

# **Evaluation of Mozambique Gender Transformative and Nutrition Sensitive (GTNS) Project 2019 to 2021(2023)**

Decentralized Evaluation Terms of Reference

WFP Mozambique Office



World Food  
Programme

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# Table of Contents

<b>1. Background</b>	<b>1</b>
1.1. INTRODUCTION	1
1.2. Context	1
<b>2. Reasons for the evaluation</b>	<b>6</b>
2.1. Rationale	6
2.2. Objectives	6
2.3. Stakeholder Analysis	6
<b>3. Subject of the evaluation</b>	<b>9</b>
3.1. Subject of the Evaluation	9
3.2. Scope of the Evaluation	10
<b>4. Evaluation approach, methodology and ethical considerations</b>	<b>11</b>
4.1. Evaluation Questions and Criteria	11
4.2. Evaluation Approach and Methodology	13
4.3. Evaluability assessment	16
4.4. Ethical Considerations	16
4.5. Quality Assurance	17
<b>5. Organization of the evaluation</b>	<b>19</b>
5.1. Phases and Deliverables	19
5.2. Evaluation Team Composition	21
5.3. Roles and Responsibilities	23
5.4. Security Considerations	24
5.5. Communication	25
5.6. Budget	25
<b>Annex 1a: Map: ICA Maps showing Chemba (recurrence of drought and flood incidence)</b>	<b>26</b>
<b>Annex 1b: Map of GTNS Implementation Areas</b>	<b>27</b>
<b>Annex 2: Timeline</b>	<b>28</b>
<b>Annex 3: Role and Composition of the Evaluation Committee</b>	<b>32</b>
<b>Annex 4: Role and Composition of the Evaluation Reference Group</b>	<b>33</b>
<b>Annex 5 Draft summary of data Collection and Analysis Methods</b>	<b>35</b>
<b>Annex 6 Characteristics of targeted and non-targeted areas of Chemba District</b>	<b>44</b>
Administrative post of Chemba	44
Administrative post of Chiramba	45
Administrative post of Mulima	46
<b>Annex 7: List of Stakeholders</b>	<b>47</b>
<b>Annex 8: Quality assurance processes</b>	<b>49</b>

<b>Annex 9: Responsibilities of Co-Evaluation Managers and Evaluation Team Leader.....</b>	<b>50</b>
<b>Annex 10: Format of the Evaluation report .....</b>	<b>51</b>
<b>Annex 11: Bibliography .....</b>	<b>59</b>
<b>Annex 12: Add other relevant annexes as required (including Logical Framework or Theory of Change) .....</b>	<b>61</b>
<b>Annex 13: Acronyms.....</b>	<b>72</b>

# 1. Background

1. These Terms of Reference (TOR) are for the activity evaluation<sup>1</sup> of the Mozambique integrated gender transformative nutrition sensitive (GTNS) project titled *“Reaching the furthest behind first: Gender transformative and nutrition sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province”*. The project aims to improve women and adolescent girls’ empowerment, improved nutritional diversity, and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities: (i) Food Assistance for Assets (FFA) - construction of gender- and nutrition-sensitive household assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation) and community assets, (ii) Post-Harvest Loss (PHL) - trainings on post-harvest loss for smallholder men and women farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage) and (iii) Social and Behaviour Change Communications (SBCC) - multi-level social and behaviour change communication that is implemented at individual, household, and community level to address gender inequality with a focus on early marriage, sexual and reproductive, and health seeking behaviours. The evaluation will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson sharing systems.

## 1.1. INTRODUCTION

2. This evaluation, commissioned by the WFP Mozambique Country office, will cover the period of October 2019 to March 2023 and all activities implemented during this period. This evaluation focuses on evaluating the contribution of the programme to outcomes of interest namely: reduced stunting and empowerment of women and girls, investigating factors that mediate or mitigate such contribution. It will do so by using a mixed-method approach (see section 4.3 for details). The baseline data was collected from the 15<sup>th</sup> of February until the 15<sup>th</sup> of March 2020) and the end line or final data will be collected in April and May 2023.
3. These TORs were prepared by the WFP Mozambique Country office with the support of the Regional Bureau in Johannesburg based on initial document review and consultation with stakeholders, following a standard template. The purpose of the TOR is twofold: Firstly, it provides the overall objectives and design parameters of the evaluation thus providing key information to the evaluation team to guide them throughout the process; and secondly, it provides key information to stakeholders about the evaluation and the institutional arrangements through which they will be engaged during the process.

## 1.2. CONTEXT

4. Despite an average GDP annual growth rate of 7.9 percent for much of the post-war recovery period (1996-2015), economic expansion has only had a moderate impact on poverty reduction and Mozambique ranked 181st of 189 countries in the 2020 Human Development Index.<sup>2</sup> The development challenges Mozambique faces are numerous and varied. Rates of malaria and HIV are high and there is poor and unequal access to improved drinking water and sanitation facilities, as well as health care infrastructure and services. Mozambique is highly susceptible to climate shocks, such as cyclones, floods and drought, as well as economic shocks.<sup>3</sup>
5. **Gender Equality and Women’s Empowerment:** Mozambique is a signatory to all regional and international policy frameworks aimed at promoting equal rights for women and men. Implementation is limited and Mozambique is ranked 127<sup>th</sup> out of 189 countries on the gender inequality index. Both women and men in rural areas are heavily affected by poverty, but in addition, women and girls also

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<sup>1</sup> In WFP categorisation of types decentralised evaluations, this is an activity evaluation

<sup>2</sup> UNDP (2020), retrieved 22 March 2021 from <http://hdr.undp.org/en/composite/HDI>.

<sup>3</sup> World Bank. (2017). Mozambique Overview. Retrieved October 10, 2017, from <http://www.worldbank.org/en/country/mozambique/overview>

face restrictive gender norms and high levels of domestic violence. Over 60 percent of women and 70 percent of men believe that women should obey their husbands and over 50 percent of women and 60 percent of men believe that men should have the final say. This is apparent through clear differences in access to resources (land, cash), limited decision-making power around crops and household purchases as well as reflecting in behaviours around food consumption with men often being prioritised for the best (most nutritious) foods with various myths also preventing women's consumption of certain foods. A barrier analysis conducted by Concern Worldwide in Manica Province in 2015 also found that men were the primary influencers for women's exclusive breastfeeding and children receiving a minimum acceptable diet. Additional evidence shows that women suffer disproportionately in times of crises reflected in increases in already high workloads which equally impact on women being able to ensure sufficient food intake for themselves and their children as well as through negative coping mechanisms such as prioritising meals for certain household members and reducing meals. Additionally, child-marriage is a widespread negative coping mechanism in Mozambique, undertaken with the objective of reducing the burden on the household and earning a bridal price that can provide temporary relief. Mozambique has the tenth highest number of child-marriages globally with one out of two girls married before the age of 18 and 40 percent giving birth to their first child before the age of 18. Child-brides not only face high risks of physical and sexual violence, but also poor nutrition and increased chances of neonatal death. Adolescent mothers are more likely to die in childbirth and more likely to have negative birth outcomes. The leading cause of death globally for adolescent girls 15-19 is due to complications related to pregnancy and childbirth. Young age at first birth also contributes to the high fertility rate of 6.6 in rural areas and a high maternal mortality rate of 489/100,000 live births, one of the highest in the world.

6. **Nutrition:** The Cost of Hunger in Africa analysis for Mozambique found that 10.94 percent of GDP is lost every year because of stunting (chronic malnutrition). The largest share of this cost is the potential loss of productivity due to malnutrition-related mortality, estimated at 53 billion meticaís, or 9.4 percent of GDP.<sup>4</sup> One out of two children under-five is stunted, 26 percent of all child mortality in Mozambique is associated with undernutrition, and stunted children complete 4.7 years less of schooling. Furthermore, repeated episodes of acute malnutrition increase the likelihood that a child will be stunted, and children who are stunted and wasted are 12 times more likely to die than their well-nourished peers.<sup>5</sup>
7. Pregnant women and girls who were chronically malnourished as children, characterized by stunting, are more likely to deliver infants with a low birth weight (<2500g) and to experience life-threatening complications during pregnancy and delivery.<sup>6</sup> In Mozambique 28 percent of children under six months were already stunted.<sup>7</sup> High stunting prevalence before complementary feeding is supposed to have begun is indicative of poor maternal nutrition status before, during and immediately following pregnancy, including young age (adolescent pregnancy) as well as poor breastfeeding practices.
8. The most recently published, nationally representative anthropometric survey indicated that the prevalence of stunting (HAZ<-2) in Mozambique is 43 percent (44.7% Boys, 40.5% Girls), classified as very high by WHO standards and only a slight reduction from 45 percent in 1997. At this prevalence rate, an estimated 2.15 million children aged under five are affected by stunted growth in Mozambique. Consequently, Mozambique ranked 123<sup>rd</sup> out of 132 countries for stunting prevalence in the 2016 Global Nutrition Report (GNR). The first 1000 days of life, or 'the window of opportunity' lie with the target group of children <2 where it is a critical period in a child's development. Nutrition plays a fundamental role, and poor nutrition within this critical period can cause irreversible damage to a child's brain growth, school performance and future productivity.
9. **Nutrition and climate change in Mozambique:** Agriculture is one of the key sectors in Mozambique, accounting for 80 percent of the country's Gross Domestic Product. Seventy percent of agricultural

<sup>4</sup> African Union (AU), NEPAD, World Food Program (WFP), & ECLAC. (2017). Estudo do Custo da Fome em Africa: Impacto Social e Económico Desnutrição em Crianças em Moçambique: Impacto Social e Económico da Desnutrição Infantil no Desenvolvimento a Longo Prazo de Moçambique a Longo Prazo. Maputo.

<sup>5</sup> Tanya Khara and Carmel Dolan (2014). Technical briefing paper: The relationship between wasting and stunting, policy, programming, and research implications.

<sup>6</sup> SETSAN (2013). Baseline Survey for Food Security and Malnutrition. Maputo.

<sup>7</sup> Instituto Nacional de Estatística (INE). (2013). Mozambique 2013 Statistical Yearbook. Maputo: INE.

production is done by smallholder farmers in rural areas under rain-fed systems. In this context, climate change and variability have a considerable impact on livelihoods, food security, and nutrition. Floods and drought are the principal climate hazards in Mozambique, with cyclones and tropical storms also a common occurrence. Floods are of concern in areas along the coastline and major river basins. Drought is a major concern in semi-arid areas of the country including provinces like Tete, Sofala, Inhambane, Gaza, and Maputo. A historical climate analysis (WFP, 2018) concludes that temperatures have already been increasing, rainfall variability has worsened, and vegetation coverage has consequently been decreasing. Climate model projections indicate significant temperature increases (2.2°C – 3.3°C) by 2050 and more variable rainfall. In addition, across all projected climate models show increased heat stress, reductions in water availability, and more frequent and intense extreme weather events, which will exacerbate food insecurity and undernutrition. The impacts of the changing climate that are already felt, and will only be exacerbated if unaddressed through climate action, include: i) increase in mean temperatures during the growing season start, resulting in water evaporation and poor planting conditions; ii) decrease rainfall amounts during the growing season, with increased variability, resulting in dry spells and shorter growing seasons; iii) increase in flash flood incidence, when rain events do occur, promoting rainwater run-off and decreased infiltration; iv) decreases in the production of food staples, including maize, with yield reduction of up to 30-45 percent; and v) loss of biomass reducing grazing areas and livestock health.

10. The implications of climate change for nutrition security merits closer attention. Climate Change will exacerbate undernutrition through three main causal pathways: i) impacts on household access to sufficient, safe, and adequate food; ii) impacts on care and feeding practices; and iii) impacts on environmental health and access to health services. Climate change affects nutrition through food security (reduced production, increased post-harvest loss, and decreased availability), increased disease prevalence and ranges (e.g., malaria, diarrhoea), and reduced dietary diversity and accessibility.
11. **Cyclone Freddy:** Severe Tropical Storm Freddy made landfall in Inhambane province, southern Mozambique, on 24th February 2023. Sustained winds of between 110/120km/h were recorded, classifying Freddy as a Severe Tropical Storm, just below the classification threshold of a Tropical Cyclone. Accordingly, the most intense rainfall spread across Gaza, Inhambane, Manica, and Sofala provinces (>150 mm between 25 February – 2 March). The intense rains, along with discharges from upstream dams, lead to widespread flooding across the provinces of Gaza, Inhambane and Sofala. The Tropical Storm Freddy moved to Zimbabwe, but it has been confirmed that Freddy re-entered Mozambique channel as Tropical Cyclone (category 3) and made landfall on Saturday 11th March. The landfall in Mozambique is expected to severely impact North of Sofala, South of Nampula but with 70% impact in Zambézia Province due to heavy rains in the coastal areas. High probability of floods and we will have heavy rains in Zambézia, Nampula, Sofala and Niassa in the 10 days after Freddy landfall as a tropical Cyclone.
12. **COVID 19 Pandemic:** Mozambique recorded its first case of the Severe Acute Respiratory Syndrome Corona Virus (SARS-CoV-2 virus or COVID-19) in March 2020. By the end of October, the transmission of COVID-19 had reached 11 provinces with Cabo Delgado, Nampula and Maputo being the worst-hit provinces. The COVID-19 pandemic struck Mozambique at a time when the southern region of the country was coping with the effects of drought and dry spells; when the central region was still recovering from Cyclones Idai and Kenneth that hit the country in 2019; and when humanitarian needs had risen to record levels in the northern region because of the growing conflict in Cabo Delgado province. As at end of December 2020, there were 18,372 confirmed cases with 163 confirmed deaths. In response to the first recorded case of COVID-19, the Government announced a one month 'State of Emergency' at the beginning of April 2020. This was extended three times and lasted until the end of July 2020. This 'State of Emergency' led to school and business closures and came with significant job losses. As of March 2023, there were a total of 233,214 confirmed cases of COVID-19, including 2,242 deaths, and 29,457,535 doses of the vaccine had been delivered<sup>8</sup>. Since 2022, the restrictive measures against COVID-19 have been relaxed throughout the country, including in the project area. According to the World Bank<sup>9</sup>, Mozambique experienced its first economic contraction in nearly three decades in

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<sup>8</sup> <https://covid19.who.int/region/afro/country/mz>

<sup>9</sup> <https://www.worldbank.org/en/country/mozambique/overview>

2020, as a result of the COVID-19 pandemic, which devastated the services and extractive sectors. The combination of a recovery in agricultural growth and a relatively strong recovery in services, on the one hand, and weak performance in extractives and manufacturing, on the other, resulted in a modest rebound in growth in 2021. According to Mozambique's 2022 Economic Update, growth will accelerate in the medium term, averaging 5.7% between 2022 and 2024, as demand recovers further and the economy benefits from the start of natural gas production in 2022, as well as the resumption of larger natural gas projects. The World Bank further estimated that one million people slipped into poverty in 2020, as measured by the international poverty line of 1.90 US Dollars per day, due to the COVID-19 pandemic. Between 2020 and 2023, the rate of poverty is expected to drop from 63.3% to 62.2%, but the number of poor people is expected to rise by 1.3 million due to population growth.

13. **Sustainable Development Goals (SDGs)** Nutrition is both an input and output of all the SDGs. SDG 2 (zero hunger), 3 (good health and well-being), 5 (gender equality), 12 (responsible consumption and production), 13 (climate action) and 17 (partnerships) will be relevant across this gender-transformative, nutrition-sensitive project.
14. **National policies:** Food security and nutrition are national priorities in the following policy frameworks that align with the objectives of the project:
  - Mozambique Agenda 2025 prioritizes access to food with a view to improving living conditions and developing human capital.
  - The Government's Five-Year Plan 2015–2019<sup>10</sup> focuses on empowering women and men for gender equity and equality, poverty reduction, economic development, and food security and nutrition.
  - Strategic Gender Plan 2016-2020 and the 4<sup>th</sup> National Plan for the Advancement of Women 2018-2021
  - The Operational Plan for Agricultural Development 2015–2027 aims to enhance food sovereignty by strengthening value chains, public–private partnerships and farmers' organizations.
  - The National Multi-Sectoral Action Plan for the Reduction of Chronic Undernutrition 2011–2020<sup>11</sup> and its Food Fortification Strategy aim to reduce stunting in children under 5, recognizing wasting in pregnant and lactating women and girls and in children under 2 as risk factors for stunting.
  - The National Food Security and Nutrition Strategy 2008-2015<sup>12</sup>, aims at eradicating hunger and promote food security and nutrition in Mozambique and built on the experience and lessons learned from the implementation of previous ESAN I (1998).
  - Social Behaviour Change Communication for the Prevention of Malnutrition in Mozambique 2015-2019<sup>13</sup>, published by the Ministry of Health as a strategic tool to guide SBCC program implementers in promoting adequate practices towards improved nutrition in-country following a harmonized approach and the adequate nutrition and SBCC practices globally.
  - The National Master Plan for the Prevention and Mitigation of Natural Disasters 2017–2030 is the basis for disaster risk management.<sup>14</sup>
15. Furthermore, the proposed project is aligned with the Government's climate adaptation and mitigation policies, programmes, and priorities including:
  - Initial National Communication to UNFCCC (2006)
  - National Climate Change Adaptation and Mitigation Strategy (2013 – 2025) calling for increasing the adaptive capacity of vulnerable people, and promoting mechanisms for planting of trees, and establishing forests for local use.

<sup>10</sup> This is in the process of updating. It will likely not change substantively and still include stunting as an indicator.

<sup>11</sup> This action plan most likely will be updated based upon results of a mid-term review recently conducted and will likely take place in late 2019 or 2020

<sup>12</sup> This was extended beyond 2015 and has recently been revised. It was presented to the National Council for Nutrition and Food Security (CONSAN) in December 2018 and is awaiting endorsement

<sup>13</sup> It is under discussion whether to extend or update this policy

<sup>14</sup> Additionally, informed by the Strategic Gender Plan of the National Institute for Disaster Management (INGC) 2016-2020

- National Adaptation Programme of Action (MICOA, NAPA 2007) that prioritized installing small-scale sustainable irrigation systems and encourage the use of drought-tolerant crops.
- Intended Nationally Determined Contribution (INDC) to UNFCCC that also calls for increasing the adaptive capacity of the most vulnerable groups; and reducing soil degradation and promoting planting of trees for local use.



## 2. Reasons for the evaluation

### 2.1. RATIONALE

16. As mentioned above, the reason for commissioning this activity evaluation is to assess the contribution of the integrated nutrition and gender transformative project on stunting and women and girl's empowerment.
17. The evaluation will have the following uses for the **WFP Mozambique Country Office** and its partners (noted above) in decision-making:
  - Given the core functions of the **WFP Regional Bureau Johannesburg (RBJ)** in providing technical support in design and implementation of programmes, and the importance of addressing malnutrition in the Southern Africa region, the RB will use the evaluation findings to provide strategic guidance, programme support, and oversight to Mozambique as well as other Southern Africa countries
  - **WFP HQ Nutrition Division** will use the findings in its ongoing work to enhance Nutrition sensitive programming in WFP in support of achievement of SDG 2.2 target<sup>15</sup>
  - **WFP Office of Evaluation** may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board on evaluation coverage
  - Other partners including UNICEF, FAO, World Bank etc. who may use the findings of this evaluation to inform their decisions and actions in relation to their engagement in nutrition and gender programming in Mozambique
  - Cooperating partners implementing the activities, including district technical department, NGOs can use the recommendations to enhance their field activities
  - **Austria Development Agency**, as the donor for this project, will use the evaluation report to meet its accountability needs as appropriate

### 2.2. OBJECTIVES

18. Evaluations serve the dual and mutually reinforcing objectives of accountability and learning.
  - **Accountability** – The evaluation will assess and report on the performance and results of the Mozambique Gender Transformative and Nutrition Sensitive project.
  - **Learning** – The project design is innovative and integrates multiple nutrition specific and sensitive interventions to address the determinants of malnutrition, with a focus on women's empowerment. It is intended to prototype a model to reduce chronic malnutrition and increase women's empowerment. It therefore requires a rigorous monitoring and evaluation process to generate information that can inform policy dialogue as well as decision on upscaling. The evaluation will determine the reasons why certain results occurred or did not occur to draw lessons, derive good practices and provide pointers for learning. It will also provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson-sharing systems.

### 2.3. STAKEHOLDER ANALYSIS

19. The main stakeholders include WFP Country office and their partners in the implementation of programme who include district level government; District Services of Health, Women and Social Action (SDSMAS), District Services of Economic Activities (SDAE), at community level working with Community Health Workers (Activists) from SDSMAS and Agriculture Extension Workers (APE) from SDAE. Community Health Workers are involved in activities related to SBCC and Agriculture Extension Workers are involved in activities related to Post-Harvest Loss activities., NGOs; CEFA (European

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<sup>15</sup> By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons from <https://sustainabledevelopment.un.org/sdg2>

Committee for Education and Agriculture), Pathfinder, and PCI Media and Community Radio of Chemba. The total number of primary beneficiaries are 1,500 households (7,500 Women, Men, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old, or a woman with obstetric fistula. The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. [Annex 7](#) provides the full list of stakeholders, their stakes/interest in the evaluation and how they will be engaged.

20. The evaluation will seek the views of, and be useful to, a broad range of WFP internal and external stakeholders. Several stakeholders will be asked to play a role in the evaluation process in light of their expected interest in the results of the evaluation and relative power to influence the results of the programme being evaluated. Table 1 provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the inception phase.
21. Accountability to affected populations, is tied to WFP commitments to include beneficiaries as key stakeholders in WFP work. WFP is committed to ensuring gender equality, equity and inclusion in the evaluation process, with participation and consultation in the evaluation of women, men, boys and girls from different groups (including persons with disabilities, the elderly and persons with other diversities such as ethnic and linguistic).

**Table 1: Preliminary stakeholder analysis**

Stakeholders	Interest and involvement in the evaluation
<b>Internal (WFP) stakeholders</b>	
<b>WFP country office (CO) in Mozambique</b>	<b>Key informant and primary stakeholder</b> - Responsible for the planning and implementation of WFP interventions at country level. The country office has an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its programmes. The country office will be involved in using evaluation findings for programme implementation and/or in deciding on the next programme and partnerships.
<b>WFP field offices in Mozambique, Sofala Province, Chemba</b>	<b>Key informant and primary stakeholder</b> - Responsible for day-to-day programme implementation. The field offices liaise with stakeholders at decentralized levels and has direct beneficiary contact. It will be affected by the outcome of the evaluation.
<b>Regional bureau (RBJ) for Johannesburg</b>	<b>Key informant and primary stakeholder</b> - Responsible for both oversight of country offices and technical guidance and support, the regional bureau management has an interest in an independent/impartial account of operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The regional bureau will be involved in the planning of the next programme; thus it is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight. The regional evaluation officers support country office/regional bureau management to ensure quality, credible and useful decentralized evaluations.
<b>WFP HQ divisions</b>	<b>Key informant and primary stakeholder</b> - WFP headquarters divisions are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities, and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Relevant headquarters units should be consulted from the planning phase to ensure that key policy, strategic and programmatic considerations are understood from the onset of the

	evaluation. They may use the evaluation for wider organizational learning and accountability.
<b>WFP Office of Evaluation (OEV)</b>	<b>Primary stakeholder</b> – The Office of Evaluation has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralized evaluation stakeholders as identified in the evaluation policy. It may use the evaluation findings, as appropriate, to feed into centralized evaluations, evaluation syntheses or other learning products.
<b>WFP Executive Board (EB)</b>	<b>Primary stakeholder</b> – the Executive Board provides final oversight of WFP programmes and guidance to programmes. The WFP governing body has an interest in being informed about the effectiveness of WFP programmes. This evaluation will not be presented to the Executive Board, but its findings may feed into thematic and/or regional syntheses and corporate learning processes.
<b>External stakeholders</b>	
<b>Beneficiaries- Women, Men, Boys and Girls</b>	<b>Key informants and primary/secondary stakeholders</b> - As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
<b>Government- Provincial Health Directorate, DPS, DPASA, SDSMAS, CHA, SDAE</b>	<b>Key informants and primary stakeholder</b> - The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonized with the action of other partners, and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest.
<b>United Nations country team (UNCT)</b>	<b>Secondary stakeholder</b> - The harmonized action of the UNCT should contribute to the realization of the government developmental objectives. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the United Nations concerted efforts. Various agencies are also direct partners of WFP at policy and activity level.
<b>Non-governmental organizations (NGOs)- World Vision International/ CEFA (European Committee for Education and Agriculture), Pathfinder, and PCI Media.</b>	<b>Key informants and primary stakeholder</b> - NGOs are WFP partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations, and partnerships. They will be involved in using evaluation findings for programme implementation.
<b>Donors- UNICEF, FAO, World Bank</b>	<b>Primary/secondary stakeholders</b> - WFP interventions are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP work has been effective and contributed to their own strategies and programmes.
<b>National private sector companies</b>	National private sector companies with previous experience in providing post-harvest loss technologies (hermetically sealed bags and siloes) to ADA supported projects will be a key partner in this project too.

# 3. Subject of the evaluation

## 3.1. SUBJECT OF THE EVALUATION

22. Funded by the Austrian Development Agency (3 million Euros), the programme, which started in October 2019 with an inception period of 3 months and ends in March 2023, aims to improve women and adolescent girls’ empowerment, improve nutritional diversity, and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities namely Food Assistance for Assets (FFA), Post-Harvest Loss (PHL) and Social and Behaviour Change Communications (SBCC). It supports the Government’s 5 Year Programme (PQG) Priority 2: Developing human and social capital and aligns with the UNDAF core programming principles, which are to leave no one behind, human rights, gender equality and women’s empowerment, and resilience, and accountability. It supports Mozambique UNDAF (2017 –2020) Outcomes 1: Vulnerable populations are more food secure and better nourished and Outcome 4: Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights. This project is a contribution to the WFP Country Strategic Plan (2017-2021):
- Strategic Outcome 1: Households in food-insecure areas of Mozambique are able to maintain access to adequate and nutritious food throughout the year, including in times of shock.
  - Strategic Outcome 4: Targeted people in prioritized areas of Mozambique have improved nutrition status in line with national targets by 2021.
23. **Geographic Targeting:** WFP uses the Integrated Context Analysis (ICA) tool to inform its geographical targeting. The ICA is developed with the Government and makes use of historical trend data to identify geographical hotspots for intervention. The ICA has classified Chemba district in Sofala province as category 1, which means that it experiences persistent food insecurity and recurrent natural shocks and per the Integrated Phase Classification (IPC) Chronic Food Insecurity, Chemba is classified as category 3, severely chronically food insecure (see Map in [Annex 1a](#) and [1b](#)).
24. **Household Targeting:** Once the geographic intervention area is selected, household targeting can begin. Generally, Food Assistance for Assets (FFA) and Post-Harvest Loss (PHL) employ a self-targeting approach, whereby households can decide for themselves if they wish to participate. However, there are key considerations that are followed during the process to ensure that the program is well suited to the participants. These include, ensuring that the participants (from within the targeted household) are abled bodied and willing to work; food and income insecure; of working age (above 18 years); equally men and women; and employing livelihoods based on the environment. Inter-household targeting criteria can be applied for the FFA/PHL depending on the objectives of the programme and for this project has been integrated as outlined in the section below under target group.
25. The **CBT component:** The project will supply 1500 households with the following basket, which will amount to around \$60:

Table 1: Provisional daily ration per person per day for FFA (to be informed by further market assessments)

	Fortified maize meal	Beans	Fortified oil	Iodized salt	Eggs
g/pp/pd	266.7	133.3	20	5	20

26. The SBCC component of the project targets the households and communities where the FFA and PHL interventions are implemented. Three different approaches are utilized in SBCC: interpersonal, media and community mobilization. The targeting of the interpersonal component is the household couple that is participating in FFA and PHL. These households will benefit from gender dialogue clubs that tackle sensitive issues like gender roles and norms, family planning, and early marriage. The media

component (community radio of Chemba) of the project benefits the community at large with targeted messaging related to different population groups (e.g., men, fathers, adolescent girls). Community mobilization engages community leaders (e.g., CHA, TEA, village leaders, religious leaders) to target all households within the community to disseminate key messaging and link community members to services.

#### 27. Target group:

- a. The total number of primary beneficiaries are 1,500 households (7,500 Men, Women, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old. Targeting of primary beneficiaries will focus on the first 1,000 days from conception until a child turns two years old as this is the internationally recognized window of opportunity to impact stunting. Therefore, the project will target vulnerable households that meet the following criteria<sup>16</sup> "Households with a pregnant woman or a child under two-years of age or an adolescent girl; or a woman with obstetric fistula<sup>17</sup>".
- b. The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. The secondary beneficiaries of the programme include:
  - At least 100 CHA and 18 *Agentes Polivalentes Elementares* (APE) trained on optimal dietary diversity practices and family planning and engaged in demand generation for nutritious foods, sexual and reproductive health services, and basic childhood health services.
  - At least 15 TEA trained on post-harvest management and technology and optimal dietary diversity practices.
  - At least 2 agro-dealers engaged to provide hermetic storage products at community level
  - At least 1 community radio station and its staff engaged and trained in the project to deliver uniform messages and programmes on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series.
  - At least 5,000 households (25,000 individuals) benefit from SBCC activities on received messages on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series.

### 3.2. SCOPE OF THE EVALUATION

28. The scope of the evaluation is as follows:

- **Period:** This evaluation covers the period October 2019 to March 2023, covering the full period of the implementation of the programme.
- **Geographical:** All areas that have been targeted by the programme in Chemba district in Sofala province.
- **Activities:** All activities implemented during the period undertaken in the GTNS project by activity 2, 3, 5 and 6 of the WFP Mozambique CSP.
- **Target groups:** Households with pregnant women, adolescent girls, children under 2 years old and women with obstetric fistula targeted in the 49 villages targeted by GTNS.
- **Results to be assessed:** The final evaluation will consider results along the results chain to explain the contribution of the programme of the three-impact level indicators.

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<sup>16</sup> Inter-household targeting will give preference to households that match the target criteria and have disabled members, chronically ill family members, elderly with responsibility for children, female-head households, and child-headed households.

<sup>17</sup> Based upon discussion with UNFPA obstetric fistula is included as its own category as it disproportionately affects adolescent mothers, leads to social isolation, and poor quality of life. These women are often turned away for surgery if they are not 'strong' enough and require the benefit of food assistance

# 4. Evaluation approach, methodology and ethical considerations

## 4.1. EVALUATION QUESTIONS AND CRITERIA

29. The final evaluation will use the baseline endline survey data, midline outcome monitoring reports, gender dialogue club evaluation reports plus additional qualitative information collected by the evaluation team, to assess the project against four key evaluation criteria: Effectiveness, Efficiency, Impact, and Sustainability/Scalability.
30. The evaluation will address the following key questions, which will be further developed and tailored by the evaluation team in a detailed evaluation matrix during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the gender transformative and nutrition sensitive programme, with a view to informing future strategic and operational decisions.
31. The evaluation should analyse how gender, equity and wider inclusion objectives and GEWE mainstreaming principles were included in the intervention design, and whether the evaluation subject has been guided by WFP and system-wide objectives on GEWE. The gender, equity and wider inclusion dimensions should be integrated into all evaluation criteria as appropriate.
32. The evaluation will address the overarching question “what is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment women and girls? To answer this question, the evaluation will apply international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability<sup>18</sup>. Table 2 shows the questions that will be answered for each evaluation criteria. Being a gender specific programme, Gender Equality and Women Empowerment will be mainstreamed throughout the criteria, as well as having gender-specific questions. This being a pilot, questions around scalability will be answered. The sources quoted under section 3.1 shows that programmes to address malnutrition and gender issues in the context of Mozambique are relevant. However, the evaluation will be focused on relevance and assessing the effectiveness/efficiency, impact, and sustainability/scalability.

**Table 2: Evaluation questions and criteria**

Evaluation questions		Criteria
EQ1 -		
1.1.	To what extent were the GTNS outputs and immediate outcomes targets achieved for pregnant women, children under the age of 2, adolescent girls and boys?	Effectiveness
1.2.	To what extent were GTNS's primary target groups exposed to the project's integrated intervention model?	Effectiveness
1.3	To what extent were GTNS's knowledge, attitudes, and practices (KAP) outcome indicator targets achieved?	Effectiveness
1.4.	To what extent were GTNS's interventions and implementation processes responsive to emerging challenges and opportunities in the implementation context?	Effectiveness

<sup>18</sup> For more detail see: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> and <http://www.alnap.org/what-we-do/evaluation/eha>

1.5	What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the intervention?	Effectiveness
<b>EQ2 –</b>		
2.1	To what extent were GTNS's activities implemented on time and was the duration of activity implementation conducive for generating GTNS's expected impacts on key target groups?	Efficiency
2.2	To what extent did GTNS's interventions adhere to WFP's quality standards?	Efficiency
2.3	Given the context and emerging conditions, to what extent were there opportunities to intervene and implement GTNS's core interventions in alternate ways that would have likely led to similar results but at less cost?	Efficiency
<b>EQ3 –</b>		
3.1	To what extent did GTNS achieve its higher-level outcome and impact targets, e.g., improve household food security and dietary diversity, empower women, and improve the nutritional status of under-five children?	Impact [on nutrition, GEWE and other unintended] <sup>19</sup>
3.2	Is there evidence (either quantitative or qualitative) that GTNS impacted particular sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and poorer households?	Impact [on nutrition, GEWE and other unintended]
3.3	Did key components of GTNS's intervention model contribute to the generation of any evidenced impacts more than others or was there significant synergy among these components? Did GTNS generate any unplanned or unintended social, environmental, or economic impacts, whether positive or negative, and, if so, how significant were these?	Impact [on nutrition, GEWE and other unintended]
<b>EQ4 –</b>		
4.1	To what extent did the implementation include sustainability aspects as outlined in the project design?	Sustainability and Scalability <sup>20</sup>
4.2	What are key issues that are likely to affect the sustainability of GTNS's key outcomes and impacts and was sufficient action taken to address these? What gaps should be addressed, if any?	Sustainability and Scalability

<sup>19</sup> At inception, other specifics of impact questions based on SBCC activity, or the PHL effect with food diversity and conservation/preservation etc will be discussed as part of finalisation of the TOR

<sup>20</sup> The scalability dimension of the DAC evaluation criteria is part of a revised criteria. See details here [https://ieg.worldbankgroup.org/sites/default/files/Data/DAC-Criteria/ConsultationReport\\_EvaluationCriteria.pdf](https://ieg.worldbankgroup.org/sites/default/files/Data/DAC-Criteria/ConsultationReport_EvaluationCriteria.pdf)



4.3	To what extent will any of GTNS's outcomes and impacts that are evidenced likely be sustained into the future? And does this potential vary across beneficiary categories?	Sustainability and Scalability
4.4	Considering other possible intervention models, would it be cost-effective to scale out GTNS's integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components? Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly? What are the barriers/opportunities to scaling up/replicating the GTNS model?	Sustainability and Scalability

## 4.2. EVALUATION APPROACH AND METHODOLOGY

33. To ensure the usability of the baseline data and thus confirm the feasibility of the initial design of the end line evaluation, which is the longitudinal design (repeated measures design), an in-depth evaluability assessment of the baseline household survey data was required. The Evaluation Team thoroughly reviewed the baseline dataset and discovered that none of the names in the baseline dataset of the treatment sample households matched the names in the beneficiary list. The CO program team, on the other hand, manually cross-checked the names of households on the baseline dataset with the names in the routine beneficiary household monitoring data collected by activists working with the GTNS project partner (Pathfinder). As a result, the program team confirmed that the names of over 85 baseline households in five communities were correctly identified and matched with the list of beneficiaries provided by the implementing partner (Pathfinder). Following this, the Evaluation Committee agreed to change the initial design of the end line evaluation. As a result, the end line design would be cross-sectional, and the baseline survey data and corresponding endline survey data would primarily be used to assess the impacts of the GTNS project. Even if the end line's sampling techniques and criteria are the same as the baseline's, the endline sample households will not necessarily be the same as the baseline except by chance.
34. Data associated with both surveys will also be used to evaluate its effectiveness, particularly on levels of exposure to GTNS's interventions and desired changes in Knowledge, Attitudes and Practices (KAP) among women caregivers. Evaluating the latter evaluation criterion will be complemented by KAP surveys directed at the general population (men, women, and adolescent boys and girls). This will enable a degree of triangulation. Focus Group Discussions (FDGs), in-depth interviews, documentation and M&E data review will be the primary methods to evaluate the Efficiency and Sustainability/Scalability criteria. The evaluation questions associated with each criterion, as well as the approach and methods to be used to answer each are presented as follows:
35. A **sequential explanatory mixed methods approach** is proposed. This approach will be informed by rigorous **analysis of secondary data**. The quantitative analysis of key characteristics of the households in targeted and non-targeted areas is to be conducted during the preparation and inception of the evaluation. See [Annex 6](#) for preliminary results of this analysis. This analysis will be used to determine the control administrative area to ensure that the characteristics are as close as possible to the targeted area.
- a) **Quantitative methods strand:** to assess the contribution of the GTNS programme on outcomes of interest, a quasi-experimental design with longitudinal study (panel data) was proposed initially for this endline evaluation. The longitudinal design would apply the **Propensity Score Matching (PSM)**<sup>21</sup>, the **Difference in Difference (DID)** and the Two-stage least squares (2SLS) regression statistical techniques. However, there is a consensus within the EC members that it is necessary to change the initial design of the evaluation and replace it with a cross-sectional design. However, the evaluation

<sup>21</sup> Cleophas, T., & Zwinderman, A. (2012). *Propensity score matching*. In T. J. Cleophas & A. H. Zwinderman (Eds.), *Statistics applied to clinical studies* (pp. 329-336). Netherlands: Springer.



team will assess and present the feasibility of the proposed statistical analysis techniques based on logic, theory, and existing empirical evidence regarding the outcomes of interest. The project has **23 indicators (2 impact, 15 outcomes and 6 outputs)**. [Annex 5](#) summarizes the proposed approach to collecting and analysing the data at baseline and endline for each indicator based on WFP corporate guidelines as well as other literature. In the inception report, the team will transparently present a detailed approach on how this will be done for consideration. This will include a sampling strategy for primary data collection. The evaluation team will revisit the baseline design and consider the challenges and lessons learned to design an endline survey that fully captures the indicators.

b) **Qualitative methods strand:** The administration of the endline household survey and anthropometric measurements will be complemented by gender disaggregated Focus Group Discussions (FGDs) and in-depth interviews in 12 geographically stratified intervention villages as guided by the inception report. Moreover, data analysis will be carried out to assess the extent to which the quantitative data support (are consistent with) the hypothesized (subgroup) effects. Qualitative data will be used to triangulate quantitative survey results and findings from this evaluation.

36. Overall, the evaluation design and methods are expected to:

- Ensure the evaluation analyses data and reports on all impact, outcome, and output indicators, not only those for which there is a positive effect but also for which there is a negative or no effect, and that the reporting is transparently and easily accessible to different types of audiences.
- Be ethically sound and conform to both WFP and UNEG ethical norms and standards (free of bias, impartial, do no harm), anticipating any ethical challenges that may arise and proposing appropriate measures to address them.
- Apply an Evaluation Matrix that sets the indicators and methods against the key evaluation questions, considering secondary data availability and any budget and timing constraints for collecting primary data; (building on the work done in [Annex 5](#)).
- Ensure that women, girls, men, and boys from different stakeholders' groups participate and that their different voices are heard and used in the evaluation.

37. Gender Considerations: This is a gender specific programme and as such assessment of gender dimensions will be central to the evaluation. The evaluation methodology will be gender-sensitive, indicating what data collection methods are employed to seek information on GEWE issues and to ensure the inclusion of women, girls, and marginalised groups (Women with obstetric fistulas, chronically ill patients). The methodology will ensure that data collected is disaggregated by sex and age and explanations provided where this is not possible. Triangulation of data will ensure that diverse perspectives and voices of women, women with obstetric fistulas, men, boys and girls are heard and considered when making conclusions and recommendations. The evaluation findings, conclusions, and recommendations will reflect gender analysis, and the report will provide lessons, challenges, and recommendations for enhancing the conduct of gender-responsive evaluations in future. The evaluation team will document and report on any challenges of conducting a gender-responsive evaluation.

38. The following **potential** risks to the methodology have been identified and mitigation actions suggested:

**Table 3** Risks to the Proposed Methodology and Suggested Mitigation Actions

Risk	Risk level	Mitigation actions
Sofala province was hit very recently by Tropical Storm Freddy in 2023 and previously in 2019 by Cyclone Idai, though Chemba was the least affected. Depending on the effect of this shock, it may have caused a structural break (i.e., an unexpected or sudden change in the way of life of communities) in this region. This could potentially lead to unreliability of results if observed improvements is merely a	High	Assess the level of impact and disruption of Tropical Storm Freddy and Cyclone Idai in the communities of interest during baseline. This may be done by collecting the same data that was collected during previous assessments (and/or census) and comparing whether there are significant differences. Qualitative explanations will also be needed to make sense of the impact of the Tropical Storm and Cyclone.

recovery or return to a pre-cyclone state and not from the project).		
<b>Diffusion of treatments:</b> it occurs when a control group cannot be prevented from receiving the treatment in an experiment. This is particularly likely in quasi-experiments where the intervention is an information program such the SBCC component of the project.	High	The data collected should include assessment of whether this has occurred [specific questions to the control group households] and the magnitude of diffusion.
<b>Delay or extended implementation timeframe due to COVID19 restrictions:</b> It is likely that during the current COVID19 and its restrictions to social distancing and travel, the data collection could experience unexpected delays or extensions.	Small	Rely more of use of national evaluator who can easily travel to the field and who know the context and international evaluators with WFP experience providing guidance and quality assurance.  The training of enumerators, data collection, and timeframe of data collection should carefully be analyzed closer to the expected collection dates, to ensure the government regulations are followed throughout the process.
<b>COVID 19 General country challenges:</b> Among others, food price spikes, unemployment, and restrictions all have a possible influence on certain indicators collected at end line.	Medium	Indicators may need further analysis mainly in relation to food security due to the COVID19 pandemic: At time of end line data collection, further investigation of the current impacts of COVID19 to the Chemba beneficiaries should be included and analyzed to ensure a holistic understanding of the data collected now in relation to the baseline.
<b>Limitations in primary data:</b> data capture shortfalls for some indicators	Medium	Systematically check accuracy, consistency and validity of all primary data and information collected and transparently acknowledge any limitations/caveats in drawing conclusions using the data during the endline evaluation.
<b>Limitations in secondary data:</b> Reliability of secondary data collected at baseline and transparently acknowledge limitations/caveats regarding use of this data.	High	Assess reliability of secondary data collected baseline and transparently acknowledge limitations/caveats regarding the use of these data. This assessment will inform the primary data collection during the endline evaluation.

### 39. Data Availability, Indicators and Quality

- Secondary data (clean datasets) collected at baseline, monitoring data collected in 2020 and 2021 and primary data to be collected at end line will be used during the final evaluation. The following data will be available:
- Baseline report 2020
- Inception report 2020
- KAP survey report
- Midline Outcome Monitoring Report 2022
- Gender dialogue club approach evaluation report 2022
- Project Monitoring reports and associated data sets
- 2020 and 2021 Annual country report (that reports on all indicators in the CSP)
- Other relevant reports

### 4.3. EVALUABILITY ASSESSMENT

40. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.
41. DEQAS will be systematically applied to this evaluation. The WFP Mozambique Co-Evaluation Managers, in close consultation with the evaluation committee and with the support of the regional evaluation officer, will be responsible for ensuring that the evaluation progresses as per the [DEQAS process guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
42. WFP has developed a set of [Quality Assurance Checklists](#) for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs. Specifically:
  - a. The evaluation team leader will ensure that the evaluation products (inception report, baseline report and evaluation report) follow the required standards and have responded to all the requirements before submitting the first drafts.
  - b. The Co-Evaluation Managers, with the support of the regional evaluation officer will check each first draft against the quality check lists to ensure that it is complete and that it meets the quality requirements.
43. The quality assurance processes are developed in [Annex 8](#)
44. The following mechanisms for independence and impartiality will be employed: The evaluation will be managed by **a Mozambique Country Office Evaluation Manager with a Regional Bureau-based Evaluation Manager**, supported by the Evaluation Committee that will be composed of key staff at the country office and the regional evaluation officer (refer to [Annex 3](#)). An Evaluation Reference Group composed of the members of the evaluation committee, key technical WFP CO and RB staff and external stakeholders will provide advisory and expert inputs (refer to [Annex 4](#)). Due to the importance of impartiality component, the reader will find references to it in sections 44, 47, 62, 63, 72 and [Annex 8](#).
45. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.
46. During the inception phase, the evaluation team will be expected to perform an in-depth evaluability assessment and critically assess data availability, quality and gaps expanding on the information provided in Section.
47. This assessment will inform the data collection and the choice of evaluation methods. The evaluation team will need to systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data during the reporting phase.

### 4.4. ETHICAL CONSIDERATIONS

48. The methodological approach and design of the evaluation will be independent and impartial, conforming to WFP and [UNEG ethical standards and norms and guidelines](#). The evaluators undertaking the evaluation are responsible for ensuring ethics at all stages of the evaluation (planning, design, implementation, reporting and dissemination). This will include, but is not limited to, (1) ensuring informed consent; (2) protecting privacy, confidentiality and anonymity of participants; (3) Ensuring cultural sensitivity; (4) respecting the autonomy of participants (5) ensuring fair recruitment/representation of participants (including women and socially excluded groups); (6) ensuring that the evaluation do no harm to participants or their communities; (7) involving young children and/or vulnerable groups). On specific issues related to involvement of children (boys and

girls), the evaluation will follow available guidelines such as those issued by the UN Children's Fund (UNICEF).<sup>22</sup>

49. Specific safeguards must be put in place to protect the safety (both physical and psychological) of both respondents and those collecting the data. These should include:
  - A plan in place to protect the rights of the respondent, including privacy and confidentiality
  - The interviewer or data collector is trained in collecting sensitive information.
  - The interviewer or data collector will sign of confidentiality clause prior data collection.
  - Data collection tools are designed in a way that is culturally appropriate and does not create distress for respondents, e.g., field tools will be in local language(s).
  - Data collection visits are organized at the appropriate time and place to minimize risk to respondents and to create the least distraction.
  - In case of interview, the individual should give his / her verbal informed consent.
  - The interviewers or data collectors are well trained and informed to provide information on how individuals in situations of risk can seek support (i.e., awareness of referral systems as appropriate).
50. The evaluation firm will be responsible for managing any potential ethical risks and issues and must put in place, in consultation with the Co-Evaluation Managers, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.
51. The evaluation team will conduct the evaluation under the direction of the team leader and in close communication with the WFP Co-Evaluation Managers, who will be supported by the evaluation committee. The team will be hired following appropriate WFP procedures.
52. The evaluation will be conducted according to the schedule in [Annex 2](#), which will be updated and confirmed at the beginning of the end line evaluation.
53. The team and Co-Evaluation Managers will not have been involved in the design, implementation or monitoring of the WFP gender transformative nutrition sensitive (GTNS) project nor have any other potential or perceived conflicts of interest. All members of the evaluation team will abide by the [2020 UNEG Ethical Guidelines](#), including the Pledge of Ethical Conduct as well as the WFP technical note on gender. The evaluation team and individuals who participate directly in the evaluation at the time of issuance of the purchase order are expected to sign a confidentiality agreement and a commitment to ethical conduct. These templates will be provided by the country office when signing the contract.
54. Evaluators are responsible for managing any potential risks to ethics and must put in place processes and systems to identify, report, and resolve any ethical issues that might arise during the implementation of the evaluation. WFP will confirm requirement for ethical approvals and reviews by relevant national review boards before contracting is concluded.
55. The inception report must include a section on how ethical issues will be addressed, and the evaluation report must have a section setting out clearly how ethical issues were actually managed, what safeguards have been put in place in practice and what lessons can be drawn for future evaluations.

#### **4.5. QUALITY ASSURANCE**

56. The WFP evaluation quality assurance system sets out processes with steps for quality assurance and templates for evaluation products based on a set of [Quality Assurance Checklists](#). The quality assurance will be systematically applied during this evaluation and relevant documents will be provided to the evaluation team. This includes checklists for feedback on quality for each of the evaluation products. The relevant checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.

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<sup>22</sup> [https://www.unicef.org/csr/css/Children\\_s\\_Rights\\_in\\_Impact\\_Assessments\\_Web\\_161213.pdf](https://www.unicef.org/csr/css/Children_s_Rights_in_Impact_Assessments_Web_161213.pdf)

57. The WFP Decentralized Evaluation Quality Assurance System (DEQAS) is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice. This quality assurance process does not interfere with the views or independence of the evaluation team but ensures that the report provides credible evidence and analysis in a clear and convincing way and draws its conclusions on that basis.
58. The WFP Co-Evaluation Managers will be responsible for ensuring that the evaluation progresses as per the [DEQAS Process Guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
59. To enhance the quality and credibility of decentralized evaluations, an outsourced quality support (QS) service directly managed by the WFP Office of Evaluation reviews the draft ToR, the draft inception and the evaluation reports, and provides a systematic assessment of their quality from an evaluation perspective, along with recommendations.
60. The Co-Evaluation Managers will share the assessment and recommendations from the quality support service with the team leader, who will address the recommendations when finalizing the inception and evaluation reports. To ensure transparency and credibility of the process in line with the [UNEG norms and standards](#),<sup>[1]</sup> a rationale should be provided for comments that the team does not take into account when finalizing the report.
61. The evaluation team will be required to ensure the quality of data (reliability, consistency, and accuracy) throughout the data collection, synthesis, analysis and reporting phases.
62. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in the [WFP Directive CP2010/001](#) on information disclosure.
63. WFP expects that all deliverables from the evaluation team are subject to a thorough quality assurance review by the evaluation firm in line with the WFP evaluation quality assurance system prior to submission of the deliverables to WFP.
64. All final evaluation reports will be subject to a post hoc quality assessment (PHQA) by an independent entity through a process that is managed by the Office of Evaluation. The overall PHQA results will be published on the WFP website alongside the evaluation report.
65. WFP owns the primary and secondary data and all products of this evaluation. The evaluation team or firm may not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced for the purposes of this evaluation without the express permission and acknowledgement of WFP. Use of any data collected for the purposes of the evaluation can be agreed on a case-by-case basis (e.g., preparing academic journal articles, conference papers/presentations etc). WFP would welcome such joint work on further dissemination of results as appropriate. This will be discussed during inception phase to inform finalisation of the communication and learning plan.

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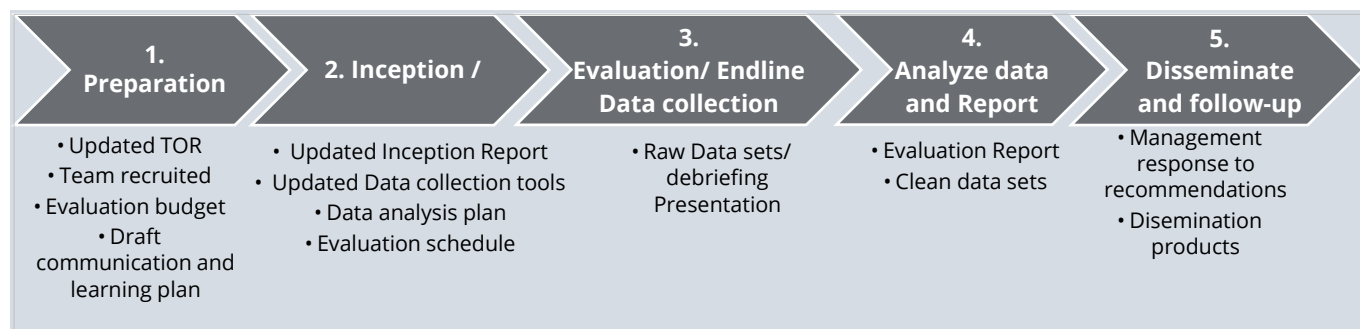
<sup>[1]</sup> [UNEG Norm #7](#) states “that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability”

# 5. Organization of the evaluation

## 5.1. PHASES AND DELIVERABLES

66. The evaluation will proceed through the following five phases. The deliverables for each phase are shown in figure 2 below:

**Figure 2** Summary Process Map



67. Table 4 presents the structure of the main phases of the evaluation, along with the deliverables and deadlines for each phase. [Annex 2](#) presents a more detailed timeline.

Main phases	Indicative timeline	Tasks and deliverables	Responsible
1. Preparation	<b>(July – September 2019)</b>	<p>Preparation of ToR</p> <p>Selection of the evaluation team &amp; contracting</p> <p>Document review</p> <p>The Evaluation Manager at CO, with support from the RB, conducted a background research and consultation to frame the evaluation; prepared the Terms of Reference, finalised provisions for impartiality and independence, ethical, quality assured and finalised the Terms of reference; selected the Evaluation Team and finalised the budget; prepared the document of library with all the materials that the team needed to reference and developed a draft Communication and Learning Plan.</p> <p><i>Approved TOR, Team recruited, evaluation budget confirmed, draft communication plan [By EM] – Completed</i></p>	Co-Evaluation managers
2. Inception	<b>October 2022 – March 2023</b>	<p>Inception mission</p> <p>Inception report</p> <p>This phase aimed to prepare the evaluation team by ensuring that the evaluators have a good grasp of the expectations for the</p>	Evaluation Team

		<p>evaluation and prepared a clear plan for conducting it. The inception phase included the orientation of the evaluation team, desk review and analysis of secondary data, initial interaction with the main stakeholders; deeper discussions on the methodological approach; collection of baseline data and design of the final evaluation.</p> <p><u>Inception Report, clean baseline data sets, baseline report and design of the final evaluation [By ET] - Completed.</u></p> <p>The preparation and inception phases above have been completed at baseline. The phases below are to be completed at end line.</p>	
3. Data collection	<b>April 2023 - May 2023</b>	<p>Fieldwork</p> <p>Exit debriefing</p> <p>1. The co-Evaluation Managers with support from the RB will update the TOR prepared at baseline, select the evaluation team, finalize the budget and prepare a document library for the materials that the evaluation team will need. The evaluation team will review the inception report that was prepared at baseline, revise it to reflect any changes in context, and collect end line data as per the design. The end line will follow the same approach as baseline to ensure comparability as discussed under section 4.3. The end line field implementation protocol will be submitted by the Evaluation Team to the bioethics committee in Maputo for approval. A debriefing/presentation of preliminary findings will be done at the end of field work or soon after initial data analysis is completed.</p> <p><u>Updated Terms of Reference, Team Recruited, Evaluation Budget, updated communication and learning plan [By EM]</u></p> <p><u>Final updated Inception Report, End Line protocol submission to bioethics committee and approval, PowerPoint for exit Briefing/Presentation of Preliminary Findings, raw end line data sets [By ET]</u></p>	Co-Evaluation Managers /Evaluation Team



4. Reporting	<b>June - August 2023</b>	<p>Data analysis and report drafting</p> <p>Comments process</p> <p>Presentation of main findings</p> <p>Evaluation report</p> <p>The evaluation team will clean and analyse the end line data and draft the evaluation report. It will be submitted to the Co-Evaluation Managers for quality assurance. Stakeholders will be invited to provide comments, which will be recorded in a matrix by the Co-Evaluation Managers and provided to the evaluation team for the report will be sent to the evaluation team for their considerations before the report is finalised.</p> <p><i><u>Evaluation report and end line clean data sets [By ET]</u></i></p>	Evaluation Team
5. Dissemination and follow-up	<b>-August - September 2023</b>	<p>Management response</p> <p>Dissemination of the evaluation report</p> <p>The final approved evaluation report will be published on the WFP public website and shared with relevant stakeholders. The CO management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. Findings will be disseminated, and lessons will be incorporated into other relevant lessons learnt sharing systems and processes.</p> <p><i><u>Management Responses, Published Evaluation report; other products as required [by CO management]</u></i></p>	CO Management

68. The full endline evaluation schedule is shown in [Annex 2](#).

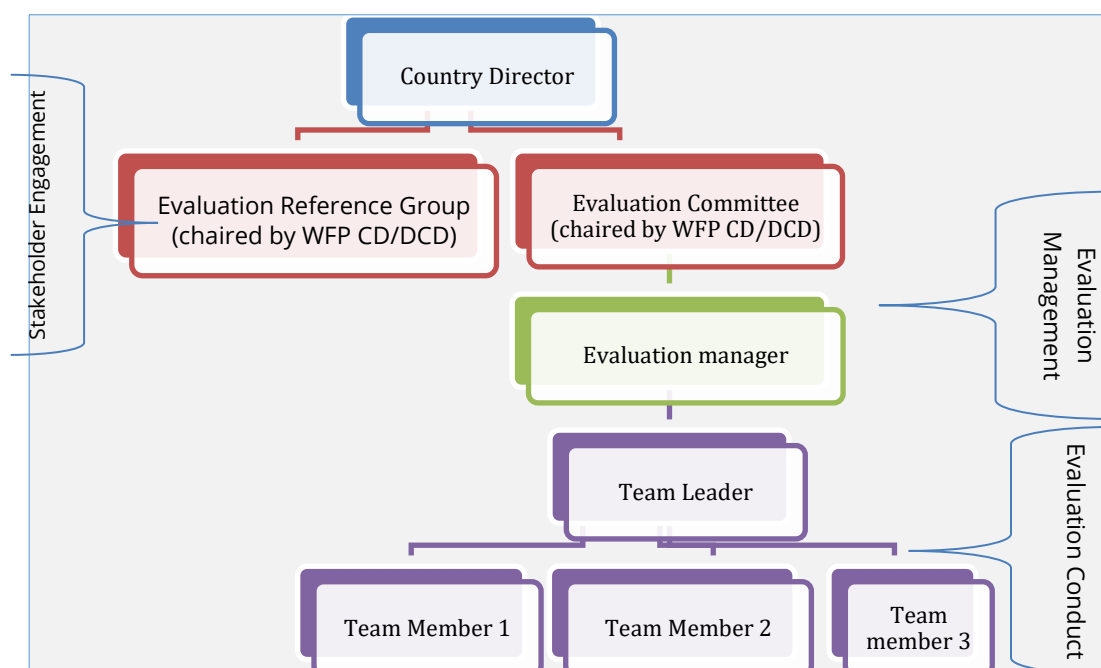
## 5.2. EVALUATION TEAM COMPOSITION

69. The evaluation team will conduct the evaluation under the direction of the team leader and in close communication with the WFP Co-Evaluation Managers, who will be supported by the evaluation committee. The team will be hired following appropriate WFP procedures.
70. The evaluation team members will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the [code of conduct of the evaluation profession](#) which they must all sign before commencement of the evaluation.
71. The evaluation will be conducted according to the schedule in [Annex 2](#), which will be updated and confirmed at the beginning of the end line evaluation.



72. The evaluation team is expected to include a team leader, gender expert and 1 or 2 evaluators. It will combine national and international evaluators who have expertise in nutrition, gender and research. It will be gender-balanced and geographically and culturally diverse. It will have appropriate skills to assess gender dimensions of the programme as specified in the scope, approach and methodology sections of this TOR. **At least one team member should have experience with WFP evaluations.**
73. The team will be multi-disciplinary and include members who together have appropriate balance of expertise and practical knowledge in the following areas:
- **Research and Evaluation expertise** – proven practical expertise of designing and implementing rigorous evaluations, ideally in food and nutrition.
  - **Statistics expertise:** proven experience in designing and conducting quantitative studies.
  - In-depth knowledge of nutrition programming, within the wider context of food security in low-income country context.
  - **Gender and Nutrition-Specific expertise** and good knowledge of and experience in evaluating gender issues in nutrition and food security in a low-income country context.
  - In-depth knowledge of and familiarity with the Mozambique country context.
74. All team members should have strong analytical and communication skills. This evaluation will be conducted in Portuguese and English, and products will be in both Portuguese and English. Collectively, the team should therefore be comfortable in working in both languages.
75. The Team leader will have technical expertise in evaluation and demonstrated experience in leading and implementing similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent Portuguese and English writing and presentation skills.
76. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation missions and representing the evaluation team; iv) drafting and revising, as required, the inception report, baseline report, any mid-line reports and the final evaluation reports. They are also responsible for the end of field work (i.e., exit) debriefing presentation and evaluation report in line with DEQAS.
77. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.
78. Team members will: (i) contribute to the methodology in their area of expertise based on a document review; (ii) Analyse secondary data; (iii) collect primary (iii) participate in team meetings and meetings with stakeholders; iv) contribute to drafting and revision of evaluation products.
79. This is a decentralised evaluation, commissioned and managed by WFP Mozambique country office with support from the WFP Regional office in Johannesburg, and applying WFP evaluation management processes, systems and tools. To ensure independence and impartiality, the following mechanisms will be established and used:
- **Co-Evaluation Managers:** who are not part of the day-to-day decision-making and implementation of the programme.
  - **Evaluation committee:** Which will support the Co-Evaluation Managers in the day-to-day management of the evaluation process and will make key decisions (see [Annex 3](#) for the purpose of the committee and the list of members).
  - **Evaluation Reference group:** provide subject matter expertise in an advisory capacity (See [Annex 4](#) for the purpose of the committee and the list of members).
80. The Co-Evaluation Managers will work with the committee members to ensure that the appropriate safeguards for impartiality and independence are applied throughout the process. As a member of the evaluation committee, the WFP regional evaluation officer will provide additional support to the management process as required.

**Figure 3: Evaluation Management and Governance Arrangements**



### 5.3. ROLES AND RESPONSIBILITIES

81. The WFP Mozambique Country office:

- a. The **WFP Country Office Management (Director or Deputy Director)** will take responsibility to:
  - Assign Co-Evaluation Managers for the evaluation [**Mesfin Belew and Tania MAZONDE**]
  - Approve the updated TOR, updated inception report and final evaluation report.
  - Ensure independence and impartiality of the evaluation at all stages, including establishment of Evaluation Committee and Reference Group (see below and [Technical Note on Independence and Impartiality](#)).
  - Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Co-Evaluation Managers and the evaluation team.
  - Organise and participate in debriefings, internal and external stakeholders.
  - Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations.
- b. The **Co-Evaluation Managers**:
  - Manage the evaluation process through all phases including drafting this TOR.
  - Ensures quality assurance mechanisms are operational.
  - Consolidate and shares comments on draft TOR, inception, baseline, and evaluation reports with the evaluation team.
  - Ensure the evaluation makes use of quality assurance mechanisms (checklists, QS etc).
  - Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required.
  - Organise security briefings for the evaluation team and provides any materials as required.
- c. An internal **Evaluation Committee** has been formed to support the management of the process and as part of ensuring the independence and impartiality of the evaluation. The committee will be responsible for making decisions and clearing evaluation products. The purpose and roles are outlined in [Annex 3](#), to ensure that the CO receives sufficient support.

82. **An Evaluation Reference Group** will be established with representation from WFP Mozambique, Government Ministries, Partners, UN agencies, WFP RB (and HQ if appropriate). The ERG members will

review and comment on the draft evaluation products and act as key informants. The ERG should include both subject matter expertise and technical evaluation expertise to ensure substantive inputs. The membership, purpose and roles are outlined in [Annex 4](#).

83. **The Regional Bureau:** The RB will provide support at overall guidance and advisory level as well as technical design and analysis as follows:
- a- Regional Evaluation Officer [**Jean Providence Nzabonimpa**] will take responsibility to:
    - Advise the country office and provide support to the evaluation process as appropriate.
    - Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as required.
    - Provide comments on the draft TOR, Baseline, Inception and Evaluation reports.
    - Support the Management Response to the evaluation and track the implementation of the recommendations.
  - b- The RB Gender advisor [**Justine Vanrooyen**] and RB Regional Nutrition Advisor [**James Kingori**] will be members of the evaluation reference group and will systematically review and comment on evaluation products as appropriate, as well as providing technical support as and when required.
84. **WFP Headquarters Nutrition and Gender divisions** will take responsibility to:
- Discuss WFP strategies, policies, or systems in their area of responsibility and as relates to the Gender Transformative and Nutrition Sensitive Programme.
  - Comment on the evaluation TOR, inception and evaluation reports, as required.
85. **Government, NGOs, and UN agencies** will, through membership in the evaluation reference group, systematically be involved in the evaluation process by reviewing and commenting on draft evaluation products and attending stakeholder meetings.
86. **The Office of Evaluation (OEV):** OEV, through the Regional Evaluation Officer, will advise the Country office and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft TOR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.
87. **Programme participants (women, girls, men, and boys):** these will be responsible for providing their views and perspectives (through different means as shall be determined by the evaluation team during inception phase) regarding the implementation of the programme, and its role and contribution to addressing the issues related to their nutrition on one hand and empowerment of women on the other. A detailed communication plan will be developed during inception to determine how and when the findings, conclusions and recommendations of the evaluation will be communicated to them.

#### 5.4. SECURITY CONSIDERATIONS

88. **Security clearance** where required is to be obtained from WFP Mozambique. The security requirements and procedures will depend on the contracting option used. There are two options:
- Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system's Be Safe Security Course, print out their certificates and take them with them.<sup>23</sup>
  - As an 'evaluation service provider to WFP Mozambique CO, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
89. However, **to avoid any security incidents**, the Co-Evaluation Managers are requested to ensure that:

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<sup>23</sup> Field Courses: [Basic](#); [Advanced](#)

- WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
  - The team members observe applicable UN security rules and regulations – e.g., curfews etc.
  - Given the topics being discussed with vulnerable women, all interviews and data collection happens in a neutral location where possible.
90. Beneficiary interviews during a survey between the enumerator and the interviewee could be awkward due to gender differences or cultural habits. To reduce this risk, each interviewer team will have to be constituted by one male and one female.

## 5.5. COMMUNICATION

91. The **Co-Evaluation Managers**, in consultation with the Evaluation Committee and support from the regional evaluation officer, will develop communication and learning plan that will outline processes and channels of communication and learning activities. The Communication and Learning Plan should include a GEWE responsive dissemination strategy, indicating how findings including GEWE will be disseminated and how stakeholders interested or affected by GEWE issues will be engaged. Responsibilities are listed in [Annex 9](#).
92. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team will emphasize transparent and open communication with all key stakeholders. Responsibilities are listed in [Annex 9](#).
93. As part of the international standards for evaluation, the UN requires that all evaluation reports are made publicly available; and the links circulated to key stakeholders as appropriate. The Co-Evaluation Managers will be responsible for sharing the final report and the management response with their regional evaluation offices, who will ensure that they are uploaded to the appropriate systems (intranet and public websites).
94. To enhance the use of the evaluation findings, WFP Mozambique and its partners may hold dissemination and learning workshops targeting key stakeholders. The team leader may be called upon to co-facilitate the workshop. A detailed communication and learning plan will be elaborated during the review of the inception report.
95. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, the report will be made available in both English and Portuguese. Opportunities to publish some of the results in academic journals and/or prepare conference papers will be explored jointly with the evaluation team members, as appropriate.

## 5.6. BUDGET

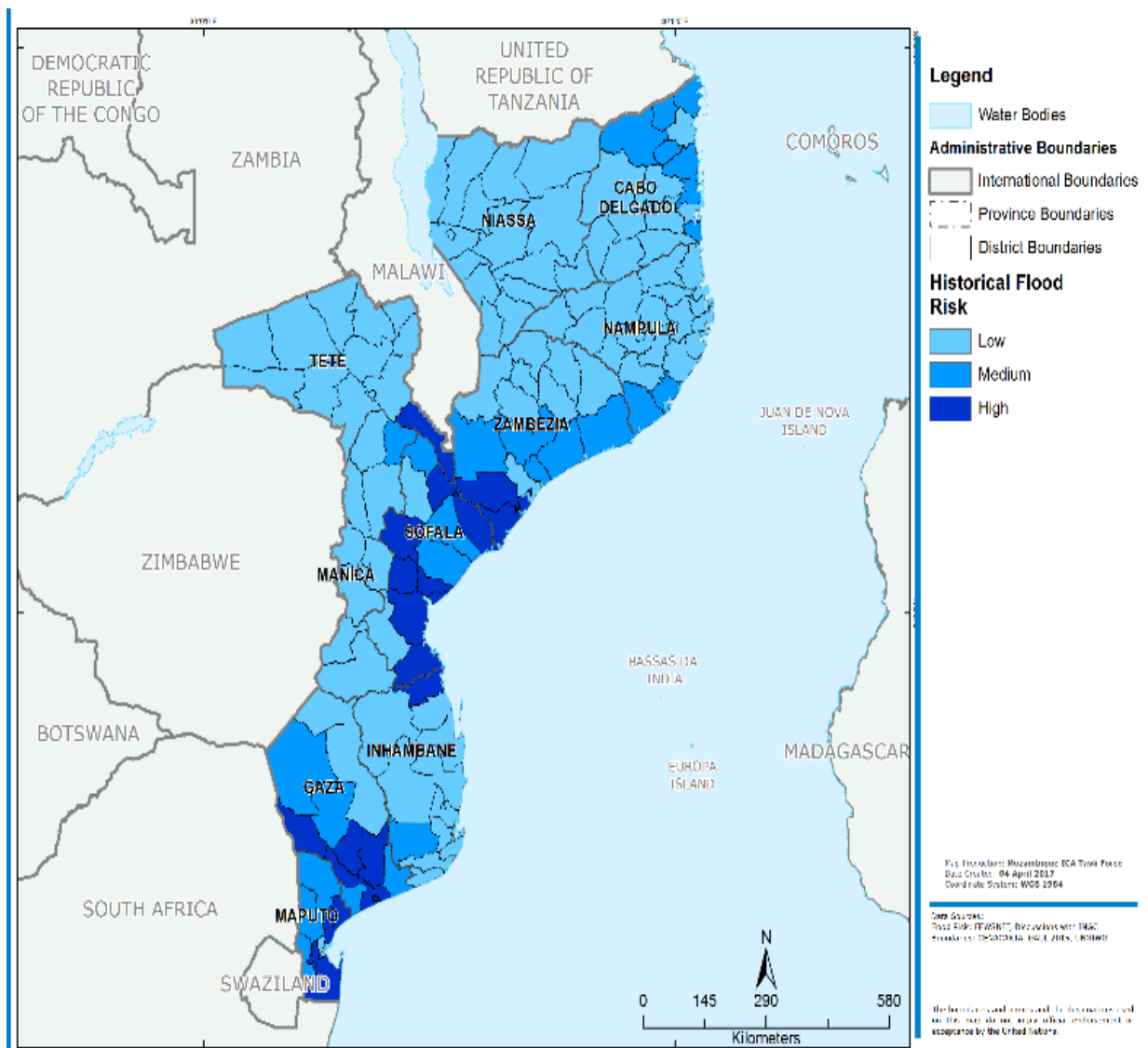
96. The actual budget for the final line evaluation, which is informed by the size and coverage of the project (1 district) will be determined by the level of expertise and experience of the evaluators proposed by the LTA firm and the rates that will apply at the time of contracting.
97. The firm that is chosen will have to budget for all costs associated with the conduct of the evaluation (hiring research assistants, local travel etc) except dissemination related activities such as learning workshops, which will be organised by WFP. The budget should also include costs for translation of evaluation products to/from Portuguese to English.

### Please send any queries to:

- Mesfin Belew, [mesfin.belew@wfp.org](mailto:mesfin.belew@wfp.org)
- Tania Mazonde, [tania.mazonde@wfp.org](mailto:tania.mazonde@wfp.org)

# Annex 1: Maps

## Annex 1a: Map: ICA Maps showing Chemba (recurrence of drought and flood incidence)





# Annex 2: Timeline

Baseline Evaluation (completed)

	Phases, deliverables and timeline	Key dates
<b>Phase 1 - Preparation</b>		<b>Up to 9 weeks</b>
EM	Desk review, draft ToR and quality assurance (QA) by EM and REO using ToR QC	July-August 2019
EM	Share draft ToR with quality support service (DEQS) and organize follow-up call with DEQS	28 August
EM	Review draft ToR based on DEQS and REO feedback and share with ERG	28 <sup>th</sup> -16 <sup>th</sup> September
EM	Start identification of evaluation team	06 <sup>th</sup> -16 September
ERG	Review and comment on draft ToR	04 <sup>th</sup> Oct – 29 <sup>th</sup> Nov
EM	Review draft ToR based on comments received and submit final ToR to EC Chair	17 <sup>th</sup> Sep
EC Chair	<b>Approve the final ToR and share with ERG and key stakeholders</b>	18 <sup>th</sup> - 24 <sup>th</sup> Sep
EM	Assess evaluation proposals and recommends team selection	25 <sup>th</sup> - 26 <sup>th</sup> Sept
EM	Evaluation team recruitment/contracting	27 <sup>th</sup> Sept
EC Chair	<b>Approve evaluation team selection and recruitment of evaluation team</b>	28 <sup>th</sup> Sept
EM/EC	<b>Final Selection and recruitment of evaluation firm/team</b>	04 <sup>th</sup> Oct 2019
<b>Phase 2 - Inception</b>		<b>Up to 7 weeks</b>
EM/TL	Brief core team	7 <sup>th</sup> Oct 2019
ET	Desk review of key documents	15 <sup>th</sup> Feb - 14 <sup>th</sup> Mar 2020
	Inception mission in the country (if applicable)	07 <sup>th</sup> - 4 <sup>th</sup> June
ET	Draft inception report	20 <sup>th</sup> Apr - 11 <sup>th</sup> June
EM	Quality assurance of draft IR by EM and REO using QC, share draft IR with quality support service (DEQS) and organize follow-up call with DEQS	22 <sup>nd</sup> - 26 <sup>th</sup> June
ET	Review draft IR based on feedback received by DEQS, EM and REO	<b>24<sup>th</sup> Aug - 15<sup>th</sup> Sep</b>
EM	Share revised IR with ERG	<b>23<sup>rd</sup> Sep</b>
ERG	Review and comment on draft IR	23 <sup>rd</sup> Sep - 1 <sup>st</sup> Oct
EM	Consolidate comments	2 <sup>nd</sup> - 5 <sup>th</sup> Oct
ET	Review draft IR based on feedback received and submit final revised IR	12 <sup>th</sup> - 13 <sup>th</sup> Oct
EM	Review final IR and submit to the evaluation committee for approval	6 <sup>th</sup> - 12 <sup>th</sup> Oct
EC Chair	<b>Approve final IR and share with ERG for information</b>	<b>16<sup>th</sup> Nov</b>

Endline Evaluation (To be conducted by Forcier)

<b>Endline Inception</b>			
<b>1</b>	Evaluation Team Orientation	13th Oct 2022	<b>EC Chair/ EM</b>
<b>2</b>	Recruit data collection team	14 <sup>th</sup> Oct - 26 <sup>th</sup> Oct	<b>ET</b>
<b>3</b>	Prepare the end line protocol for bioethics committee	Sept 20 <sup>th</sup> – Oct 14 <sup>th</sup>	<b>ET</b>
<b>4</b>	Review, revise and resubmit draft 0 of the Inception Report to the EM (1w)	24 <sup>th</sup> Oct – 2 <sup>nd</sup> November	<b>ET</b>
<b>5</b>	EM to submit draft 1 to QS for review	18 <sup>th</sup> Nov	<b>EM</b>
<b>6</b>	QS review Inception Report draft 1 (6 working days)	21 <sup>st</sup> Nov – 28 <sup>th</sup> Nov	<b>QS</b>
<b>7</b>	Mandatory call with QS reviewer of D1 updated IR	1 <sup>st</sup> Dec	ET, REU, EM,
<b>8</b>	Evaluation Team to address QS, CO, and RB comments (1 week) and submit revised draft IR (Draft 2) to EM	2 <sup>nd</sup> Dec – 7 <sup>th</sup> Dec	ET/TL
<b>9</b>	Internal and External Stakeholder Review draft 2 (ERG) (1w)	12 <sup>th</sup> Dec – 23 <sup>rd</sup> Dec	<b>ERG</b>
<b>10</b>	EM to consolidate stakeholder comments and share with Team leader for ET to address and produce draft 3/final IR	24 <sup>th</sup> Dec – 26 <sup>th</sup> Dec	EM
<b>11</b>	Submit end line protocol for bioethics committee	16th January 2023	<b>ET</b>
<b>12</b>	Evaluation Team to address stakeholder comments (1w) and submit draft 3 to EM	27 <sup>th</sup> Dec 2022 – 07 <sup>th</sup> Jan 2023	<b>ET</b>
<b>13</b>	WFP to review draft 3 (to assess how the ET addressed the comments) (could be extended to draft 4 in the case of additional changes required) (4days)	09 <sup>th</sup> Jan – 28 <sup>th</sup> Jan 2023	<b>EM/REU</b>
<b>14</b>	WFP to revise the TOR to update the methodology, timeline and budget of the evaluation in line with the challenges encountered regarding the baseline dataset.	01 <sup>st</sup> -17 <sup>th</sup> March	<b>EM/REU</b>
<b>15</b>	ET to address all stakeholder comments and evaluation team leader to submit the revised inception report (Draft 4) to EM Note: ET will prepare Draft 4 based on the revised TOR to reflect the change in the design of the evaluation.	20 <sup>th</sup> - 27 <sup>th</sup> March	ET
<b>16</b>	WFP to review revised IR (Draft 4) (to assess how the ET addressed the comments)	28 <sup>th</sup> – 31 <sup>st</sup> Mar	EMs and REU
<b>17</b>	ET to address any outstanding stakeholder comments and evaluation team leader to submit the final IR to EM	3 <sup>rd</sup> – 5 <sup>th</sup> Apr	ET
<b>18</b>	Review final IR and submit to the evaluation committee for approval	5 <sup>th</sup> Apr	EM
<b>19</b>	Approve final IR and share with ERG for information	07 <sup>th</sup> Apr	EC Chair
<b>Phase 3 – Data collection</b>			<b>Up to 6 weeks</b>



20	Written brief to CO management initiating the kick-off of the evaluation and selected ET, including sharing summary ToR and proposal.	10 <sup>th</sup> April 2023	EC Chair/ EM
21	Digitize data collection tools on tablets, finalize travel and accommodation arrangements and other logistics issues	10 <sup>th</sup> – 14 <sup>th</sup> Apr	ET
22	Training data collection team and testing data collection tools, adjustments if needed	14 <sup>th</sup> -18 <sup>th</sup> Apr	ET
23	<b>Conduct data collection</b>	18 <sup>th</sup> Apr-17 <sup>th</sup> May 2023	<b>ET</b>
24	<b>End of Field Work In-country debriefing (s)</b> [PowerPoint should be submitted two working days before]	18 <sup>th</sup> May	<b>ET</b>
<b>Phase 4 - Reporting</b>			<b>Up to 11 weeks</b>
25	Draft 0 evaluation report submitted to EM to review completeness of the ER using the QC	02 June	ET
26	EM to share Draft 1 of ER submitted to Quality assurance by EM and REO using the QC, share draft ER with quality support service (DEQS) <i>Note: Based on REU review of draft 0, ET may need to revise draft 0 and produce draft 1 to be submitted to QS.</i>	09 June	EM
27	QS review of draft 1 ER (6 calendar days)	12 -19 June	QS
28	EM and ET to review draft 1 QS feedback and EM to organize follow-up call with QS (between Reviewer, ET, EM and REU)	22 <sup>nd</sup> June	EM
29	ET to revise draft 1 ER based on feedback received from QS, EM and REU and produce draft 2 ER	23 <sup>rd</sup> – 29 <sup>th</sup> June	ET
30	TL to submit draft 2 ER to EM	30 <sup>th</sup> June	TL
31	Circulate draft 2 of ER to ERG (internal and external), REU and other stakeholders for review and comments	3 <sup>rd</sup> July	EM
32	Review and comment on draft 2 ER using stakeholder comments matrix (7 calendar days)	04 – 10 July	ERG
33	EM to consolidate comments received and submit stakeholder comments matrix to TL	12 <sup>th</sup> July	EM
34	ET to review draft 2 ER based on stakeholder comments received and submit draft 3 ER to EM	13 <sup>th</sup> -21 <sup>st</sup> July	ET
35	EM/REU to review draft 3/final revised ER to ensure all stakeholder comments have been adequately addressed (Note to ET: the process could be extended to draft 4 ER in case of additional changes required)	24 <sup>th</sup> – 26 <sup>th</sup> July	EM
36	ET to address (4 days) any outstanding stakeholder comments based on review and analysis done by EM supported by REU and submit final ER to EM	27 <sup>th</sup> – 31 <sup>st</sup> July	ET/TL
37	Draft and finalize the Summary of Evaluation Report (SER) (ensuring that draft SER is shared with commissioning office for review)	28 <sup>th</sup> July – 04 Aug	REU
38	EM to submit final ER to EC Chair for approval	1 <sup>st</sup> Aug	EM

39	<b>Approve final evaluation report and share with key stakeholders for information</b>	<b>02<sup>nd</sup> – 04<sup>th</sup> Aug</b>	<b>EC Chair</b>
40	Regional Evaluation Unit to edit/proofread the approved ER and submit to OEV for publishing	07 <sup>th</sup> -11 <sup>th</sup> Aug	REU
41	<b>ET to present evaluation results to stakeholders (TL to provide draft PPT to EM/REU for review by 13<sup>th</sup> Aug)</b>	<b>14<sup>th</sup> Aug</b>	ET/TL
<b>Phase 5 - Dissemination and follow-up</b>			<b>Up to 4 weeks</b>
42	Request CO for preparation of management response (MR)	15 <sup>th</sup> - 25 <sup>th</sup> Aug	REU
44	Prepare management response (including RB review, CO approval of MR and final approval of MR by RB Management)	28 <sup>th</sup> Aug – 1 <sup>st</sup> Sept –17 <sup>th</sup> Sept	EC Chair, EM, REU
49	<b>Share final evaluation report and management response with the REU and OEV for publication, handover to RB Monitoring Team for tracking and reporting and participate in end- of-evaluation lessons learned call</b>	<b>18<sup>th</sup> Sept – 30<sup>th</sup> Sept</b>	<b>EM, CO, REU</b>

EM: Evaluation Manager

REU: Regional Evaluation Unit

ET: Evaluation Team

MR: Management Response

CD: Country Director

IR: Inception Report

DEQAS: Decentralized Evaluation Quality Assurance

QC: Quality Checklist

# Annex 3: Role and Composition of the Evaluation Committee

**Purpose and role:** The purpose of the Evaluation Committee (EC) is to ensure a credible, transparent, impartial and quality evaluation in accordance with WFP evaluation policy. It will achieve this by supporting the Co-Evaluation Managers in making decisions, reviewing draft deliverables (ToR, inception report and evaluation report) and submitting them for approval by the Country Director/Deputy Country Director (CD/DCD) who will be the chair of the committee.

**Composition:** The evaluation committee will be composed of the following staff:

- The Country Director or Deputy Country Director (Chair of the Evaluation Committee)
- Co-Evaluation Managers (Evaluation Committee Secretariat)
- Head of Programme or programme officer(s) directly in charge of the subject(s) of evaluation
- Regional evaluation officer (REO)
- Country office monitoring and evaluation (M&E) officer (if different from the Co-Evaluation Managers)
- Country office procurement officer (if the evaluation is contracted to a firm)
- Other staff considered useful for this process.

## **Membership of the Evaluation Committee<sup>24</sup>**

**Chair:** Pierre LUCAS, Deputy Country Director

### **Members**

1. Mesfin BELEW, M&E officer, Nutrition
2. Edna POSSOLO, Activity Manager, Nutrition
3. Nadia OSMAN, Programme Policy Officer, Nutrition
4. Julia VETTERSAND, Programme Policy Officer, Nutrition
5. João Antônio Lima, M&E Team Lead
6. Nothando Sibungo, Head of Field Office Beira
7. Lino Guirruno, Gender Officer
8. Jean Providence NZABONIMPA, Regional Evaluation Officer
9. James KINGORI, Regional Nutrition Advisor
10. Tania MAZONDE, RB Evaluation Officer
11. Justine VANROOYEN, Regional Gender Advisor

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<sup>24</sup> Due to the integrated nature of the programme, the committee includes higher number of members than the 4-7 as per guidelines

# Annex 4: Role and Composition of the Evaluation Reference Group

**Purpose and role:** The evaluation reference group (ERG) is an advisory group providing advice and feedback to the Co-Evaluation Managers and the evaluation team at key moments during the evaluation process. It is established during the preparatory stage of the evaluation and is mandatory for all decentralized evaluations.

The overall purpose of the evaluation reference group is to contribute to the credibility, utility and impartiality of the evaluation. For this purpose, its composition and role are guided by the following principles:

- **Transparency:** Keeping relevant stakeholders engaged and informed during key steps ensures transparency throughout the evaluation process
- **Ownership and Use:** Stakeholders' participation enhances ownership of the evaluation process and products, which in turn may impact on its use
- **Accuracy:** Feedback from stakeholders at key steps of the preparatory, data collection and reporting phases contributes to accuracy of the facts and figures reported in the evaluation and of its analysis.

Members are expected to review and comment on draft evaluation deliverables and share relevant insights at key consultation points of the evaluation process.

The main roles of the evaluation reference group are as follows:

- Review and comment on the draft ToR
- Suggest key references and data sources in their area of expertise
- Participate in face-to-face or virtual briefings to the evaluation team during the inception phase and/or evaluation phase
- Review and comment on the draft inception report
- Participate in field debriefings (optional)
- Review and comment on the draft evaluation report and related annexes, with a particular focus on: a) factual errors and/or omissions that could invalidate the findings or change the conclusions; b) issues of political sensitivity that need to be refined in the way they are addressed or in the language used; c) recommendations
- Participate in learning workshops to validate findings and discuss recommendations
- Provide guidance on suggested communications products to disseminate learning from the evaluation.

## Core members

1. Pierre LUCAS, Deputy Country Director/ ERG Chair
2. Mesfin BELEW, M&E officer/ Co-Evaluation Manager
3. Tania MAZONDE, RB Evaluation Officer/ Co-Evaluation Manager
4. Edna POSSOLO, Activity Manager, Nutrition
5. Nadia OSMAN, Programme Policy Officer, Nutrition
6. Julia VETTERSAND, Programme Policy Officer, Nutrition
7. João Antônio Lima, M&E Team Lead

8. Nothando Sibungo, Head of Field Office Beira
9. Lino Guirruno, Gender Officer
10. Jean Providence NZABONIMPA, Regional Evaluation Officer
11. James KINGORI, Regional Nutrition Advisor
12. Justine VANROOYEN, Regional Gender Advisor
13. Pacheco Lima, Ministry of Agriculture and Food Security – SETSAN
14. Victor Sitao, Ministry of Health – Department of Nutrition
15. Rica Cane, National Institute of Health
16. Abdul Halifo Eugino, Directorate of Agriculture & Food Security Sofala,
17. Bélió Castro António, Directorate of Health Sofala
18. Ivo Albano Avelino, Provincial Committee of Studies Sofala
19. Manuela Guidione, Administration of the Government of Chemba
20. Adelino Jose, CEFA;
21. Artur Sulemane, Pathfinder International Mozambique
22. Elena Colonna, PCI Media
23. Erasmo Saraiva, Austria Development Agency

# Annex 5 Draft summary of data Collection and Analysis Methods

The project has a total of **23 indicators (2 impact, 15 outcome and 6 output)**. The table below summarizes the proposed approach to collecting and analysing the data at baseline and end line (NOTE: list could be slightly revised to address gaps at baseline). Most of the indicators have detailed guidelines in the WFP corporate Results framework, including how the data is collected, analysed, presented/visualised and interpreted. The page numbers in the CRF are provided for eases of reference.

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
1.1	Prevalence of stunting <sup>25</sup> , disaggregated by age and sex (2 percentage point improvement over the baseline)	Baseline and End line	Local District	Household survey to collect anthropometric measurements, guided by WHO standard approach to measuring stunting <sup>26</sup> . Data needed are: Height / length, age and sex of children aged 0-4 years in all households surveyed.	Proportion/ percentage as follows: 100 * (0 –59 months stunted children / total 0 –59 months children surveyed) <i>Disaggregated by age 6 to 17, 18 to 29, 30 to 41, 42 to 53 and 54 to 59 months and sex</i>
1.2	Women’s participation in household decision-making (access to healthcare, household purchases and visiting family members) Note: Key decisions will be determined as part of gender analysis and incorporated into the calculation of the indicator	Baseline and End line	household	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium <sup>27</sup> WFP defines Women’s empowerment as “the process through which women obtain and exercise agency in their own lives, with equal access alongside men to resources, opportunities and power. Women’s empowerment involves awareness-raising, building self-confidence, expanding choices, increasing access to and control of resources and reforming institutions and structures so that they contribute to gender equality, rather than perpetuate discrimination and oppression”. To this regard, the household decision-making measures one aspect of women’s empowerment, which will further be further triangulated by relevant outcome indicators and through focus group discussions.	Proportion/percentage: the quantitative share of households (%) making decision on [name if DECISION] this programme more decisions will be included, and each analysed separately. calculation will be disaggregated by decisions made (a) by women, (b) men, (c) both men and women)
2.1	Food Consumption Score, disaggregated by age and sex	Baseline and	Household	Household survey employing the standard food consumption data-collection module to collect this data as per CRF indicator	Percent/proportion of households in the three groups (poor FCS less than 21, borderline FCS

<sup>25</sup> **Stunting**: having a height (or length)-for-age more than 2 SD below the median of the NCHS/WHO international reference. It’s a well-established child health indicator for chronic malnutrition related to environmental and socio-economic circumstances.

<sup>26</sup> [https://www.who.int/ceh/indicators/0\\_4stunting.pdf](https://www.who.int/ceh/indicators/0_4stunting.pdf)

<sup>27</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 230

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	<i>Note: The household Food Consumption Score (FCS) is used as a proxy for household food security, to reflect quantity and quality of people's diets.</i>	End line <sup>28</sup>		compendium guidelines <sup>29</sup> and the Consolidated Approach to reporting indicators of food security (CARI) <sup>30</sup> . It is strongly recommended that data collection for follow-ups happens in the same period to the baseline. In addition, all follow-ups are to be conducted within the same period/number of days after food distributions. It uses a 7-day recall period.  Data required: Frequency of consumption of 8 standard food groups and condiments over the 7 days recall period, collected as per the guidelines quoted above	between 21 and 35; or acceptable with FCS greater than 35). disaggregated by: <ul style="list-style-type: none"> <li>- Sex of household head</li> <li>- Transfer modality (if applicable)</li> </ul>
2.2a	Food Consumption Score – Nutrition, disaggregated by age and sex. <i>Note: FCS-N is a measure of household's adequacy of key macro and micronutrients-rich food groups.</i>	Baseline and End line	Household	Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines <sup>31</sup> and the Consolidated Approach to reporting indicators of food security (CARI) <sup>32</sup> . [Same point regarding timing/follow ups as above].  Data required: frequencies of consumption of protein-rich, Hem Iron and Vitamin A-rich foods over the 7 days prior to the interview, collected as per the guidelines quoted above	Percent/proportion of households with poor, borderline and acceptable food consumption; disaggregated by: <ul style="list-style-type: none"> <li>- Sex of household head</li> <li>- Transfer modality (if applicable)</li> </ul>
2.2b	Food Expenditure Share [FES]	Baseline and End line	Household	Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines <sup>33</sup>  Data required: Food basket value (30 days recall) Expenditure on non-food items (30 days recall for short-term expenditure such as rent, heating; and 6 months recall for longer-term expenditures such as education, health)	Measured as: <ul style="list-style-type: none"> <li>- the average food expenditure share calculated through the median</li> <li>- Percentage of households spending more than 65% of their monthly budget on food.</li> </ul> <i>Disaggregated by sex of head of household</i>

<sup>28</sup> Minimum is two rounds at baseline 2019 and end line 2023. There can be annual monitoring in 2020, the idea situation b-annually as indicated in the CRF. However, for this to be useful for the evaluation the sampling and identification of interviewed communities and households should be able to be identified as being targeted by the programme

<sup>29</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 8

<sup>30</sup> [https://documents.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp271449.pdf?\\_ga=2.179774628.1000112673.1502956528-567465363.1491311181](https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf?_ga=2.179774628.1000112673.1502956528-567465363.1491311181)

<sup>31</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 12

<sup>32</sup> [https://documents.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp271449.pdf?\\_ga=2.179774628.1000112673.1502956528-567465363.1491311181](https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf?_ga=2.179774628.1000112673.1502956528-567465363.1491311181)

<sup>33</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 36

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
2.3	<p>Minimum Dietary Diversity Score – Women (MDD-W), disaggregated by age</p> <p>Note: <i>Minimum diet diversity is defined as consumption of 5 or more food groups out of 10 in the last 24 hours.</i></p>	Baseline and End line	Household (Individual woman of reproductive age)	<p>Household survey as per CRF indicator compendium guidelines<sup>34</sup> and the specific Minimum Diet Diversity for Women<sup>35</sup></p> <p><i>Minimum diet diversity is a proxy indicator that measures diet diversity to predict the likelihood of micronutrient adequacy for groups of women of reproductive age. Additionally, it can be used to study intra-household allocation of resources to ensure household benefits are shared by all members.</i></p> <p><i>Data required: Whether or not women of ages 15 to 49 consumed food listed in the data collection module in the link above i.e., the answer to the question “Yesterday, during the day and night, inside the home and outside the home, did you eat or drink:</i></p>	<p>Percentage of women of reproductive age (15 – 49) who reached minimum diet diversity.</p> <p>100*(# of women of reproductive age who reached minimum diet diversity divided by Total / # of women of reproductive age).</p>
2.4	<p>Minimum Acceptable Diet (MAD) – Children 6 – 23 months, disaggregated by age and sex.</p> <p>Note: <i>A child is classified as consuming a Minimum Acceptable Diet if s/he meet both (1) the minimum diet diversity AND (2) the minimum meal frequency.</i></p>	Baseline and End line	Household (Individual children)	<p>Household survey as per CRF indicator compendium guidelines<sup>36</sup> and the specific guidelines Minimum Acceptable Diet<sup>37</sup>. Sampling requirements should strictly follow nutrition sampling guidelines in terms of sample size and methodologies. The sample must be powered to collect data on children, 6 – 23 months.</p> <p>Data required: Whether the child was (a) breastfed yesterday during the day or night? (b) How many times during the day or night did the child consume listed foods</p>	<p>Minimum Diet Diversity: Proportion of children 6-23 months of age who receive foods from 4 or more out of 7 food groups in the previous day.</p> <p>Minimum Meal Frequency: Proportion of breastfed and non-breastfed children 6-23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more based on the child's age.</p> <p>Minimum Diet Diversity + Minimum Meal Frequency = MAD<sup>38</sup></p>
2.5	<p>Rate of post-harvest losses, disaggregated by age and sex</p> <p>Note: reported as average Smallholder farmers post-harvest losses of target crops as a percentage of annual production</p>	Baseline and End line	Household	<p>Household survey as per CRF indicator compendium<sup>39</sup> ; through Representative household surveys using empirical measurement techniques, complemented by face-to-face interviews.</p> <p>Baseline should be established during storage period for each farmer. The first sample should be taken from grains on the day of storage.</p>	<p>Percentage reduction</p> <p>At end of project: Reduction of post-harvest losses by (#%) for participating farmers compared to control group farmers. Disaggregated by:</p> <ul style="list-style-type: none"> <li>- Type of participant / WFP activity</li> <li>- Gender of Farmer / household head</li> </ul>

<sup>34</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 58

<sup>35</sup> <https://newgo.wfp.org/documents/minimum-dietary-diversity-for-women-mdd-w-guidance-document>

<sup>36</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 52

<sup>37</sup> <https://newgo.wfp.org/documents/pdm-module-for-minimum-acceptable-diet>

<sup>38</sup> See how it is calculated here: <https://newgo.wfp.org/documents/minimum-acceptable-diet-calculator>

<sup>39</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 126



#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
				Data required: At least 3 points of measurement per year: (1) at time of storage, (2) 60 days later, (3) 120 to 180 days later, depending on if there are one or two harvests per year.	
2.6a	Livelihood Coping Strategy Index (LCSI) disaggregated by age and sex. <i>Note: The livelihoods-based coping strategy index is used to better understand longer-term coping capacity of households.</i>	Baseline and End line	Household	Household survey as per CRF indicator compendium <sup>40</sup> and CARI, using a 30-day recall period, with at least 10 strategies from the master list in CARI guideline (four stress strategies, three crisis strategies and three emergency strategies). Each strategy is associated with a level of severity (none, stress, crisis or emergency).	percent/proportion of households using a coping strategy; disaggregated by: - Sex of household head - Transfer modality (if applicable)
2.6b	Consumption-based Coping Strategy Index, reduced CSI (rCSI).	Baseline and End line	Household	Household survey as per CRF Indicator compendium <sup>41</sup> and coping strategy guidelines <sup>42</sup> Data needed on five consumption-based coping strategies Coping Strategies: Rely on less preferred and less expensive food; Borrow follow or rely on relatives and friends Limit portion size at meals Restrict consumption for adults for children to eat Reduce number of emails	- For each coping strategy, the frequency score (0 to 7) is multiplied by the universal severity weight (see table below); The weighted frequency scores are summed up to calculate the rCSI. The minimum possible rCSI value is 0, while the maximum is 56. Then the average (mean) is computed (all households should be considered, also those who are not applying any strategies). Disaggregated by: -Sex of head of household; -Rural/Urban (if applicable) -Admin and livelihood zone -Presence of disabled/chronically ill/unaccompanied minors' members within household
2.7a	Proportion of HH in targeted areas reporting benefits from an enhanced livelihood asset base (including enhanced practices)	Baseline and End line	Household	Household survey is used to collect this data as per CRF indicator compendium <sup>43</sup> (based on the list of asset base) Data required: community consultation is held as part of the baseline phase to identify which specific 'benefits' the FFA programme is expected to yield for the community. The baseline	Percent/proportion of the population (%) in the targeted communities where FFA is implemented which is reporting benefits from an improved livelihood asset base; Disaggregated by: -FFA participants and non-participants.

<sup>40</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 21

<sup>41</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 15

<sup>42</sup> [https://documents.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp211058.pdf](https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf)

<sup>43</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 155

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	<i>disaggregated by sex of household head)</i>			value should be set at zero at the beginning of the FFA programme. The follow up data should be collected around the same time and ask the households to have benefited from the assets. The information that is quantitative should be complemented with qualitative information through observation.	-Female-headed households and other households.
2.7b	Proportion of the population (%) in targeted communities reporting environmental benefits from assets created Note: This is referred to as Environmental Benefit Indicator (EBI)	Baseline and End line	Household	Household survey is used to collect this data as per CRF indicator compendium <sup>44</sup> (based on the list of asset base); Data required: Households reporting 'Benefits' along the three dimensions of benefits that assets creation can bring about on natural and physical capitals;	-Proportion of population (%) with improved agricultural potential due to greater water availability and/or soil fertility; -Proportion of population (%) with an improved natural environment due to land stabilization and restoration; -Proportion of population (%) with improved environmental surroundings due to enhanced water and sanitation measures
2.8	Attendance at 4+ antenatal care visits, disaggregated by age	Baseline and End line	Woman <sup>45</sup>	The data is collected from the individual woman, either through a household survey OR alternatively, estimate the number of pregnant women within the community through the household's survey and then access clinic data on the number of women with 4+ antenatal care visits to get the proportion (to be discussed subject to feasibility). Data needed: Number of pregnant women with 4+ antenatal care visits and total Number of pregnant women.	Proportion/ percentage of women with 4+ antenatal care visits; disaggregated by age of the woman
2.9	Assisted delivery at a health facility, disaggregated by age	Baseline and End line	Woman	The data is collected from the individual (woman) either through Household surveys OR alternatively, estimate the number of pregnant women within the community through the household's survey and then access clinic data on the number of women with assisted delivery at health facility (to be discussed subject to feasibility). Data needed: Number of pregnant women that had assisted delivery at a health facility and total Number of pregnant women.	Proportion/ percentage of women that had assisted delivery at a health facility; disaggregated by age of the woman
2.10	Prevalence and health seeking behaviour for fever, diarrhoea,	Baseline and	Household	The data is collected at the household level through household surveys.	Proportion / percentage of households that seek medical attention for fever diarrhoea and acute respiratory infection.

<sup>44</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 169

<sup>45</sup> The sampling approach will have to ensure that the sample includes sufficient number of women. Same applies to 2.9

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	and acute respiratory infection, disaggregated by age and sex	End line		Data needed: number of households seeking medical attention and total number of households.	
2.11	Percent of people able to recall three key messages about dietary diversification, early marriage, early pregnancy, and SRH and child health services, disaggregated by age and sex:	Baseline and End line	Household [to confirm] <sup>46</sup>	Household survey Data required: Whether interviewed people recall each of the specific messages	Calculated knowledge indexes. which takes values between say 0 and 5 for example. Where 0 = unable to recall any key message and 5 = recalled 5 key messages. So, 3 = recalled 3 key messages about dietary diversification
2.12	% Of people that have a favourable <u>attitude</u> towards the recommended practices	Baseline and End line	Household [to confirm] <sup>47</sup>	Household survey will used to collect this data.	Attitude measurement using Likert scale with a neutral midpoint. As an e.g., Strongly agree, Agree, Neutral, Disagree, Strongly disagree.
2.13	% of people who <u>intend to adopt</u> the recommended services <sup>48</sup>	Baseline and End line	Household [to confirm] <sup>49</sup>	Household survey will used to collect this data.	Calculated practice indexes.
2.14	Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer. <i>Note: This indicator is intended to measure equality in decision-making and control over cash, vouchers or food between women and men, at the household level;</i>	Baseline and End line	Household	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium <sup>50</sup> Data needed: In each household interviewed, who makes decisions on the choices made as to how a household will utilise the received food, cash and/or voucher(s); how the cash will be used, what will be redeemed with the vouchers and whether food will be consumed, sold or exchanged (and by who) No pre-assistance baseline data is required. First follow-up data collected after the first transfer is considered the baseline. Once a baseline is established at first follow-up, monitoring should be undertaken in accordance with the CSP monitoring strategy.	Proportion/percentage: the quantitative share of households (%) where women, men, or both women and men make decisions on the use of food / cash / vouchers; Disaggregated by: - decision-maker: i) woman; ii) man; iii) joint decision making (by woman and man) - - modality (food, cash, voucher)

<sup>46</sup> If different household members will be interviewed, then unit is people

<sup>47</sup> If different household members will be interviewed, then unit is people

<sup>48</sup> At end line it would be more useful to assess those **who adopt**, the services in question can be included in the question. Otherwise adopt does not measure practice a since 2.11 measures knowledge and 2.12 measures attitude

<sup>49</sup> If different household members will be interviewed, the unit is people

<sup>50</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 230

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
2.15	Proportion of food assistance decision-making entities – committees, boards, teams, etc. – members who are women. Note: <i>The purpose of this indicator is to measure gender parity in all WFP food assistance decision-making entities established for the implementation of the programme</i>	Baseline and End line	Community level [distribution point, asset site etc]	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium <sup>51</sup> Data Needed: Member lists of all WFP food assistance-related decision-making entities, indicating among other gender (woman / man) of each member Record Baseline at establishment of food assistance-related decision-making entities, the gender (women / men) of all members should recorded.	Proportion/percentage of food assistance decision-making entity – committees, boards, teams, etc. – members who are women.
2.16	Women’s Empowerment in Agriculture, Index (version pro-WEAI) <sup>52</sup> Pro-WEAI use the Three Domains of Empowerment score (3DE) calculated from 12 binary indicators each of which are equally weight under three dimensions (agency): i. intrinsic agency (power within), ii. instrumental agency (power to), and iii. collective agency (power with).	Baseline and End line	Woman	Household survey will be used to collect this data. Individual-level data collected, interviewing primary women decision -maker sampled from the households separately and in private.	The indicator is presented as: i. % of women who are empowered. ii. % of domains in which those women who are not yet empowered already have adequate achievements Pro-WEAI index ranges from 0 to 1, with 0 meaning that they did not surpass the binary threshold for any of the 12 indicators and 1 for surpassing the thresholds for all 12 indicators. A woman can be considered ‘empowered’ if she scores positively in at least 75% (9 out of the 12) indicators.
2.17	Wasting Percent of wasted (moderate and severe) children aged 0–59 months (moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median; severe = weight-for-height below -3 standard deviations of	Baseline and end line	Individual new born children	Children’s weight and height measured using standard equipment and methods (e.g., children under 24 months are measured lying down, while standing height is measured in children aged 24 months and older  Weight for height	Numerator: Number of children aged 0–59 months who are wasted. Denominator: Total number of children aged 0–59 months.  Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median weight-for-height of the WHO Child Growth Standards DIVIDE BY total number of children aged 0–59 months who were measured) MULTIPLY BY 100

<sup>51</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 236

<sup>52</sup> <http://a4nh.cgiar.org/2018/04/27/introducing-pro-weai-a-tool-for-measuring-womens-empowerment-in-agricultural-development-projects/>

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	the WHO Child Growth Standards median) <sup>53</sup>				Disaggregated by age 6 to 17, 18 to 29, 30 to 41, 42 to 53 and 54 to 59 months and sex
2.18	<p>Low birth weight</p> <p>Percent of live births that weigh less than 2500 g out of the total of live births during the same period<sup>54</sup></p> <p>Note: <i>proportion of infants with a low birth weight is an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, hard work and poor health care in pregnancy</i></p>	Baseline and end line	Individual births	<p>Data Requirement(s)</p> <p>Number of newborns with a birth weight less than 2,500g in a defined time period (e.g., 12 months); number of live births in the same time period; parity of the mother</p> <p>Sources:</p> <p>Delivery registers (hospital management and information systems – HMIS). This method provides data on the incidence of low birth weight among newborns delivered in health institutions.</p> <p>Household surveys which collect data on birth weight (recalled by mother) and relative size of the newborn at birth allow for an adjusted value even where many infants are not weighed at birth.</p>	<p>Numerator: Number of live-born neonates with weight less than 2500 g at birth.</p> <p>Denominator: Number of live births.</p> <p>Disaggregation: Place of residence, preterm status, socioeconomic status.</p>
3.1	# of nutrition-sensitive and gender transformative assets built, restored, or maintained by targeted households and communities, by type and unit of measure (4,500 HH assets and 150 community assets)	Monitoring and reporting; confirmation at end line	Community	<p>Project site records as per WFP Corporate Results Framework (CRF) indicator compendium<sup>55</sup></p> <p>Data needed: Assets built, restored or maintained: The type and number of physical resources built, restored or maintained for households and communities to sustain their livelihoods. This includes new assets built or existing assets restored or maintained to working condition.</p> <p>Source: WFP's cooperating partners implementation reports;</p> <p>No Baseline data needed. Data should be collected according to the established reporting schedules. This information will be used by the evaluation to assess the effectiveness of the programme in terms of achieving the intended outputs</p>	<p>The indicator is presented as an aggregate of all the Number of assets, comparing target at baseline vs achievement at end line.</p> <p>Disaggregated by:</p> <ul style="list-style-type: none"> <li>-specific types of assets;</li> <li>-assets built, restored and maintained</li> </ul>
3.2	# of smallholder farmers supported/trained on PHL, disaggregated by men, women, boys, and girls (at least 500)	Monitoring and reporting; confirmation	farmers' organizations	<p>Project implementation reports per WFP Corporate Results Framework (CRF) indicator compendium<sup>56</sup></p> <p>Data needed: a unique identity number allocated to each farmers' organization member. Basic information recorded</p>	The indicator is presented as an aggregate of Number of smallholder farmers supported/ trained, and compared with target at end line to

<sup>53</sup> <https://www.measureevaluation.org/rbf/indicator-collections/health-outcome-impact-indicators/children-under-5-years-who-are-wasted>

<sup>54</sup> <https://www.measureevaluation.org/rbf/indicator-collections/health-outcome-impact-indicators/incidence-of-low-birth-weight-among-newborns>

<sup>55</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 297

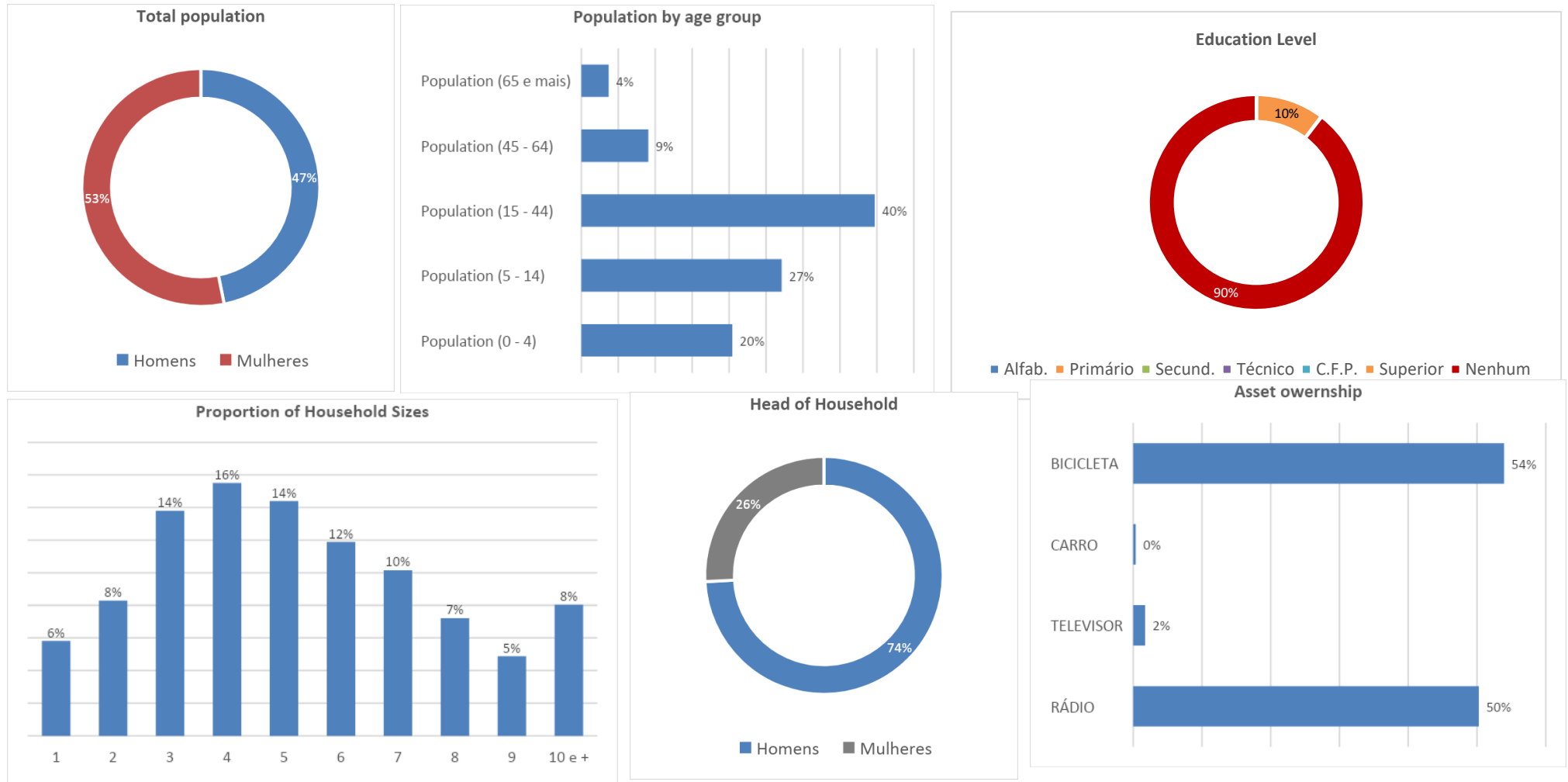
<sup>56</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 308

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
		d at end line		about each member including member number, gender, date joined the farmers' organization (if applicable), date left the farmers' organization. Data should be collected according to the established reporting schedule.	assess the effectiveness of the programme; Disaggregated by men and women;
3.3	# of people exposed to nutrition messaging on dietary diversification, early marriage, early pregnancy, and SRH and child health services, disaggregated by age, men, women, boys, and girls (at least 20,000)	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of people exposed to nutrition messaging; comparing target at baseline vs achievement at end line.
3.4	# of household visits conducted by community health activists/agriculture extension agent (at least 1,500)	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of HH visits conducted by community health; comparing target at baseline and achievement at endline;
3.5	# of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex (at least 3,000)	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of participants at gender dialogue... comparing target at baseline vs achievement at end line
3.6	# of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned (at least 7,500)	Monitoring and reporting; confirmed at end line		Project implementation reports per WFP Corporate Results Framework (CRF) indicator compendium <sup>57</sup> Data required: Targeted persons that were provided with assistance, including direct recipients of assistance and their households; Data source: Partner's report Data should be gathered on at least a monthly basis.	Present indicator as an aggregate number of women, men, boys and girls receiving transfer... and compare target at baseline vs achievement at end line; Disaggregated by: - Gender and Age - Beneficiary category - Transfer modality - Activity

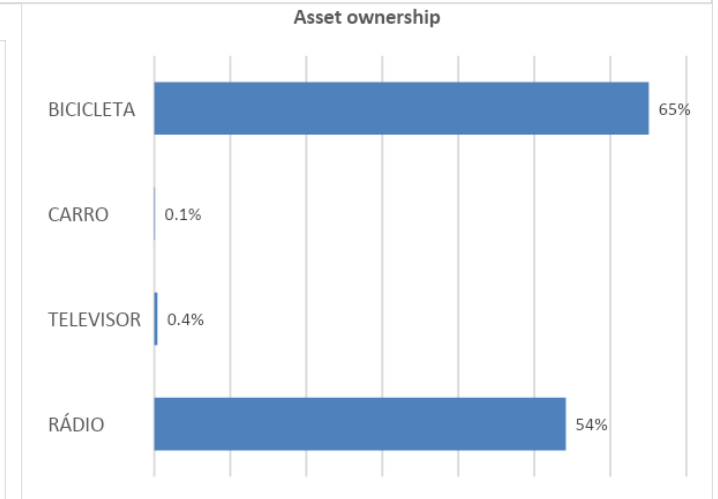
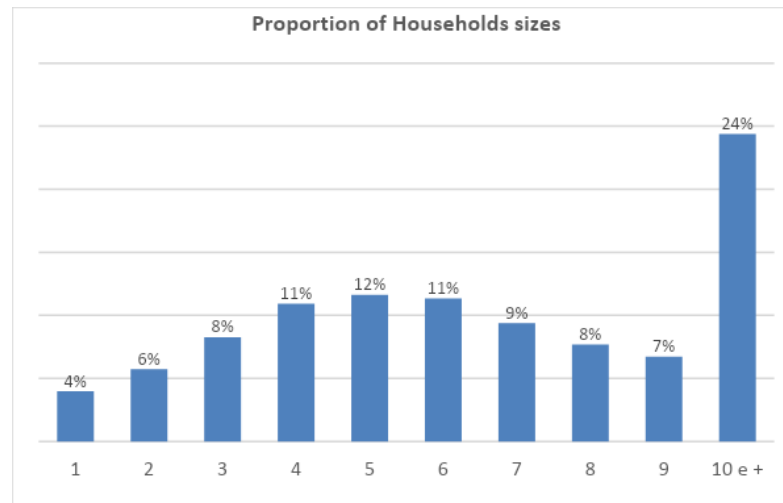
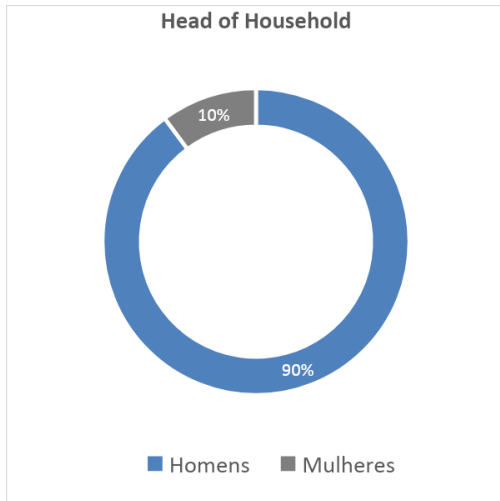
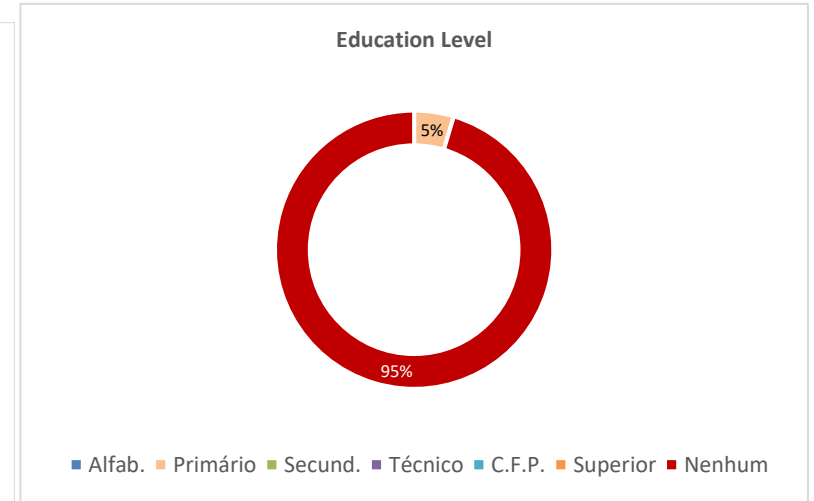
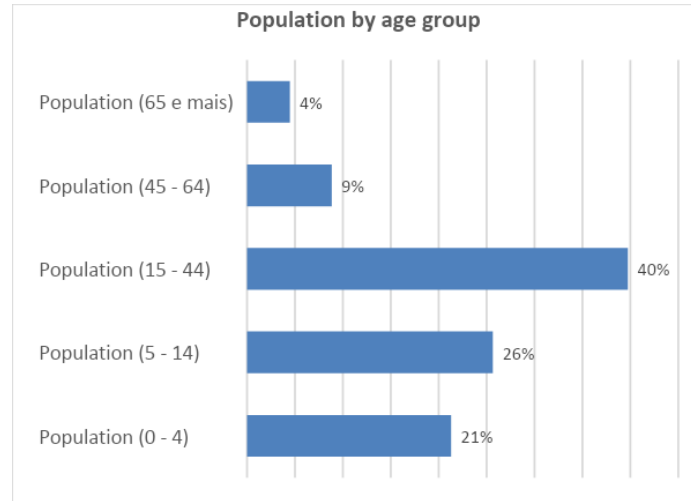
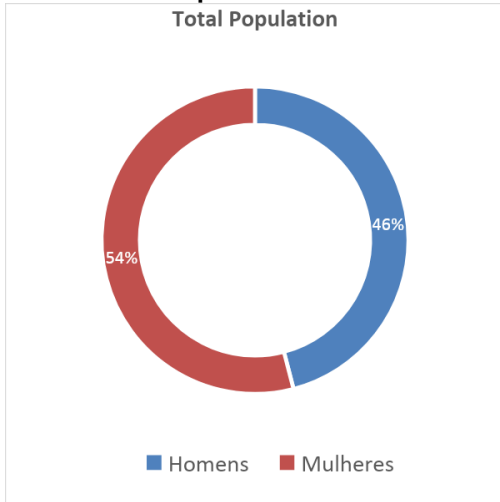
<sup>57</sup> <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 308

# Annex 6 Characteristics of targeted and non-targeted areas of Chemba District

## Administrative post of Chemba

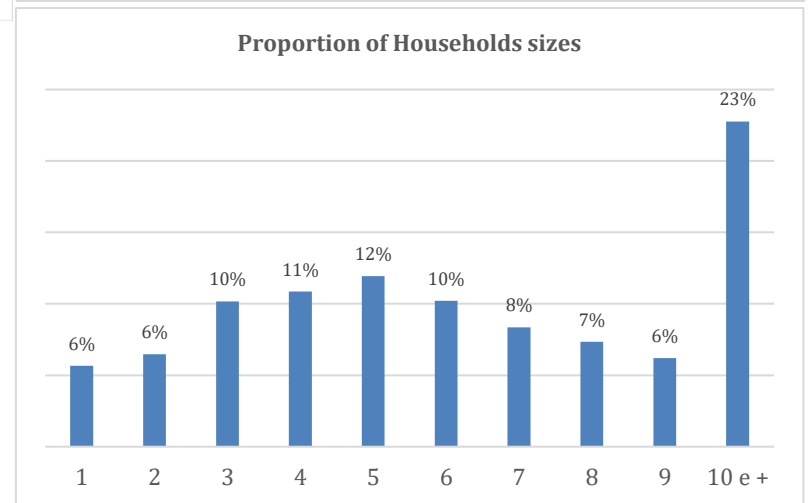
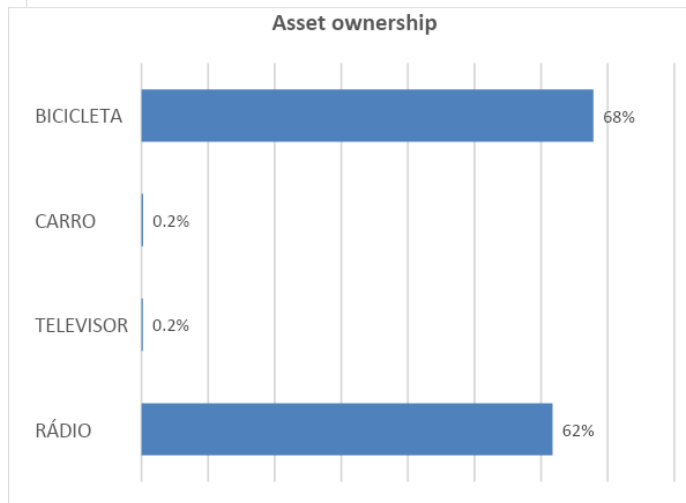
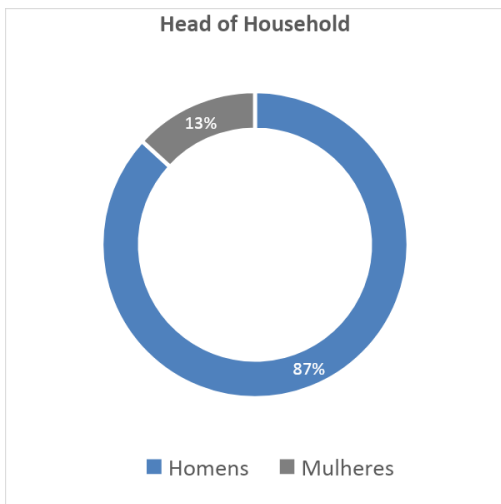
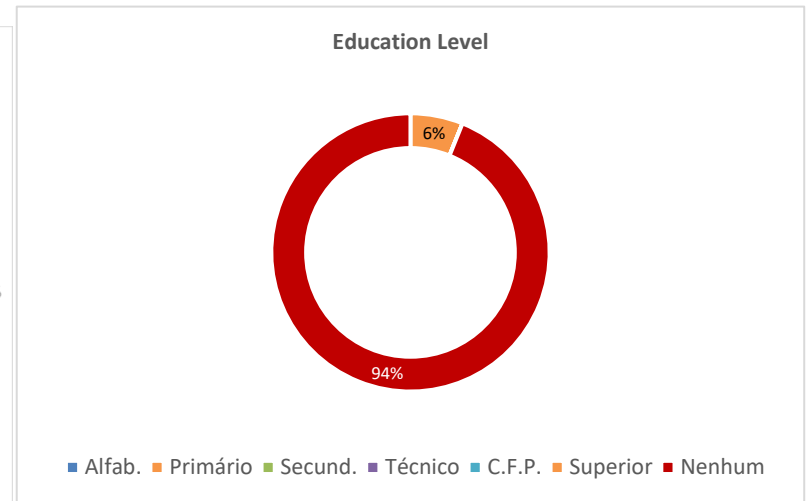
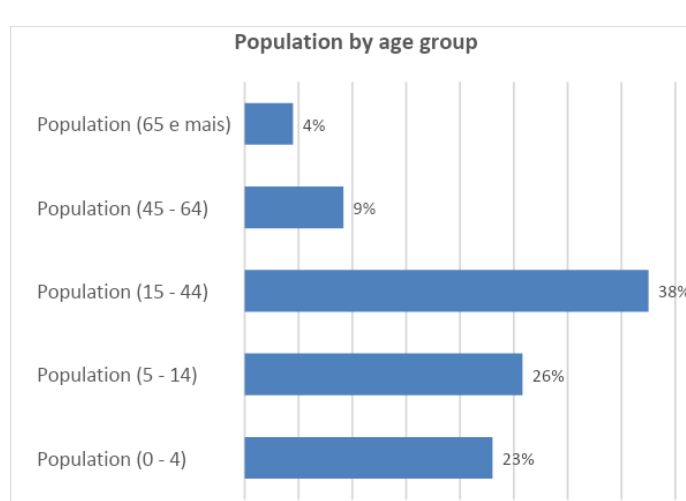
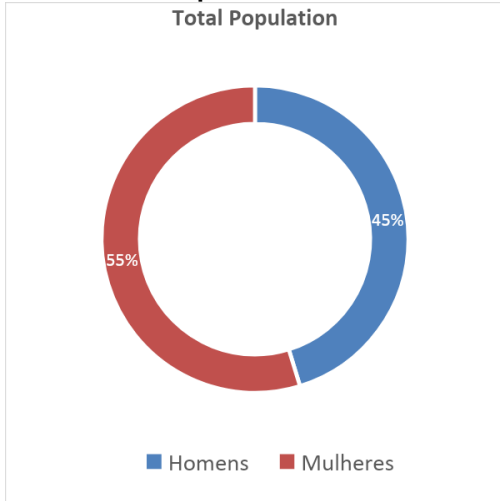


## Administrative post of Chiramba





## Administrative post of Mulima



# Annex 7: List of Stakeholders

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder	How they will be engaged
<b>INTERNAL STAKEHOLDERS</b>		
Country Office (CO) Mozambique	The CO is responsible for the design and implementation of the programme; It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as externally to the beneficiaries, the donor and partners for performance and results of this programme	Key WFP Mozambique staff are members of the evaluation committee and will therefore be involved in making sessions in relation to the evaluation process. Others will be interviewed during data collection
Regional Bureau (RB) Johannesburg	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. Given the aspiration of WFP Southern Africa region to enhance integrated programming for better results, this Mozambique programme offers opportunity for learning across the region.	The Regional Evaluation Officer will support CO/RB management to ensure quality, credible and useful decentralized evaluations. Other key staff from the RB are members of the evaluation reference group and will be systematically consulted to review and comment on draft products starting with these TOR.
WFP HQ Nutrition and gender divisions;	WFP HQ technical units are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Specifically, the nutrition and gender divisions have an interest in the implementation of results of gender transformative and nutrition sensitive programmes; to inform organisational learning and development of future policies and guidelines;	The two divisions, as appropriate, will be provided an opportunity to review and comment on draft reports;
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy. OEV may, as appropriate, use the results of this evaluation in synthesis of evidence as well as in reporting evaluation coverage in the annual evaluation report.	Draft inception and evaluation reports will be submitted to the OEV-managed quality support service
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes, as well as reporting on evaluation coverage as per the corporate evaluation policy	
<b>EXTERNAL STAKEHOLDERS</b>		
Beneficiaries (women, girls, boys and men)	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. In this case, the women, men, boys and girls targeted by the various activities of the programme;	They will be consulted through interviews, key informant interviews and focus group discussions, to be detailed in the inception report.

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder	How they will be engaged
Government Ministries	The Government has a direct interest in knowing whether the programme is aligned with its priorities, harmonised with the action of other partners and meeting the expected results. The Ministries of agriculture and health, as well as other key Government institutions (See section 3.2 on key actors) are interested in the results of the programme as well as the findings of the evaluation.	These will be members of the evaluation reference group and will be systematically requested to attend ERG meetings, review and provide feedback on draft reports.
UN agencies	The UN System's harmonized action should contribute to the realisation of the government's developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Those agencies involved in the food and nutrition security and Women empowerment including FAO, UNICEF, WHO are interested to learn what impact this integrated programme has on reducing malnutrition and empowering women;	These agencies will be members of the evaluation reference group and will systematically be requested to review and comment on evaluation drafts.
Non-Governmental Organisations	As noted in section 3.2, NGOs such as WVI, Pathfinder and PCI Media will play a key role in the implementation of the programme. As such, they are interested in the establishment of a baseline to understanding the state of key indicators prior to start of the programme activities, and to understand, through the final evaluation the extent to which the programme has achieved the results;	These NGOs will be members of the evaluation reference group; and additional staff will be interviewed during the final evaluation as key informants
Donors	The programme is funded by the Austria Development Agency, who are interested in knowing whether the programme is implemented as planned and the extent to which it has achieved the planned results	During the final evaluation, representatives of ADA will be consulted as key informants

## Annex 8: Quality assurance processes

To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides review of the draft inception and final evaluation reports (in addition to the same provided on draft TOR), and provide:

- a. systematic feedback from an evaluation perspective, on the quality of the draft inception, baseline and evaluation report;
- b. Recommendations on how to improve the quality of the final inception/ evaluation report.

The Co-Evaluation Managers will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/ evaluation report. To ensure transparency and credibility of the process in line with the UNEG norms and standards<sup>58</sup>[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report. Upon submission of revised draft, the Co-Evaluation Managers with the support of the regional evaluation officer will:

- a. Check the draft against the QS feedback and recommendations to ensure that they have been addressed;
- b. Discuss any recommendations that have not been addressed with the team leader to ensure that either they are addressed OR adequate rationale is provided;

This quality assurance process outlined above does not interfere with the independence of the evaluation team, but ensures the report provides the necessary evidence in a clear, transparent and convincing way and draws its conclusions on that basis. There must be a clear line of sight between the findings, conclusions and recommendations made.

The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the data collection, analysis and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the WFP directive on disclosure of information.

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<sup>58</sup>UNEG Norm #7 states "that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability"

# Annex 9: Responsibilities of Co-Evaluation Managers and Evaluation Team Leader

The **Co-Evaluation Managers** will be responsible for:

- Sharing all draft products including TOR, inception report and evaluation report with internal and external stakeholders to solicit their feedback; This communication will specify the date by when feedback is expected and highlight next steps;
- Documenting systematically how stakeholder feedback has been used in finalised the product, ensuring that where feedback has not been used a rationale is provided;
- Informing stakeholders (through the ERG) of planned meetings at least one week before and where appropriate sharing the agenda for such meetings;
- Informing the team leader in advance the people who have been invited for meetings that the team leader is expected to participate and sharing the agenda in advance;
- Sharing final evaluation products (TOR, inception and Evaluation report) with all internal and external stakeholders for their information and action as appropriate;

The **evaluation team leader** will be responsible for:

- Communicating the rationale for the evaluation design decisions (sampling, methodology, tools) in the updated inception report and through discussions;
- Working with the Co-Evaluation Managers to ensure a detailed evaluation schedule is communicated to stakeholders before field work starts (annexed to the updated inception report);
- Sharing a brief PowerPoint presentation before the internal and external debriefings to enable stakeholders joining the briefings remotely to follow the discussions;
- Included in the final report the list of people interviewed, as appropriate (bearing in mind confidentiality and protection issues)<sup>59</sup>;
- Systematically considering all stakeholder feedback when finalising the evaluation report, and transparently provide rationale for feedback that was not used;

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<sup>59</sup> For example, omitting names of people where appropriate, and instead stating the name of the organisation; not including names of beneficiaries but instead stating the groups or villages as appropriate.

# Annex 10: Communication and Knowledge Management Plan

## **Final Evaluation of Mozambique's Gender Transformative and Nutrition Sensitive (GTNS) Project 2019 to 2021(2023)**

### **Overview of the of the Mozambique integrated gender transformative nutrition sensitive (GTNS) project**

The Republic of Mozambique's integrated gender transformative nutrition sensitive (GTNS) project titled "*Reaching the furthest behind first: Gender transformative and nutrition sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province*", is funded by the Austrian Development Agency (3 million Euros) over a two- and a half-year period (2019-2021). The project aims to improve women and adolescent girls' empowerment, improved nutritional diversity, and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities: (i) Food Assistance for Assets (FFA) - construction of gender- and nutrition-sensitive household assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation) and community assets, (ii) Post-Harvest Loss (PHL) - trainings on post-harvest loss for smallholder men and women farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage) and (iii) Social and Behaviour Change Communications (SBCC) - multi-level social and behaviour change communication that is implemented at individual, household, and community level to address gender inequality with a focus on early marriage, sexual and reproductive, and health seeking behaviours.

### **Evaluation of Mozambique's Gender Transformative and Nutrition Sensitive (GTNS) Project 2019 to 2021(2023)**

The Country Office (CO) has commissioned the final evaluation of the Mozambique integrated gender transformative and nutrition sensitive (GTNS) project. The evaluation will yield evidence-based recommendations that will influence operational and strategic decisions. To improve the utilization of evaluation outcomes, the findings will be actively disseminated to appropriately identified intended users, and lessons will be integrated into suitable lesson sharing platforms.

This evaluation will cover the period October 2019 to October 2022 and all activities carried out during this period. This evaluation will focus on assessing the program's contribution to desired outcomes, namely reduced stunting and empowerment of women and girls, as well as factors that mediate or mitigate such contribution. The baseline evaluation report was completed in 2020, with the first round of data obtained during the inception phase (January - March 2020). The second-round data collection in the final evaluation will be collected in the final 6 months of implementation from November 2022 – March 2023. The findings of the evaluation will provide the government of the Republic of Mozambique, WFP, and other key stakeholders valuable lessons on what works, as well as what has not worked. The lessons learnt from the evaluation, will be used to improve, and shape the design and implementation of similar programmes in future.

### **Key Aims of the Communication and Knowledge Management Plan**

The communication and knowledge management plan aims to ensure a **structured** and **impactful** flow of information, at key phases of the evaluation, both internally and externally to targeted stakeholders, to optimize evaluation evidence, use. The plan also proposes well-defined roles and responsibilities, timelines, communication channels, to ensure uptake. Key aims include:

- i. **Inform policy development and implementation:** The government will use the evaluation to inform the development and implementation of various national policies, that prioritize access to food with a view to improving living conditions and developing human capital in line with the Mozambique Agenda 2025 ; The Government's Five Year Plan 2020- 2025 focuses on empowering women and men for gender equity and equality, poverty reduction, economic development, and food security and nutrition; The Operational Plan for Agricultural Development 2015–2027 aims to enhance food sovereignty by strengthening value chains, public–private partnerships and farmers' organizations; The National Master Plan for the Prevention and Mitigation of Natural Disasters 2017–2030 is the basis for disaster risk management;
- ii. **Support strategy direction and implementation:** The evaluation findings will inform the potential scaling up and implementation of nutrition sensitive, post-harvest losses, social behaviour change and

communication interventions in the Country Office's second generation CSP Evidence generated from the GTNS baseline evaluation will also feed into the midterm review of the 2022- 2026 UNSDCF for Mozambique, planned for 2024, allowing UN agencies to revise the current outputs and outcomes in support of national priorities and policies.

iii. **Dissemination of results to all key stakeholders** The WFP country offices will ensure that the results are widely disseminated, in such a way as to include district and local levels, to all key stakeholders including the beneficiaries of the programme. This will be done to ensure that all key stakeholders are aware of the evaluation results and that they provide feedback for continual learning and improvement.

iv. **Reach grassroots and affected populations:** To ensure WFP and partners remain accountable to the population it serves, and ensure that men, women boys, and girls including the vulnerable groups across the Chemba district in Sofala Province are informed of the key findings and recommendations that directly impact their community.

The draft communication and knowledge management plan is divided into two components (for internal and external stakeholders) below.

**Table 1. Internal Communication and Knowledge Management Plan**

When Evaluation phase	What Product	To whom Target audience	From whom Creator lead	How Communication channel	Why Communication purpose
<b>Preparation</b> (Completed at baseline in 2019)	Updated TOR	Evaluation Committee (EC) CO GTNS team CO Programme teams CO M & E team Field Office	Evaluation manager Supported by the Regional Evaluation Unit (REU)	E-mail: ERG meeting if required	To request review of and comments on updated TOR
	Final Updated TOR	Evaluation Committee WFP Management Evaluation community WFP CO, Field Office	Evaluation manager REU	E-mail WFPgo WFP.org Yammer (Community of Practice)	To inform of the final or agreed upon overall plan, purpose, scope, and timing of the evaluation
<b>Inception</b>	Draft Updated Inception report	Evaluation Committee CO GTNS Team CO Programme teams [SBCC, Post-Harvest Losses (PHL)] Field Office, Gender Team CO M & E staff Regional Bureau technical teams	Evaluation manager REU	E-mail	To request review of and comments on IR
	Final Update Inception Report	Evaluation Committee CO management CO GTNS team CO Programme teams COM & E Field Office staff	Evaluation manager	E-mail WFPgo, wfp.org	To inform key internal stakeholders of the detailed plan for the evaluation, including critical dates and milestones, sites to be visited, stakeholders to be engaged etc.



When	What	To whom	From whom	How	Why
Evaluation phase	Product	Target audience	Creator lead	Communication channel	Communication purpose
		Regional Bureau technical teams			
<b>Data collection</b>	End of Fieldwork Debriefing power-point	CO management CO Programme unit Evaluation Committee CO Nutrition, SBCC, Post-Harvest Losses Programme staff Beira Field Office staff Regional Bureau: Nutrition, FFA, Gender, Evaluation, Evidence Generation Block, SBCC	Team leader (may be sent to EM who then forwards to the relevant staff)	E-mail; Meeting (physical and virtual)	To invite key internal stakeholders to discuss the preliminary findings
<b>Reporting</b>	Draft Evaluation report	Evaluation Committee Regional Bureau technical teams	Evaluation manager	E-mail Meeting (virtual/physical)	To request review of and comments on draft 2 ER If required, EM may call for a meeting with EC to solicit for comments
	Validation stakeholder workshop power-point	Commissioning office management CO nutrition and programme staff Beira Field Office Evaluation Committee members	Team leader (PPT may be sent to EM who then forwards to the relevant staff)	E-mail Meeting (hybrid/virtual)	To solicit inputs from key internal stakeholders on preliminary evaluation conclusions and recommendations
	Final Evaluation report	Evaluation Committee WFP Management WFP Evaluation community WFP employees	Evaluation manager REU	E-mail WFPgo; WFP.org; Evaluation Network platforms (e.g., WFP Communities: Yammer)	To inform internal stakeholders of the final main product from the evaluation and make the report widely accessible
	Raw and clean datasets	Evaluation Manager; CO Management; Regional Evaluation	Team leader (may be sent to EM who then	E-mail (containing shared documents/drive)	Conduct secondary analysis with the purpose of informing future evaluations

When	What	To whom	From whom	How	Why
Evaluation phase	Product	Target audience	Creator lead	Communication channel	Communication purpose
		Team and CO Programme and M&E	forwards to the relevant staff)		
<b>Dissemination &amp; Follow-up</b>	Draft Management Response	Evaluation Reference Group; CO Programme staff; CO M&E staff; Senior Regional Programme Adviser	Evaluation manager	E-mail and/or a webinar	To discuss the commissioning office's actions to address the evaluation recommendations and elicit comments
	Final Management Response	Evaluation Reference Group; WFP Management; WFP employees;	Evaluation manager, Evaluation Team; OEV/RB/CO Communications/ KM unit	E-mail; WFPgo; WFP.org	To ensure that all relevant staff are informed of the commitments made on taking actions and make the Management Response publicly available
	Summary Evaluation Report/ Brief (in English and Portuguese languages) Short video Posters Tweets, news feeds on social media platforms for WFP Articles shared via Communities of Practice GTNS Tableau Dashboard	WFP Management; WFP employees	Regional Evaluation Unit (with the support of the Evaluation Manager)	E-mail, WFP.org, WFPgo, WFP Online Evaluation Community (Yammer)	To disseminate brief findings from the evaluation to internal stakeholders and audiences

**Table 2. External Communication and Knowledge Management Plan**

When	What	To whom	From whom	How (in what way)	Why
Evaluation phase	Product	Target audience	Creator lead	Communication channel	Communication purpose
<b>Inception</b>	Draft 0 Evaluation Report	<p><b>Circulate draft inception report</b></p> <p>Ministry of Agriculture and Food Security - SETSAN, Ministry of Health, Austrian Development Agency</p> <p><b>Circulate the approved inception report</b></p> <p>Ministry of Agriculture and Food Security - SETSAN, Ministry of Health, Austrian Development Agency</p>	Evaluation (with the support of the Regional Evaluation Team)	E-mail	To engage with the ERG members to get their reflections and comments on the first draft inception report; To review the methodology and approach of the evaluation
<b>Data Collection</b>	Preliminary results presentation	Ministry of Agriculture and Food Security - SETSAN, Ministry of Health, Austrian Development Agency	Evaluation Manager; Evaluation Team	Meeting (virtual and physical)	To engage with the stakeholders and discuss preliminary results before the draft evaluation report is produced
<b>Data Analysis and Reporting</b>	Draft and Final evaluation Report	<p><b>Circulate the approved report:</b></p> <p>Ministry of Agriculture and Food Security - SETSAN, Ministry of Health, Austrian Development Agency, Administration of the Government of Chemba, CEFA, Pathfinder International Mozambique, PCI Media</p>	CO-Evaluation managers Evaluation Committee; GTNS Activity Manager; Focal point of government ministries; CO Communications Focal Point	<p>E-mail</p> <p>Postings on wfp.org</p> <p>News feeds (WFP Communities- YAMMER)</p>	<p>To inform stakeholders of the final main product from the evaluation</p> <p>To ensure that interested stakeholders can access the approved evaluation report through the WFP external website (wfp.org)</p>

When	What	To whom	From whom	How (in what way)	Why
Evaluation phase	Product	Target audience	Creator lead	Communication channel	Communication purpose
<b>Dissemination &amp; Follow-up</b>	<p>PowerPoint Presentation on Evaluation results</p> <p>Evaluation Report, Summary Evaluation Report/Brief</p> <p>Full Evaluation Report [EN]</p> <p>Full Evaluation Report [PT]</p> <p>Summary Evaluation Report [EN]</p> <p>Summary Evaluation Report [PT]</p> <p>Evaluation Infographics (1-pager), another translated for beneficiaries</p> <p>Short video posted on WFP social media platforms</p> <p>GTNS Tableau Dashboard</p>	<p><b>Circulate the approved Management Response:</b></p> <p>Government counterparts:</p> <p>Ministry of Agriculture and Food Security - SETSAN</p> <p>Ministry of Health – Department of Nutrition, National Institute of Health</p> <p>Provincial Directorate of Agriculture and Food Security Sofala</p> <p>Provincial Directorate of Health Sofala</p> <p>Provincial Directorate of Health – Provincial Committee of Studies Sofala</p> <p>Administration of the Government of Chemba</p> <p>Beneficiaries of the project</p> <p>Comitato Europeo per la Formazione e l'Agricoltura (CEFA),</p> <p>Pathfinder International Mozambique</p> <p>PCI Media</p> <p>Austrian Development Agency</p>	<p>CO-Evaluation managers</p> <p>Evaluation Committee; GTNS Activity Manager; Focal point of government ministries; CO Communications Focal Point; Regional Evaluation Teams</p> <p>Key messaging African Print garment/ <i>Capulana</i> shared with the beneficiaries</p>	<p>Virtual and/or physical depending on target audience</p> <p>Printed 8-page Summary Evaluation Report, Social Media (Twitter feeds) and hashtags</p>	<p>Evaluation results disseminated to stakeholders</p> <p>Summary Evaluation Report and relevant evaluation products (e.g., evaluation infographics – 1 pager) and link to published full evaluation report and made available to stakeholders</p> <p>To engage the public and the media as appropriate</p>

When	What	To whom	From whom	How (in what way)	Why
Evaluation phase	Product	Target audience	Creator lead	Communication channel	Communication purpose
	Key messaging on African Print garment/ <i>Capulana</i>				

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## Annex 12: Add other relevant annexes as required (including Logical Framework or Theory of Change)

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<p><b>Impact 1:</b> Women and adolescent girls' empowerment enables improved nutritional diversity and reduced stunting among girls and boys under the age of five in the context of a changing climate</p>	<p>1. Prevalence of stunting among children under-five in targeted climate-shock affected areas, disaggregated by age and sex  <b>Target:</b> 2 percentage point improvement over the baseline</p> <p>2. Women's participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management)  <b>Target:</b> 30 percentage point improvement over the baseline.  <b>All target values to be validated based upon baseline</b></p>	<p>Data source: Baseline and End line survey</p> <p>Collection method: Survey</p> <p>Frequency: Two times over the course of project</p> <p>Responsibility: WFP</p>	<p><b>Assumption:</b>  A multi-sectoral and multi-stakeholder approach will result in stunting reduction in a three-year timespan even in the context of a changing climate.</p> <p><b>Risk:</b>  Stunting reduction takes place over multiple years. The survey results may not capture a reduction due to the timeframe of the project. Ideally, five years would allow for baseline, midline and end line to see changes over a longer duration of time.</p>



<p><b>Outcome 1:</b> Improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender- and nutrition- sensitive household and community asset creation and post-harvest loss trainings in Chemba district that contribute to climate risk management</p>	<p>1. Minimum Dietary Diversity Score – Women (MDD-W) <b>Target:</b> 10 percentage points improvement over the baseline</p> <p>2. Minimum Acceptable Diet (MAD) – Children 6 – 23 months <b>Target:</b> 10 percentage points improvement over the baseline <b>New Target:</b> 5 percentage points improvement over the baseline</p> <p>3. Food Consumption Score-Nutrition <b>Target:</b> 5 percentage points improvement in acceptable food consumption over the baseline <b>New Target:</b> 10 percentage points <b>protein</b> improvement in acceptable food consumption over the baseline</p> <p>4. Food Consumption Score <b>Target:</b> 5 percentage points improvement in acceptable food consumption over the baseline New Target: 10 percentage points improvement in acceptable food consumption of <b>protein rich foods</b> over the baseline</p> <p>5. Rate of post-harvest losses <b>Target:</b> 5 percentage points reduction under the baseline New Target: 7.5 percentage points reduction under the baseline</p> <p>6. Coping Strategies Index Score <b>Target:</b> 10 percentage points improvement over the baseline</p>	<p>Data source: WFP assessment</p> <p>Collection method: Survey</p> <p>Frequency: Annually</p> <p>Responsibility: WFP with support of Cooperating Partner and local authorities</p>	<p><b>Assumptions:</b></p> <ul style="list-style-type: none"> <li>- An increase in diversity and availability of nutritious foods will lead to increased consumption</li> <li>- Climate events and shocks will not increase in either frequency or duration</li> <li>- Farmers will find PHL technologies beneficial and adopt them</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>-Despite the integrated programme activities dietary diversity may not increase among target groups</li> <li>-Climatic events and shocks may reduce the ability of communities to cope and negative strategies may be employed despite resilience building efforts</li> <li>-Post harvest loss technology may not be adopted, and a reduction therefore not measured</li> </ul>
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	<p>Additional indicator:</p> <p>7. Household Dietary Diversity Score (HDDS)</p> <p>Target: 10% improvement over baseline</p> <p><b>All target value(s) to be validated based upon baseline</b></p>		
<p><b>Output 1.1.</b></p> <p>Gender and nutrition-sensitive assets established at community and household level to increase access to a diverse variety of foods, including animal-source proteins, and to contribute to climate risk management</p>	<p>1. # of gender and nutrition-sensitive assets built, restored, or maintained by targeted households and communities, by type and unit of measure</p> <p><b>Target:</b> 4,500 HH assets and 150 community assets</p> <p>1. # of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</p> <p><b>Target:</b> at least 7,500 people</p> <p><b>New indicator:</b> # and type of conservation agriculture activities implemented</p> <p>Target: (3 types of conservation techniques) x 1,500 HHS</p> <p><b>New indicator:</b> # and type of assets maintained</p> <p>Target: (5 assets) x1,500 HHS</p> <p><b>New indicator:</b> # seed banks established</p> <p>Target: 6 seed banks<sup>8</sup></p> <p><b>New indicator:</b> # of honey producers established</p>	<p>Data source: WFP monitoring data</p> <p>Collection method: Questionnaire</p> <p>Frequency: Annually, at the end of seasonal project</p> <p>Responsibility: WFP + Cooperating Partner</p>	<p><b>Assumption:</b></p> <p>- Climate events and shocks will not increase in either frequency or duration<sup>60</sup></p> <p><b>Risk:</b></p> <p>- There is a risk that climatic shocks will prohibit the production of nutritious assets and that disease will negatively impact nutritious assets.</p>

<sup>60</sup> This is informed by a climate profile for the district with considerations for historical climate and weather trends, as well as climate model projections.

	<p>Target: 5 honey producers</p> <p><b>New indicator:</b> # of communities trained on PICSA Target: 49</p> <p><b>All target values to be validated based upon baseline</b></p>		
<p><b>Output 1.2</b></p> <p>Appropriate technologies adopted by smallholder women and men farmers to reduce post-harvest losses and increase food availability</p>	<p># of small holder farmers supported/trained on PHL, disaggregated by age and sex</p> <p><b>Target:</b> at least 500 smallholder farmers</p> <p><b>New indicator:</b> # of beneficiaries capacitated in financial literacy, financial management, and leadership Target: 50</p> <p><b>New indicator:</b> # of beneficiaries supported/trained on new PHL technologies, disaggregated by men, women, boys, and girls Target: 1500</p> <p><b>New indicator:</b> # of household visits conducted by agriculture extension agents Target: 1500</p> <p><b>All target values to be validated based upon baseline</b></p>	<p><b>Data source:</b> WFP monitoring data</p> <p><b>Collection method:</b> Attendance records</p> <p><b>Frequency:</b> Monthly during training period</p> <p><b>Responsibility:</b> WFP + Cooperating Partner</p>	<p><b>Assumption:</b> Farmers will find PHL technologies beneficial and adopt them</p> <p><b>Risk:</b> - Post-harvest loss technology may not be adopted, and a reduction therefore not measured</p>

<p><b>Outcome 2</b></p> <p>Increased women's and adolescent girl's empowerment related to early marriage, sexual and reproductive health, and health seeking behaviours for basic childhood illnesses through intensive Social and Behaviour Change Communication targeted towards men, women, boys and girls</p>	<p>1. Attendance at 4+ antenatal care visits <b>Target: 5 percentage points improvement over baseline</b></p> <p>2. Assisted delivery at a health facility <b>Target: 5 percentage points improvement over baseline</b></p> <p>3. Prevalence and health seeking behaviour for fever, diarrhoea, and acute respiratory inaction <b>Target: 3 percentage points improvement over baseline</b></p> <p>4. # of people able to recall three key messages about dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls <b>Target: 5,000 people</b></p> <p>5. % of people that have a favourable attitude towards the recommended practices <b>Target: 25 percentage point improvement over baseline</b></p> <p>6. # of people indicating a change of attitude due to awareness raising/information/advocacy against early marriage (SDG 5, target 5.3.1) <b>Target: 25 percentage point improvement over baseline</b></p> <p>7. % of people who intend to adopt the recommended services <b>Target: 15 percentage point improvement over baseline</b></p> <p>8. Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer</p>	<p><b>Data source:</b> Baseline and End line survey</p> <p><b>Collection method:</b> Survey</p> <p><b>Frequency:</b> Two times over the course of project</p> <p><b>Responsibility:</b> WFP</p>	<p><b>Assumption:</b></p> <ul style="list-style-type: none"> <li>- Availability and knowledge of recommended SRH and childhood health services will result in an uptake of services</li> </ul> <p><b>Risk:</b></p> <ul style="list-style-type: none"> <li>- Knowledge not sufficiently built</li> <li>- Services not utilized</li> <li>- Services not available when population seeks to utilize them</li> <li>- Community leaders and HH heads do not support the services</li> <li>- Services not perceived as beneficial</li> </ul>
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	<p><b>Target:</b> 10 percentage points over the baseline)</p> <p>9. Proportion of food assistance decision-making entities – committees, boards, teams, etc – members who are women</p> <p><b>Target:</b> at least 50%</p> <p><b>All target value(s) to be validated based upon baseline</b></p>		
<p><b>Output 2.1.:</b></p> <p>Social and Behaviour Change Communication strategy implemented to increase and improve knowledge, attitudes, and practices related to early marriage, sexual and reproductive health, nutrition and care, and basic childhood illnesses</p>	<p>1. # of people exposed to nutrition messaging on dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls</p> <p><b>Target:</b> at least 20,000 people</p> <p>2. # of household visits conducted by community health activists/agriculture extension agent</p> <p><b>Target:</b> at least 1,500</p> <p>3. # of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex</p> <ul style="list-style-type: none"> <li><b>Target:</b> at least 3,000</li> </ul> <p><b>New indicator:</b> # of participants at gender dialogue clubs (GDC) lead by community health volunteers</p> <p>Target: 3,000</p> <p><b>New indicator:</b> # of household visits conducted per month</p> <p>Target: 3,000</p> <p><b>All target values to be validated based upon baseline</b></p>	<p>Data source: WFP monitoring</p> <p><b>Collection method:</b> Questionnaire + Tally sheets</p> <p>Frequency: Monthly</p> <p>Responsibility: WFP + cooperating partners + community radio</p>	<p><b>Assumptions:</b></p> <ul style="list-style-type: none"> <li>-Exposure to messaging results in desired increase in knowledge on key topics</li> <li>- Gender dialogue club will be well received by community leaders and members</li> <li>-CHA and AEA will implement activities as planned</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>-Exposure to messaging does not result in desired knowledge or behaviour change</li> <li>-Community leaders and members do not respond well to SBCC messages or that behaviours are not adopted as intended</li> <li>-CHA and AEA do not implement activities as planned</li> </ul>

Activities	Means	Costs	
<p><b>Output 1.1.1</b></p> <ul style="list-style-type: none"> <li>-Beneficiary selection with communities and CP and registration in SCOPE</li> <li>-CBPP (asset selection)</li> <li>-FFA HH asset implementation</li> <li>- FFA community asset implementation (based on CBPP)</li> <li>-Transfer of vouchers</li> <li>- Training and support in conservation agriculture techniques</li> <li>- Training and refresher training of CPs and local authorities on nutrition-sensitive programming</li> </ul> <p><b>Additional Activities</b></p> <ul style="list-style-type: none"> <li>•One month of food assistance during the lean season 2022 in exchange for the continued maintenance of the assets created;</li> <li>•Improve and scale up honey production and provide linkages to markets as an income generating activity;</li> <li>•Continue with the training and support in Conservation Agriculture techniques to beneficiaries;</li> <li>•Promotion of household assets and conservation agriculture techniques to wider beneficiary communities;</li> </ul>	<p>WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged to support implementation activities. SCOPE biometric registration system will need to be established. The inputs to create selected assets will need to be procured.</p>		<ul style="list-style-type: none"> <li>- Retailers must provide the requisite quantity and quality of food basket items per agreement</li> </ul>

<ul style="list-style-type: none"> <li>•Pilot new sizes/moulds of fuel-efficient cook stove and promote its use/purchase;</li> <li>•Seed Bank Creations (6 seedbanks catering to 6 groups of approx. 25 members of each);</li> <li>•Continue Training of associations (including women’s associations, agricultural farmer association) /beneficiaries in business management and financial literacy;</li> <li>•Provide PICSA (Participatory Integrated Climate Services for Agriculture) &amp; Climate Information training for agricultural extensionists (staff under the district government – SDAE, who are also involved in SUSTENTA) and project partner (CEFA) (who thereafter provide cascade training to community producers).</li> </ul>			
<p><b>Output 1.1.2</b></p> <ul style="list-style-type: none"> <li>-Food processing training supported by WFP, CP, and SDAE</li> <li>- Conservation training and solar dryer construction supported by WFP, CP, and SDAE</li> <li>- Storage training and presentation on hermetic storage technology supported by WFP, CP, SDAE, and private sector</li> </ul>	<p>WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged to support implementation activities. SCOPE biometric registration system will need to be established. The inputs to build solar dryers will need to be procured. Private sector will need to be engaged to supply PHL technology.</p>		<ul style="list-style-type: none"> <li>-Agro-dealers stock and supply hermetically sealed bags for purchase by communities</li> </ul>

<p>- Demand generation of PHL technology via community radio and early adopters, supported by PCI Media</p> <p>- Engagement with agro-dealers to supply PHL technology</p> <p><b>Additional Activities</b></p> <ul style="list-style-type: none"> <li>•Expand the training on Post-Harvest Losses with inclusion of conservation and long-term storage options to wider beneficiary communities;</li> <li>•Monitor solar dryer use and quality over time and proposed adjustment as needed;</li> <li>•Exploring options for locally available containers for dried food items;</li> <li>•Facilitate access to postharvest loss technologies at the local market;</li> <li>•Train local artisans in financial literacy and business management;</li> <li>•Strengthening of Government capacities (SDAE Agricultural Extension workers at district level who train 40 lead farmers at the community level) to carry out continuous training upon project closure.</li> </ul>			
<p><b>Output 2.1.1</b></p> <p>- Formative research for SBCC strategy and material development</p> <p>- Demand generation activities for dietary diversity, SRH services, and basic health</p>	<p>A SBCC specialist will conduct formative research to inform messaging and materials. FLA/LOU agreements will need to be made with partners to implement SBCC activities. Curriculum for dialogue clubs will need to be developed.</p>		<p>-Health services that are included as part of SBCC are provided by health facilities</p> <p>-Community leaders buy-in to gender dialogue clubs</p>



<p>services delivered by CHA and agriculture extension agents with support from SDSMAS, SDAE, and Pathfinder</p> <ul style="list-style-type: none"> <li>- Community mobilization via community radio with support from PCI Media and Pathfinder and engagement with local leaders for dietary diversity, SRH services, basic health services</li> <li>- Dialogue clubs for Gender Equality and Women's Empowerment facilitated by Pathfinder and local leaders and CHV</li> </ul> <p><b>Additional Activities</b></p> <ul style="list-style-type: none"> <li>•Strengthening of Government capacities (SDSMAS health focal points at district level who train 208 community health volunteers) to carry out continuous training and mentoring upon project closure;</li> <li>•Household visits for targeted behaviour change;</li> <li>•Continuation of cooking demonstrations;</li> <li>•Continuation of radio transmissions and community listening sessions;</li> </ul>			
<p><b>Pre-conditions</b></p> <p>What pre-conditions must be met before the intervention can start?</p> <ul style="list-style-type: none"> <li>-Baseline evaluation conducted, CBPP conducted, beneficiary registration and SCOPE set-up, FLA/LOU signed with partners, SBCC research conducted, and materials developed</li> </ul> <p>What conditions outside the intervention's direct control must be met for the implementation of the planned activities?</p>			

- No shocks or major climatic changes occur

# Annex 13: Acronyms

ACR	Annual Country Report
ADA	Austria Development Agency
	European Committee for Education and Agriculture
CEFA	(Comitato Europeo per la Formazione e l'Agricoltura)
CHA	Community Health Activists
CO	Country office
CP	Country Programme
CSP	Country Strategic Plan
DEQAS	Decentralized Evaluation Quality Assurance System
ICA	Integrated Context Analysis
EC	Evaluation Committee
EM	Evaluation Manager
ER	Evaluation Report
ERG	Evaluation Reference Group
ET	Evaluation Team
FFA	Food Assistance for Assets
GDP	Gross Domestic Products
GEWE	Gender Equality and Women's Empowerment
GNR	Global Nutrition Report
GTNS	Gender Transformative and Nutrition Sensitive
HDI	Human Development Index
IR	Inception Report
PHL	Post-Harvest Loss
OEV	Office of Evaluation
QS	Quality Support
RB	Regional Bureau
SRH	Sexual and Reproductive Health
SBBC	Social Behaviour Change Communication
SDAE	District Services for Economic Activity
SDSMAS	District Services for Health, Women, and Social Action
TEA	Agriculture Extension Technicians
TL	Team Leader
TOC	Theory of Change
TOR	Terms of Reference
UNDSS	United Nations Department of Safety and Security
UNEG	United Nations Evaluation Group
VAM	Vulnerability Assessment and Mapping
WHO	World Health Organization

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