numbers of PLW tested for HIV and TB at health centre and community level, numbers of community dialogues held, and numbers of audio messages broadcast. All data were displayed on a [Tableau dashboard](#).

Roadside Wellness Centre for HIV/TB services for mobile populations

This project integrates HIV/TB prevention and treatment services. It targets truck drivers and sex workers along the Beira-Sofala transport corridor – one of Mozambique's main hotspots for HIV transmission. Groups vulnerable to HIV infection, such as adolescent girls, are also primary beneficiaries.

Due to the mobile nature of their work, truck drivers have difficulty accessing health services. To reach them, the project has set up Roadside Wellness Centres (RWCs) which provide healthcare and counselling. RWCs also target (predominantly adolescent) sex workers, and adolescent girls and young women living with HIV or at risk of contracting HIV. In Mozambique, there is a 46% pregnancy rate among girls and women aged 15-24, and this group is 4.5 times more likely to become infected with HIV than their male peers. The RWCs give this vulnerable group access to HIV treatment, and also provide prevention of mother-to-child transmission services.

Health services offered by the RWCs have been designed for the specific needs of each beneficiary group. They include check-ups and treatment for illnesses, including sexually transmitted infections, malaria, TB and HIV; free condoms; counselling; and messaging on HIV transmission risk reduction strategies and positive gender relationships.

Monitoring and evaluation of RWC project

WFP's partners are leading data collection and monthly reporting. Key indicators are updated monthly on dashboards, giving immediate access for analysis and adaptation.

Cover photo page 2: Health technician conducting a HIV test on community member at health facility
Photo credits: WFP Mozambique/Chico Carniero

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PROGRAMMING TO PREVENT STUNTING

Gender transformative nutrition-sensitive project (GTNS)

This project provides a complementary package of services which includes training and tools for climate resilient agriculture; linkages with sexual and reproductive health (SRH) services; training and technology to reduce post-harvest loss (PHL); food for assets (FFA); and SBCC to prevent and treat malnutrition, and promote positive gender relationships.

Stunting remains a persistent problem in Mozambique, affecting 43% of CU5. It develops over a long period of time due to inadequate nutrition, repeated infections, or both. Stunting manifests as a child being too short for their age, but its hidden consequences are devastating – poor cognitive development, lower educational attainment, lower earning potential, higher risk of disease and death in childhood, and increased risk of nutrition-related chronic diseases in adulthood.

This innovative programme in Chemba district (Sofala province) aims to reduce stunting by focusing on women's empowerment as a way to ensure children eat a nutritious diet. Over three years, it will reach 1,500 households (7,500 people) which contain adolescent girls, PLW, children under 2 and women with an obstetric fistula. Activities are integrated across several WFP Mozambique units – Nutrition and HIV, Resilience and Climate, Cash Based Transfer (CBT) and Supply Chain (retail), Smallholder Farmer Support and Gender.

Reducing post-harvest loss

PHL contributes to food insecurity throughout Mozambique, with farmers losing more than 30% of crops to pests and mould. This has a significant effect on nutrition, health and household security. In particular, aflatoxins – a poisonous substance caused by a fungus – are regularly found in improperly stored staple foods in Mozambique. One effect of aflatoxins is to inhibit the absorption of vitamins and minerals, heightening the risk of stunting in children. The promotion of adequate and safe storage practices could therefore have a substantial impact on the nutritional status of Mozambicans.

The project is providing training on PHL to female and male farmers, as well as solar dryers and hermetic bags, and demand generation for PHL technologies.

Gender- and nutrition sensitive assets

The assets in the FFA component have been designed to significantly reduce a woman's time on unpaid labour. Women and girls spend up to three hours a day collecting water, and between six to ten hours a week collecting firewood. Time saving assets, such as fuel-efficient stoves and water catchment systems, reduce the risk of girls being taken out of school, and give women more time for income generating activities and childcare.



A GTNS beneficiary household on distribution day, collecting their eggs and other foods
Photo credits: WFP Mozambique/Julio Alquistone

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A healthy mum equals a healthy baby, but in Mozambique

- o 40% of women give birth before the age of 18, a time when their own nutrient needs are highest
- o Almost 500 out of every 100,000 live births result in the mother's death – often a complication of anaemia
- o 40% of women suffer gender-based-violence
- o One in three women has never had any formal education
- o Women eat last and eat least



An adolescent mother and her child in Sofala province, hit by tropical cyclone Idai in March 2019
Photo credits: WFP Mozambique/Chico Carniero

Nutrition-sensitive assets include vegetable gardens, fruit orchards, latrines and handwashing stations.

Nationwide, 28% of babies under 6 months are already stunted. This is not only indicative of poor breastfeeding habits, but also of poor maternal nutrition. The project aims to support the health and well being of mothers through improving their diets; this will also have a positive effect on the nutritional status of their infants.

Adding eggs to the food basket

The food basket provided in the FFA is made up of fortified maize meal, fortified vegetable oil, beans, iodised salt and eggs. In 2018, WFP carried out a Fill the Nutrient Gap (FNG) analysis in Mozambique, to better understand the barriers to adequate nutrient intake. The FNG focused primarily on interventions for stunting reduction during the first 1,000 days of life – from conception to a child's 2nd birthday. It found that if a 6-23 month old child ate an egg every day, the cost of providing them a nutritious diet would be reduced by 25%.

Social and Behavioural Change Communication (SBCC)

The SBCC strategy is a prototype, designed specifically to support stunting prevention and increase women's empowerment. It is based around the World Health Organization conceptual framework which identifies poor maternal nutrition, limited female decision making, high gender-based violence and inadequate access to SRH services among the drivers of stunting.

SBCC consists of a three-pronged approach: nutrition, SRH and gender. Messaging around nutrition includes IYCF (such as optimum breastfeeding practices) and maternal health and nutrition. Mobile brigades teach mothers to look after their own SRH (particularly family planning and pregnancy) and support referral to health services. Gender dialogue clubs provide safe spaces for couples to discuss sensitive issues such as gender norms and roles, gender-based violence, family planning and early marriage.

The project has also trained community radio journalists to support behaviour change around nutrition, SRH and gender. These journalists have developed interactive radio show for various audiences, in which different stakeholders (e.g. beneficiaries, traditional and religious leaders) tell success stories. Live community debates are also broadcast.



Community radio journalists conducting a live session with community members on topics related to health and nutrition
Photo credits: WFP Mozambique/Chico Carniero

NUTRITION-SENSITIVE FFA

The Nutrition and HIV Unit is working on a model for nutrition-sensitive FFA to ensure healthy diets, particularly for vulnerable groups such as PLW, adolescent girls, or children 6-59 months. This is being accomplished through five pathways:

- Targeting to ensure that participating households contain PLW, adolescent girls, or children under 2 (this captures the first 1,000 day window)
- Diversified food baskets
- Creation of nutrition- and gender-sensitive assets
- SBCC to improve behaviour change for healthier diets
- Monitoring and evaluation to capture results related to dietary diversity

This model was recently [piloted in Tete province](#) in a project that aimed to increase levels of minimum acceptable diet (dietary diversity and meal frequency) for children under 2, and to increase minimum dietary diversity for women.



Cooking demonstration in Doa district of Tete province. Full article: <https://bit.ly/2Fm2MxZ>
Photo credits: WFP Mozambique/Evan Sheldon

Households containing PLW or children under 2 were provided with value vouchers for food and commodity vouchers for eggs. Nutrition-sensitive assets focused on food diversification, and water, sanitation and hygiene (WASH). Nutritious crops (biofortified where possible) were cultivated, and training was provided in improved sowing processes and crop multiplication. WASH conditions were improved through the construction of latrines, hand-washing stations and rubbish pits.

Men were encouraged to attend cooking demonstrations, which used eggs and other locally available nutritious foods in recipes adapted to the local context. High levels of male participation at the demonstrations were integral to breaking social norms where women and children eat last and eat least.



Three children in Cabo Delgado province, northern Mozambique
Photo credits: WFP Mozambique/Chico Carniero

FOOD SECURITY AND NUTRITION INFORMATION SYSTEM (FSN)

Up-to-date information on Food Security and Nutrition (FSN) is fundamental to response preparedness. The Nutrition and HIV unit is currently helping to build the capacity of the government's Technical Secretariat for Food Security and Nutrition (SETSAN). This consists of two initiatives: mapping and scoping. Mapping is complete; it explored how FSN data are collected and used, and analysed the limitations of existing systems. Scoping will evaluate a range information systems to choose the most effective one for the Mozambique context.

UPCOMING INITIATIVES AND PARTNERSHIPS

Nutrition-sensitive cash-based transfer campaign

The Nutrition and HIV unit is working with the Cash-Based Transfer (CBT) units (programme and supply chain retail) on nutrition-sensitive SBCC. This innovative approach uses the CBT modality as a catalyst for improved nutrition through SBCC messaging. The focus is on creating awareness and change on family feeding and dynamics, maternal health, IYCF, and WASH. A nutrition education manual has been developed to guide the messages shared in the campaign. These messages will be disseminated through radio, theatre, posters, text messages and television – as well as by retailers at point of sale.

Integrating HIV and nutrition with social protection

There is an opportunity to incorporate nutrition into national social protection (SP) programmes, by supporting the government to provide nutrition-sensitive assets in its FFA SP programme. The Social Protection and Nutrition and HIV units are also exploring approaches to help the government broaden SP for PLHIV. 'Cash+Care' is one such approach. It combines CBTs with treatment and counselling services, and has been shown to significantly reduce HIV risk, and increase adherence to treatment, particularly in adolescent girls.

Nutrition-sensitive school feeding

The Nutrition and HIV unit is working with School Feeding to make school menus more nutritious, to partner with the Ministry of Education to integrate nutrition education into the national curriculum, and to launch SBCC interventions in schools on nutrition and HIV.

Nutrition and HIV strategy

The Nutrition and HIV unit is developing a strategy to guide its programming. The strategy will present innovative ways to sustainably reduce all forms of malnutrition. Key actions outlined in the strategy will be reflected in WFP Mozambique's next Country Strategic Plan (CSP).