

Decentralized Evaluation Quality Assurance System (DEQAS)

Management Response from the Mozambique Country Office on the recommendations of the Decentralized Baseline Evaluation of the Gender Transformative and Nutrition Sensitive (GTNS) Programme (2019 to 2021)

Introduction: WFP Mozambique's Gender Transformative and Nutrition Sensitive project (GTNS) is funded by the Austrian Development Agency (EUR 3 million) over a two-and-a-half-year period (2019-2021). It is being implemented in 49 villages in Chemba District, Sofala Province. The project aims to improve women and adolescent girls' empowerment, while increasing dietary and nutrient intake, and reducing stunting among children under 5 in the context of a changing climate. The objective of the evaluation (baseline and endline) is to assess the project's contribution to reducing stunting among children under-five and the empowerment of women and girls, through a baseline survey in 2020 and an endline survey in 2021. Following the baseline evaluation of the Gender Transformative and Nutrition Sensitive (GTNS) project conducted early 2020, a set of recommendations were presented to the WFP Mozambique to provide actions points to be made or descriptions on actions already taken to respond to the recommendations.

Rec. #	Recommendation [as per evaluation report]	Management Response [Is recommendation <i>Accepted</i> , <i>partially accepted</i> or <i>not accepted</i> ? If partially accepted or not accepted, provide a brief explanation why]	Actions to be taken [Briefly state what actions will be taken to address the recommendation, starting with on the actions listed in the evaluation report]	Action By	Implementation timeframe [Month, Year]	Status [Not started/In progress/On hold/Complete]
1	Ensure GTNS's SBCC component adequately delivers nutrition educational messaging and targets men and adolescent boys, as well as women and adolescent girls:					
1.1	Improving dietary diversity is a key issue that needs to be addressed in order to improve nutritional outcomes among both pregnant and lactating women and under-five children. Evidence from other contexts shows that this does not happen automatically with increased access to food or improvements	Accepted	1.1.1 The SBCC component was initiated in September 2020 . This component includes SBCC counselling sessions focused on 3 main areas. A). Nutrition (consisting -of (i) Infant and Young Child Feeding, (ii) Malaria Prevention, (iii) Hygiene and Sanitation, and (iv) Maternal Nutrition); B). Gender Dialogue Clubs (including couples); and C). Sexual and Reproductive Health counselling . Specific messages on diet diversity for both children under two and pregnant and lactating women (PLW) are directed at caregivers of children	WFP CO Nutrition & HIV Unit, GTNS team Community health workers, District health authorities, Pathfinder International (PI)	September 2020 – December 2021	In Progress

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	in income. ¹ A case in point is that the early distribution of food assistance appears to have had a positive impact on household consumption and, albeit more modestly, dietary diversity, but this does not seem to have trickled down to the targeted under-two children. GTNS's SBCC component is therefore both highly relevant and important. The behavioral messaging needs to be well tailored and developed if it is to elicit the desired behavior change. Exploring ways of informing such messaging through recent insights of behavioral science and economics is recommended.		<p>under two during the Maternal Health and IYCF small groups counselling sessions (6 sessions each topic (IYCF completed October 2020 and Maternal Nutrition sessions planned May – June 2020) each targeting 1,500 caregivers of children under two years of age.</p> <p>The sessions are conducted by 208 community health workers (CHWs), reaching all topics to all 1,500 beneficiary households before December 2021. CHWs use guided debate questions and picture cards to discuss the importance of diet diversity and its benefits for children and PLW.</p> <p><i>Monitoring :</i> <i>The cooperating partner, Pathfinder International (PI), compiles attendance data from CHWs after each module and sends monitoring data on a quarterly basis to WFP CO Nutrition. Additionally, PI collects pre- & post-test data from each module and sends data to WFP CO Nutrition GTNS M&E team immediately after collection. (Each module is 6-10 weeks in long and pre-test data is conducted before the first session of the module and the post-test is conducted within one week of the last session. WFP CO Nutrition GTNS team analyzes and prepares comparative analysis reports on this data.</i></p>			
1.2	The Busara Center for Behavioral Economics ² has devised a simple framework that would be useful to consider	Accepted	1.2.1 While the GTNS project already recommends simple and implementable options for households and mothers to undertake included in the SBCC package, WFP will use results from the Gender	1.2.1 and 1.2.2 WFP, CO Nutrition & HIV unit, GTNS Team	1.2.1 and 1.2.2 September 2020 – December 2021	1.2.1 In Progress 1.2.2. Completed

¹ http://www.unscn.org/files/Publications/Review-country-level-programming-nutrition-sensitive_agriculture-UNSCN.pdf

² <https://www.busaracenter.org/>

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	in the design and implementation of GTNS's SBCC component: EAST (Easy, Attractive, Social, and Timely). Efforts should be scaled up, for example, to understand local feeding and food preparation practices and identify simple and implementable (i.e. Easy) nutrition improvement options households and mothers can readily undertake. Only providing general information in the absence of locally relevant and 'easily implementable' options will likely result in minimal behavior change, as will options that would be difficult and unrealistic for the majority of households to pursue, e.g. options requiring significantly longer food preparation time and effort or options for which ingredients are expensive and/or difficult to access.		<p>Analysis³ (published November 2020) and KAP Study (scheduled published date December 2020) to contribute to localizing messages around feeding and food preparation practices.</p> <p><i>Monitoring :</i> WFP CO Nutrition GTNS team will report progress in the quarterly donor report.</p> <p>1.2.2 To ensure a deeper understanding of local feeding, buying and growing practices, WFP conducted a food consumption assessment in February 2020.</p> <p>These findings informed the selection of 6 key locally appropriate recipes to demonstrate to project beneficiaries (at least 1,500 caregivers of children under two years old).</p> <p>Cooking demonstrations began in September 2020 (1 already conducted) and 5 more until October 2021</p> <p>To ensure thorough buy-in of community members, WFP also conducted a pretesting of the cooking demonstration recipes in September 2020, in collaboration with local government health authorities.</p>	Community health workers, District health authorities, Pathfinder International		
1.3	The options should be Attractive , considering the local context as well. They should fit	Accepted	1.3.1 The GTNS Project Gender component is based around an engaging men approach. While gender is cross-cutting within in SBCC, WFP is also	1.3.1 HOPEM ⁴ ,	1.3.1 January – April 2021	1.3.1 Not Started 1.3.2 In progress

³ The analysis was set out in line with the three key elements of gender empowerment: agency, institutional structure and resources and the five domains of empowerment as per the Women's Empowerment in Agriculture Index (WEAI) : (i) production, (ii) resources, (iii) income, (iv) leadership, and (v) roles and responsibilities.

⁴ HOPEM : The Men for Change Network (HOPEM) is a non-profit organization, composed of 25 Mozambican civil society organizations and activists, working to affirm the human rights of Mozambican men, women and children. With the project, HOPEM has worked collaboratively with Pathfinder International to finalize a contextualized Gender Dialogue Club Manual to be used for the Gender Dialogue Clubs.

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	in with the foods that local people prefer and find tasty. Encouraging households to grow, purchase, and/or prepare food options that they are unfamiliar with is less likely to be successful. One critical element that is often overlooked in nutritional messaging is the economic attractiveness of the options in question. Poor households are generally not able to afford many recommended good dietary practices. Hence, an overly ambitious optimal diet messaging campaign could alienate the target population. This is especially significant in settings where males significantly influence food expenditure. When using women as the entry point for dietary change that entails increases in food expenditure, these dynamics may limit uptake and even exacerbate intra-household tensions. It is therefore important to involve men meaningfully in the intervention as well and be aware of the inherent financial limitations faced by households. Balancing nutrition and financial		<p>implementing Gender Dialogue Clubs (GDCs) from January – April 2021, specifically designed to engage men in sensitive topics with their partners. GDCs are comprised of 10 sessions targeted at the 1,500 men and their wives, a total of 3,000 beneficiaries, and there are two sessions in particular that touch specifically on household decision-making (including finances and what to buy at the market) and engaging men more in their child's feeding and nutritional outcomes. All recommended recipes in the cooking demonstrations use locally available ingredients and food that has been introduced through the FFA component in seeds or vines/branches.</p> <p><i>Monitoring:</i> <i>The cooperating partner, PI, will compile attendance data from CHWs during the GDCs and will send monitoring data on a quarterly basis to WFP CO Nutrition. Additionally, PI will conduct the pre-test before the first session in January 2020 and send the data to WFP CO Nutrition GTNS Team. PI will conduct the post-test within one week of the last session in April 2020 and send the data to WFP CO Nutrition GTNS Team. WFP CO Nutrition GTNS team will analyze and prepare a comparative analysis report on this data.</i></p> <p>1.3.2 WFP will use findings and recommendations from the Gender Analysis and KAP Study to better reflect the balance of nutrition and financial considerations within the radio communication component, specifically in talk show scripts (42 planned in 2021) and inform success stories (84</p>	<p>Pathfinder International, Community Health Worker</p> <p>1.3.2 WFP CO, Nutrition & HIV unit, GTNS Team, Pathfinder International, PCI Media, Community Health Workers, Beneficiaries</p>	1.3.2 November 2020 – November 2021	

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	considerations will likely increase acceptability and increase the likelihood of desirable behavior change.		planned in 2021) starting from November 2020 – December 2021. <i>Monitoring :</i> WFP CO Nutrition GTNS team will monitor and report on the progress of this integration in donor reports to ADA prepared on a quarterly basis, being sure to utilize the cooperating partner, PCI Media's, quarterly report to inform the update.			
1.4	The Social element is also critical. People are also more likely to change their behavior when they see their peers or people they respect undertaking the behavior in question. For example, mothers can share what they are feeding their young children in peer groups, with those who are following good practice recognized and praised. There is also evidence that the way messages are structured and communicated matter. ⁵ For example, messages around child feeding practices can be more effective if they are given a personal touch, such as “Mothers of under-fives in your community promote their health and development by feeding them a diversity of good foods every day, including	Accepted	1.4.1 The interpersonal SBCC implementing partners already coordinate with the SBCC radio partner to broadcast “success stories” of people in the community. Partners identify and interview people who are either positive deviants, beneficiaries who have started implementing recommended practices or influential people in the community (local government health authorities), and broadcast their stories for the community (planned value 84 in 2021) to hear in the local language. WFP will continue to ensure all radio messages are in the first-person point of view from relevant community members and local authorities when developing messages for 2021. Starting from October 2020, stories on nutrition, child marriage, WASH, sexuality, breastfeeding and maternal and child health have been broadcasted 58 times using success stories from community influencers and district authorities. <i>Monitoring :</i> WFP CO Nutrition will monitor the implementation through the cooperating partner, PCI Media, reports.	1.4.1 and 1.4.2 WFP CO Nutrition & HIV unit, GTNS team PCI Media Pathfinder International SDSMAS ⁶	1.4.1 October 2020 – December 2021 1.4.2 June – December 2020	1.4.1. in-progress 1.4.2. Completed

⁵ <https://academic.oup.com/jcr/article/35/3/472/1856257>

⁶ SDSMAS : Serviço Distrital de Saúde, Mulher e Ação Social (local government health authorities)

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	protein sources such as meat, legumes, and milk products and dark leafy vegetables and Vitamin A rich fruits." This is opposed to non-personalized messages, such as "To ensure good health and development, under-five children should consume a diversity of good foods every day, including protein sources such as meat, legumes, and milk products and dark leafy vegetables and Vitamin A rich fruits". Timeliness of interventions and messaging can also be important. If the consumption of particular foods is promoted when they are not seasonally available, there may be little uptake even when they come into season. Hence, the promotion of nutrition options will likely be more fruitful if their promotion is seasonally well timed.		<p><i>They report monitoring data on a quarterly basis to WFO CO Nutrition GTNS Team including data on how many success stories and by whom, disaggregated.</i></p> <p>1.4.2 WFP has been closely coordinating its activities to ensure seasonality is considered for key cooking demonstration recipe development and scheduling in July- October 2020. WFP developed a matrix to ensure recipes aligned with the seasons in October 2020. WFP will continuously work to ensure timeliness is fully considered throughout the project timeline and in SBCC messages regarding feeding practices.</p>			
1.5	Finally, it is widely acknowledged that changing gender relations necessitates engaging meaningfully with both women and men. Consequently, GTNS's SBCC component should design appropriate interventions that	Accepted	1.5.1 The GTNS Project Gender component is based around an engaging men approach. While gender is cross-cutting within SBCC, WFP is implementing Gender Dialogue Clubs (GDCs) from January – April 2021. They were specifically designed to engage men in sensitive topics with their partners discussing sensitive subjects that	1.5.1 and 1.5.2 PCI Media, Community Radio, Pathfinder International (PI),	1.5.1 and 1.5.2 November 2020 – December 2021	1.5.1 and 1.5.2 In progress

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	target both, building on insights obtained through the first KAP survey and address undesired attitudes evidenced in the baseline survey, e.g. those related to contraceptive use and early girl marriage.		<p>include early marriage, gender-based violence, family planning and power dynamics. GDCs are comprised of 10 sessions targeting 1,500 men and their wives, reaching a total of 3,000 beneficiaries. (ii) WFP will use KAP findings to inform the Gender approach, ensuring undesired attitudes are addressed.</p> <p><i>Monitoring</i></p> <p><i>1.5.1: The cooperating partner, PI, will compile attendance data from CHWs during the GDCs and will send monitoring data on a quarterly basis to WFP CO Nutrition. Additionally, PI will conduct the pre-test before the first session in January 2020 and send the data to WFP CO Nutrition GTNS Team. PI will conduct the post-test within one week of the last session in April 2020 and send the data to WFP CO Nutrition GTNS Team. WFP CO Nutrition GTNS team will analyze and prepare a comparative analysis report on this data.</i></p> <p>1.5.2 Leveraging the radio platform currently in place, WFP initiated work with the radio producers to ensure the weekly live talk shows programmed, activity-based interviews and monthly success stories around Gender, Nutrition and <i>Sexual and Reproductive Health</i> (SRH) will address undesired attitudes found in the KAP starting in November 2020. The CP PCI Media will be receiving the ideal success stories which have been decided based on the findings of the project assessments and the stories will be collected bi-weekly by the community radio in Chemba from the project beneficiaries and stakeholders and thereafter broadcasted on the local radio.</p>	WFP CO Nutrition & HIV unit, GTNS Team		

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			<i>Monitoring 1.5.2: WFP CO Nutrition unit will monitor the implementation through the cooperating partner, PCI Media's, quarterly report. From data collection by the Chemba Community Radio, to production of the story ready for broadcasting, then from broadcasting the number of stories will be monitored through the quarterly reports.</i>			
2.	Tailor GTNS's KAP and endline surveys to capture data and insights not covered by the baseline survey, including from men and adolescent boys and key contextual barriers that are likely to inhibit desired behaviour change.					
2.1	The baseline survey captured data on a predefined set of quantitative indicators and did not comprise a qualitative component. Yet, additional context-related insights, e.g. barriers against accessing health care services and diversifying diets, would be useful for informing the detailed design of GTNS's interventions, as would understanding the knowledge and attitudes of men and adolescent boys and how these may change over the course of the project's lifespan. GTNS's planned KAP surveys should therefore be designed to address such prioritized gaps. Specific areas meriting further attention articulated during the	Accepted	<p>WFP included both qualitative and quantitative sections to inform SBCC activities on 5 main topics:</p> <ul style="list-style-type: none"> • IYCF, • Maternal Nutrition, • sexual reproduction (SRH), • Gender and SRH, and • Obstetric Fistula. <p>Qualitative Focus Group Discussion (FGD) included questions specifically on barriers and facilitating factors for adopting good practices per topic.</p> <p>2.1.1. a) The KAP qualitative section asked key questions about attending health consultations and men's support / participation thereof. There were not any questions that explored further why women are not delivering babies at health facilities. The endline evaluation will be designed to qualitatively investigate why women are not delivering babies at health facility during the end line design phase in October 2021</p> <p>2.1.3 (b) Both the qualitative and quantitative sections had questions around child feeding</p>	2.1.1 - 2.1.5 WFP CO Nutrition & HIV unit, GTNS Team	2.1.1 - 2.1.5 May 2020 – December 2021	2.1.1 Completed 2.1.2 Not started 2.1.3 Completed 2.1.4 In progress 2.1.5 In Progress

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	<p>report review process relate to better understanding:</p> <p>a) why some women are not delivering their babies at health facilities, so that interventions can be designed and implemented to respond to any identified constraints;</p> <p>b) the role of gender roles and dynamics in feeding practices to guide how women and men can be differentially targeted to bring about improvements; and</p> <p>c) the attitudes of women and men towards climate change and the adoption of drought and flood resistant crops, as well as any non-behavioral related barriers faced with respect to the latter, e.g. poor access to drought tolerate and flood resistant crop varieties.</p> <p>d) Finally, given the length of the survey instrument, data on some important indicators, such as the MDD-W, were not captured. Such data can still be captured at endline for single-difference impact</p>	<p>a) Accepted</p> <p>b) Accepted</p> <p>c) Partially Accepted</p> <p>d) Accepted</p>	<p>directed at both men and women in different groups (PLW and their husbands, caregivers of children under two years of age and their husbands, community influencers, and adolescent boys and girls). Specific questions on feeding times and frequency/consistency were explored and data is disaggregated by gender to facilitate understanding of men's role.</p> <p>2.1.4 (c) The KAP Study did not investigate attitudes towards climate change and adoption of drought and flood resistant crops since its aim, as per the project TOR, was to inform the SBCC strategy that is focused in the areas of Nutrition, Gender and SRH. As such, the KAP was focused on the 5 aforementioned topics under 2.1 to explore key aspects related to nutrition to better understand the community's knowledge, perception and practices about maternal nutrition (MN), infant and young child feeding (IYCF) as well as complementing information concerning components of the project that were not covered by the baseline study, namely sexual and reproductive health (SRH), including obstetric fistula (OF), and sanitation and hygiene (S&H). The KAP Study has also addressed specific gender-related issues identified in the gender analysis report in order to obtain a more comprehensive picture of gender dynamics related to early marriage and education for adolescent girls. The endline design will consider whether it is feasible and desirable to investigate attitudes towards climate change and adoption of drought and flood resistant crops.</p>			

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	estimation. That said, if cutting done on the number of indicators is non-negotiable, WFP may want to consider breaking down the survey administration over several sessions, given that data quality tends to degrade towards the end of long surveys.		2.1.5 (d) The Evaluation design will ensure that the MDD-W is captured in the endline survey to have an estimate of this key indicator. WFP will consider if it would be good to break down the survey administration for the endline over several sessions.			
3	Leverage GTNS's FFA and PHL components for sustainability.					
3.1	There is evidence that GTNS's FFA component already made a difference, even following the one-off double distribution. There is an obvious concern that these benefits could discontinue once the distribution stops. The asset building component of GTNS's FFA component and the PHL component are designed to promote such sustainability. It is therefore critical that these two elements be designed and implemented well and with this	Accepted	<p>The different activities within the project (FFA, PHL and SBCC) work interrelated to tackle the food insecurity and ensure a robust social and behaviour change communication package aiming at guaranteeing a more robust effort towards stabilizing the gains in food and nutrition security for the long-term.</p> <p>3.1.1. FFA interventions will be layered and aligned with seasonal calendar – specifically when FFA is a part of an integrated approach. The FFA food distributions provide a short-term support as a response to the emergency situation which caused food insecurity amongst the beneficiaries. While</p>	<p>3.1.1. WFP CO Nutrition & HIV unit, Resilience and Post-Harvest Loss units</p> <p>Cooperating partners (CP): CEFA⁷, SDAE⁸, SDSMAS⁹</p> <p>3.1.2. WFP Post-Harvest Loss unit and the CP SDAE</p>	<p>3.1.1. December 2019 – December 2021</p> <p>3.1.2. December 2019 – December 2021</p> <p>3.1.3. a) December 2019 – December 2021</p>	<p>3.1.1. In progress</p> <p>3.1.2. In progress</p> <p>3.1.3. a) In progress</p> <p>3.1.3. b) Not Started</p>

⁷ CEFA : Italian NGO that, since its creation, has carried out development projects through integrated rural programs including the sectors of sustainable agriculture, food security, economic development and nutritional training. Within the current project for WFP CO, CEFA is supporting the Food Assistance for Assets (FFA) component with support from SDAE and SDSMAS to ensure commodity vouchers and assets are delivered with expected quality.

⁸ SDAE: acronym for District Services for Economic Activity which under the project focuses on the agriculture component of post-harvest loss (PHL) activities.

⁹ SDSMAS: acronym for District Services for Health, Women and Social Action which under the project focuses on the (SBCC) - Nutrition, Gender and SRH activities are currently implemented together with the main implementers of Community Health Workers, and also led by Pathfinder International.

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	in mind. Careful consideration should be made to evaluate whether the current plan and design for these components are sufficient to improve the food and nutritional security of the targeted households for the long-term.		<p>supporting beneficiaries with distributions in a phased-out approach, the FFA assets and SBCC continue to create a sustainable practice amongst the beneficiaries. While providing assets such as solar dryers or NFI such as hermetic bags (3 per household) under the PHL component, the activity of having a distributor to supply hermetic bags at district level through training 5 agro-dealers to commercialize the bags, and 9 local artisans to be trained to further manufacture solar dryers using local materials.</p> <p>3.1.2. Further the PHL support home / community cultivation and production of fresh produce (fruits and vegetables) used in 6 produced recipes during the cooking demonstrations by distributing at least 10 different type of seeds, supporting seed multiplication at community level and agricultural practices such as: conservative land protection, soil management on arid / semi-arid environment, water catchment, etc. to improve production. (under discussion with CP and local authorities)</p> <p>3.1.3. a) The recipes mentioned above were developed between PHL and SBCC to ensure their appropriateness to the different target age</p>	<p>3.1.3. a) and 3.1.3. b) WFP CO Nutrition & HIV unit, Resilience and Post-Harvest Loss units</p> <p>Cooperating partners (CP): CEFA¹⁰, SDAE¹¹, SDSMAS¹²</p>	3.1.3. b) December 2019 – December 2021	

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			<p>groups, ensuring sufficient nutritious content, by looking at food basket distributed by FFA, foods harvested at the household, and locally available foods.</p> <p>3.1.3. b) The CP CEFA, with support of WFP at Maputo and SO level, will foster a hand over to SDAE and SDSMAS of community assets that will be created, (possible examples are field multiplication, seeds multiplication, feeder roads, etc.) aiming to guaranteeing maintenance and use. The other activities such as the PHL and SBCC are already implemented directly by SDSMAS and SDAE.</p> <p><i>Monitoring :</i> <i>For the FFA component, information and Data will be collected in terms of the asset work being done by the participants through an asset tracker, this will collect against the planned activities the actuals completed on the ground. The CP will be responsible for this data collection and the reports will be sent to the Sub-office for verification and subsequently to the country office for consolidation. CEFA with technical support from the CO, will also keep track of key livelihood indicators at the beginning of its intervention and at the end, through an ODK tool.</i> <i>After each PHL related activity, CP will report the necessary indicators using ODK tool. Additionally, CP will summarise the activities implemented along with beneficiaries reached in monthly reports and send to Country Office through Beira Field Office.</i> <i>After each SBCC related activity, the CPs report the necessary indicators using the ODK tool. The SBCC works slightly differently as reporting more often</i></p>			

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			<i>comes after each module has been implemented together with a pre-post test of an understanding of each module. The CP summarizes the agreed indicators and submits reports on a quarterly basis to Country Office through the Field Office.</i>			
4	Consider revising some of GTNS's indicator targets.					
4.1	In Table 26, we present the original project indicator targets and our recommendations for possible revisions. It should also be kept in mind that the many non-project related factors are likely to shape the trajectory of these indicators. Consequently, attention should be directed towards evaluating how these indicators change over GTNS's lifetime vis-à-vis the households, women, and children in the control villages, as envisaged in GTNS's impact evaluation design.	<p>Partially Accepted, with the following justifications:</p> <p>Accepted to "set afresh" or assign values to 8 indicators previously marked as "none" in the logframe: "<i>% of HH benefiting from food assistance</i>"; "<i>HDDS</i>"; "<i>FES</i>"; "<i>rCSI</i>"; "<i>Pro-WEAL</i>"; "<i>attitude towards early-marriage</i>"; "<i>child illness prevalence</i>"; "<i>prevalence of wasting for under-2s</i>" and "<i>under-5s</i>";.</p> <p>Accepted to increase FCS and <i>FCS-N</i> target values to more than 5% for: "<i>daily consumption of Vit A</i>", "<i>hem iron rich foods</i>" and "<i>protein rich foods</i>"-</p> <p>Accepted to decrease the target values of PHL by less than 5% considering the high level of PHL reported in the baseline</p> <p>Accepted to decrease the target value of "<i>decisions on visiting family members/relatives</i>" to only by 10% - Baseline value was already high to</p>	4.1.1 WFP will discuss with the donor (Austrian Development Agency – ADA) to "set afresh" all target values previously set as "none" guided by the baseline findings. In addition, all target values recommended to be maintained and reduced will be adopted. The latter would also rely on approval from ADA.	WFP CO Nutrition & HIV Unit	February 2021	In Progress

Rec. #	Recommendation [as per evaluation report]	Management Response [Is recommendation <i>Accepted</i> , <i>partially accepted</i> or <i>not accepted</i> ? If partially accepted or not accepted, provide a brief explanation why]	Actions to be taken [Briefly state what actions will be taken to address the recommendation, starting with on the actions listed in the evaluation report]	Action By	Implementation timeframe [Month, Year]	Status [Not started/In progress/On hold/ Complete]
		<p>begin with. Especially in the context of Covid-19, it makes sense to reduce this target value</p> <p>Accepted to re-evaluate the two women's decision-making sub-indicators: "decisions on own health care access" and "decisions on visiting family members/relatives" –;</p> <p>Not accepted to increase the target values of "4+ antenatal care visits", "assisted delivery at health facility", and "health seeking behaviour" – The baseline values were already high to begin with, increasing target values to more than 10% would mean setting it to 100% or close to that, which is not realistic</p>	<p>Based on our re-evaluation, we decided to keep these indicators as they are considered to be of key importance to the main objective of this project, which is women's empowerment, and because these indicators are very important to be kept with regard to the donor.</p>			