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

Decentralized Evaluation Report – Volume 2 (Annexes)

DE/MZCO/2019/035

WFP Mozambique Country Office

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Disclaimer

The opinions expressed in this report are those of the evaluation team, and do not necessarily reflect those of the World Food Programme. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

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Annex 1: Summary Terms of Reference

Introduction and Background

1. These Terms of Reference (TOR) are for the activity evaluation¹ 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 is done through three main activities: (i) Food Assistance for Assets (FFA) - construction of gender and nutrition-sensitive household assets and community assets, (ii) Post-Harvest Loss (PHL) - trainings on post-harvest loss for smallholder men and women farmers and linkages to improved products and (iii) Social and Behaviour Change Communications (SBC) - 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. This evaluation, commissioned by WFP Mozambique country office, will cover the period October 2019 to March 2023 and all activities implemented during this period.

Rationale, Objectives, and Users of the Evaluation

2. 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.
3. The endline evaluation will address the dual and mutually reinforcing objectives of accountability and learning to assess and report on program performance. The innovative project design intends to address the determinants of malnutrition, with a focus on women’s empowerment in a specific and sensitive manner.
4. **Users of the evaluation results** include: the WFP Mozambique country office and its development partners; the WFP Regional Bureau for Southern Africa (RBJ) in providing technical support in design and implementation of programmes, and the importance of addressing malnutrition in the Southern Africa region; the WFP Headquarters Nutrition Division will also use the findings in its ongoing work to enhance Nutrition sensitive programming in WFP in support of achievement of SDG 2.2 target 4; the 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; and the Austria Development Agency, as the donor for this project, will use the evaluation report to meet its accountability needs as appropriate.
5. WFP is committed to ensuring Accountability to Affected Populations; Gender Equality; Women’s Empowerment; and Protection Standards.

Context and Subject of Evaluation

Context

¹ In WFP categorisation of types decentralised evaluations, this is an activity evaluation.

6. Mozambique is ranked 181 of 189 countries in the 202 Human Development Index.² The economic expansion precipitated by an annual growth rate of 7.9 percent has had a moderate impact on poverty reduction in Mozambique. Mozambique is confronted by various development challenges such as Malaria, HIV, unequal access to drinking water, health care and sanitation facilities, as well as climate shocks, floods, and drought.

7. **Gender Equality and Women's Empowerment:** Despite being a signatory to all regional and international policy frameworks purporting to promote equal rights, Mozambique is ranked 127th of 189 countries on the gender inequality index.³ Women and girls in Rural areas, beyond the general burden of poverty, suffer restrictive gender norms and elevated levels of domestic violence. One of the negative coping mechanisms resulting from poverty is the proliferation of child marriages.⁴ Mozambique has the 10th highest number of child marriages globally with one out of two girls married before the age of 18 with 40 percent giving birth 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.⁵

8. **Nutrition:** 10.94 percent of Mozambique's annual GDP is lost to chronic malnutrition according to the Cost of Hunger in Africa analysis. Approximately 53 billion meticaís accounts for the potential loss of productivity due to malnutrition related mortality.⁶ One out of two children under-five are stunted, 26 percent of all child mortality in Mozambique is associated with undernutrition, and stunted children complete 4.7 years less of schooling. Repeated episodes of malnutrition increase the likelihood that a child will be stunted, this exacerbates the risk of death 12 times more than their well-nourished peers.⁷

9. Pregnant women and girls who were chronically malnourished as children are more likely to deliver infants with a low birth weight, and to experience life-threatening complications during pregnancy and delivery.⁸

10. In Mozambique, the prevalence of stunting (HAZ<-2) is 43 percent, with an estimated 2.15 million children aged under five affected by stunted growth. Consequently, Mozambique is ranked 123rd out of 132 in respect of this prevalence according to the 2016 Global Nutrition Report.⁹ Poor nutrition during the first 1000 days can cause irreversible damage to the development of a child's development impacting on school performance and future productivity.

11. **Nutrition and climate change** in Mozambique: 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. 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,

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

³ UNDP (2020) Retrieved from the Human Development Report 2020 Retrieved on March 22, 2021.

<http://hdr.undp.org/sites/default/files/hdr2020.pdf>. GII is a composite measure of gender inequality using three dimensions: reproductive health, empowerment, and the labour market. A low GII value indicates low inequality between women and men, and vice-versa.

⁴ UNICEF study in 2015, 48 percent of women between the ages of 20-24 were married or in 'união' before they turned 18 and 14 percent before the age of 15.

⁵ Care (2016) Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique.

⁶ 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.

⁷ Tanya Khara and Carmel Dolan (2014). Technical briefing paper: The relationship between wasting and stunting, policy, programming, and research implications.

⁸ SETSAN (2013). Baseline Survey for Food Security and Malnutrition. Maputo.

⁹ International Food Policy Research Institute. (2016). Global Nutrition Report 2016: from promise to impact: ending malnutrition by 2030. Washington, D.C.

including maize, with yield reduction of up to 30-45 percent; and v) loss of biomass reducing grazing areas and livestock health.

12. 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, increased disease prevalence and ranges, and reduced dietary diversity and accessibility.¹⁰

1. **COVID 19 Pandemic:** The 'State of emergency' that was initiated in Mozambique in response to COVID-19 pandemic resulted in school and business closures and came with significant job losses. The World Bank projected a decline in the real GDP growth in 2020 by 0.8 percent compared to a pre-COVID estimate of 4.3 percent. The World Bank further estimated that one million people slipped into poverty in 2020, as measured by the international poverty line of US\$ 1.90 per day, due to the COVID-19 pandemic.¹¹ The National Poverty Rate remains high at 62.5 percent, with more than 18.4 million of the 29.5 million Mozambicans living below the poverty line.

13. **Sustainable Development Goals (SDGs):** Nutrition is both an input and output of all the SDGs.²² 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 Legislation:** In Mozambique food security and nutrition are national priorities outlined in various national legislative instruments including the following: the Mozambique Agenda 2025; the Government's Five-Year Plan 2015–2019; Strategic Gender Plan 2016-2020; the 4th National Plan for the Advancement of Women 2018- 2021; the Operational Plan for Agricultural Development 2015–2027; the National Multi-Sectoral Action Plan for the Reduction of Chronic Undernutrition 2011–2020; the National Food Security and Nutrition Strategy 2008-2015; Social Behaviour Change Communication for the Prevention of Malnutrition in Mozambique 2015- 2019; the National Master Plan for the Prevention and Mitigation of Natural Disasters 2017–2030.

15. Furthermore, the proposed project is aligned with the Government's climate adaptation, mitigation policies, programmes and priorities.

3.2. Subject of the Evaluation and Theory of Change

16. In seeking to improve women and girls' empowerment, improve nutritional diversity and reduce stunting among girls and boys under the age of five in the context of a changing climate, the programme supports the Government's 5-year Programme (PQG) priority 2 and Mozambique UNDAF (2017 – 2020) Outcomes 1 & 4.

17. **Geographic Targeting:** WFP uses the Integrated Context Analysis (ICA) tool to inform its geographical targeting.

18. **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.

19. The CBT component: The project will supply 1500 households with the following basket, which will amount to around US\$ 60.

20. The SBC component of the project targets the households and communities where the FFA and PHL interventions are implemented. Three different approaches are utilized in SBC: interpersonal, media and community mobilization.

21. The target group:

- i. The project will target vulnerable households that meet the following criteria: Households with a pregnant woman or; a child under two-years of age or; an adolescent girl; or a woman with obstetric fistula. The total number of primary beneficiaries are 1,500 households (7,500 men,

¹⁰ Global Nutrition Report (2015), Climate Change and Nutrition, chapter 6.

¹¹ World Bank (2021) Mozambique Economic Update Retrieved on 23 March 2021.

women, boys and girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two years old.

ii. The secondary beneficiaries are 5,000 households (25,000 community members) via **SBC** activities.

Evaluation Approach

Scope

22. The evaluation covers the full implementation period of the programme (October 2019 to June 2023). The evaluation will also cover the following aspects of the programme: All areas that have been targeted by the programme in Chemba district in Sofala province; All activities implemented during the period undertaken in GTNS by activity 2, 3, 5 and 6 of the WFP Mozambique Country Strategic Plan (CSP); 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: Following the same approach used at baseline, the final evaluation will consider results along the results chain to explain the contribution of the programme of the three impact level indicators.

Key Evaluation Questions

23. The overarching question that this evaluation will answer is “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. The evaluation will address 15 sub questions to answer the overarching evaluation question:

- **Question 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?
- **Question 2:** To what extent were GTNS primary target groups exposed to the project’s integrated intervention model?
- **Question 3:** To what extent were GTNS knowledge, attitudes, and practices (KAP) outcome indicator targets achieved?
- **Question 4:** To what extent were GTNS interventions and implementation processes responsive to emerging challenges and opportunities in the implementation context?
- **Question 5:** What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the intervention?

24. In relation to Efficiency:

- **Question 6:** To what extent were GTNS activities implemented on time and was the duration of activity implementation conducive for generating GTNS’s expected impacts on key target groups?
- **Question 7:** To what extent did GTNS interventions adhere to WFP’s quality standards?
- **Question 8:** Given the context and emerging conditions, to what extent were there opportunities to intervene and implement GTNS core interventions in alternative ways that would have likely led to similar results but at less cost?

25. In relation to Impact (on nutrition, GEWE & other unintended impacts):

- **Question 9:** 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?
- **Question 10:** Is there evidence (either quantitative or qualitative) that GTNS impacted sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and poorer households?
- **Question 11:** 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?

26. In relation to Sustainability and Scalability:

- **Question 12:** To what extent did the implementation include sustainability aspects as outlined in the project design?
- **Question 13:** What are key issues that are likely to affect the sustainability of GTNS key outcomes and impacts and was sufficient action taken to address these? What gaps should be addressed, if any?
- **Question 14:** To what extent will any of GTNS outcomes and impacts that are evidenced likely be sustained into the future? And does this potential vary across intervention categories?
- **Question 15:** 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?

27. A sequential mixed methods approach is proposed for this evaluation as follows:

- i. **Analysis of secondary data:** a 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.
- ii. **Quantitative:** to assess the contribution of the GTNS programme on outcomes of interest, a quasi-experimental design will be used, applying the Propensity Score Matching (PSM), the Difference in Difference (DID) and the Two-stage least squares (2SLS) regression statistical techniques.
- iii. **Qualitative:** The administration of the baseline 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.

28. Overall, the methodology and design of the evaluation is 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, 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 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; Ensure that women, girls, men and boys from different stakeholders' groups participate and that their different voices are heard and used in the evaluation.

29. **Gender Considerations:** This is a gender specific programme and as such assessment of gender dimensions will be central to the evaluation. The 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 marginalized groups (Women with obstetric fistulas, chronic hill patients).

Roles and Responsibilities

30. **WFP Mozambique country office management (Director or Deputy Director):** Will assign an Evaluation Manager for the evaluation [Mesfin Belew]; 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. Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the evaluation manager and the evaluation team. Organize 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.

31. **Evaluators:** The team will be multi-disciplinary and include members who together have appropriate balance of expertise and practical expertise in: Research and Evaluation; Statistics, Gender, and Nutrition-Specific expertise. Evaluators 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.

32. **Evaluation manager:** This evaluation will be managed by Mesfin Belew, from the WFP country office management. The duties of the evaluation manager include management of the evaluation process through all phases including drafting this TOR; Ensuring quality assurance mechanisms are operational; Consolidating and sharing comments on draft TOR, inception, baseline and evaluation reports with the evaluation team; Ensuring the evaluation makes use of quality assurance mechanisms (checklists, QS etc.); Ensuring that the team has access to all documentation and information necessary to the evaluation; facilitating the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required.

33. **Evaluation Committee and Reference Group:** 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 Evaluation Reference Group will be established with representation from WFP Mozambique, Government Ministries, Partners, UN agencies, WFP RB (and headquarters if appropriate). The ERG members will review and comment on the draft evaluation products and act as key informants.

34. **Key Actors/Stakeholders:** Critical actors to the success of the programme include: Provincial Health Directorate (DPS) and Provincial Agriculture and Food Security Directorate (DPASA); District Services for Health, Women, and Social Action (SDSMAS) health facility staff, and network of Community Health Activists (CHA); Local leaders; District Services for Economic Activity (SDAE) and its Agriculture Extension Technicians (TEA); Pathfinder (an international NGO); PCI Media (an international NGO); FAO; and National private sector companies.

35. **The Regional Bureau:** The RB will provide support at overall guidance and advisory level as well as technical design and analysis as follows: The **Regional Evaluation Unit (led by Jean Providence Nzabonimpa) and the Regional Monitoring Unit** 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. **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.

36. **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.

37. **The Office of Evaluation (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.

Timelines and Key Milestones

38. **Preparation Phase:** July 2019 - 4th October 2019 (Including drafting of ToR and final selection of evaluation firm/team).

39. **Inception Phase:** 7th October 2022 - 30th December 2022 (final Inception Report approved by EC Chair).

40. **Evaluation Endline Data Collection Phase:** 1st February 2023 – 16th March 2023 (Includes digitized data collection tools on tablets, training of data collection team, conduct field work (actual data collection) and End of Fieldwork in-country debriefing).

41. **Data Analysis and Reporting Phase:** 17th April 2023 – 5th July 2023 (Includes production of a Draft-0, Draft-1, Draft-3 Evaluation Reports, reviewed by external QS (DEQS), stakeholders, Evaluation Committee (EC), and Evaluation Reference Group (ERG); and final Evaluation Report approved by EC Chair).

42. **Dissemination and Follow-up Phase:** 6th July 2023 – 31st August 2023 (Includes preparation of management response including DEQAS process until the final ER and management response (MR) are shared with OEV for publication and to RB Monitoring Team for tracking and reporting).

Annex 2. Evaluation Timeline

Table 1: Evaluation Timeline

Phase 1 - Preparation			Up to 9 weeks
S/N	Deliverables and timeline	Key dates	Responsibility
1	Desk review, draft ToR and quality assurance (QA) by EM and REO using ToR quality checklist (QC)	July - August 2019	EM
2	Share draft ToR with quality support service (DEQS) and organize follow-up call with DEQS	28 th August	EM
3	Review draft ToR based on DEQS and REO feedback and share with ERG	28 th -16 th September	EM
4	Start identification of evaluation team	06 th -16 th September	EM
5	Review and comment on draft ToR	04 th October – 29 th November	ERG
6	Review draft ToR based on comments received and submit final ToR to EC Chair	17 th September	EM
7	Approve the final ToR and share with ERG and key stakeholders	18th - 24th September	EC Chair
8	Assess evaluation proposals and recommends team selection	25 th - 26 th September	EM
9	Evaluation team recruitment/contracting	27 th September	EM
10	Approve evaluation team selection and recruitment of evaluation team	28th September	EC Chair
11	Final selection and recruitment of evaluation firm/team	04th October 2019	EM/EC
Phase 2 - Inception			Up to 7 weeks
S/N	Deliverables and timeline	Key dates	Responsibility
12	Evaluation team orientation	13 th October 2022	EC Chair/ EMs
13	Recruit data collection team, revision of data collection tools based on feedback from RBJ (GTNS Baseline Data Analysis and CO M&E Team suggestions)	14 th - 26 th October	ET
14	Prepare the end line protocol for bioethics committee	20 th September – 14 th October	ET
15	Submit end line protocol for bioethics committee	14 th October	ET
16	Review, revise and submit draft 0 of the Inception Report to the EM (1 week)	24 th October – 2 nd November	ET

17	TL submits Draft 1 (D1) updated inception report to EM	14 th November	ET
18	EM to submit D1 inception report to QS for review	18 th November	EMs
19	QS to review D1 Inception Report (6 working days).	21 st – 28 th November	QS
20	Mandatory call with QS reviewer of D1 updated IR	1 st December	ET, REU, EMs
21	Evaluation team to address QS, CO, and RB comments (1 week) and submit revised draft IR (Draft 2) to EM	2 nd – 7 th December	ET/TL
22	Evaluation Reference Group members including CO Regional Bureau Technical Teams to review draft 2 IR	12 th – 23 rd December	ERG members (external stakeholders, CO: Nutrition, FFA, PHL, SBCC & Gender RB: REO, Nutrition, FFA/PHL, Gender, SBCC teams)
23	EM to consolidate stakeholder comments and share with Team leader for ET to address and produce draft 3/final IR	24 th – 26 th December	EMs
24	ET to revise draft IR addressing stakeholder (ERG) comments and produce draft 3 IR for submission to EM	27 th December 2022 – 07 th January 2023	ET/TL
25	Submit end line protocol for bioethics committee	16 th January 2023	ET
26	WFP to review revised IR (42days) (to assess how the ET addressed the comments) (there may be need for ET to submit draft 4 in case of any outstanding stakeholder comments to be addressed by ET	09 th – 28 th January 2023	EMs and REU
27	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 st -17 th March	EMs/REU
28	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 th March - 04 th April	ET
29	ERG members to review revised IR (Draft 4)	05 th – 21 st April	ERG, EMs, and REU
30	ET to address any outstanding stakeholder comments and evaluation team leader to submit the final IR to EM	24 th – 27 th April	ET
31	Review final IR and submit to the evaluation committee chair for approval	28 th April	EMs
32	Approve final IR by the EC chair	1st May	EC Chair

33	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.	1 st - 17 th March	EMs/REU
Phase 3 – Data collection phase			Up to 4 weeks
S/N	Deliverables and timeline	Key dates	Responsibility
34	Digitize data collection tools on tablets, finalize travel and accommodation arrangements and other logistics issues	2 nd – 5 th May	ET
35	Training data collection team and testing data collection tools, adjustments if needed	8 th – 12 th May	ET
36	Conduct Fieldwork [quantitative data collection, interviews, FGDs etc]	15 th May – 12 th June	ET
37	End of Field Work Presentation of Findings	26 th July	ET
Phase 4 – Analysis and Reporting			Up to 11 weeks
S/N	Deliverables and timeline	Key dates	Responsibility
38	Draft 0 evaluation report submitted to EM to review completeness of the ER using the QC	17 th August	TL
39	EM and REU to check Draft ER for completeness using the QC and provide feedback to the ET.	17 th - 19 th August	EM
40	Based on EMs review of draft 0, ET may need to revise draft 0 and produce draft 1 to be submitted to QS.	20 th – 25 th August COB	TL
41	EMs, REU and CO Nutrition Unit/IRG review of draft 1 ER, compiling comments in an evaluation matrix	26 th August – 1 st September (first batch with EM comments) and 6 th September (second batch with REU and Nutrition comments)	EM, NUT, RBJ
42	In parallel, QS to review draft 1 ER (6 calendar days)	25 th – 31 st August	QA
43	EM and ET to review draft 1 QS feedback and EM to organize follow-up call with QS (between Reviewer, ET, EMs and REU)	4 th September at 14:00 (Maputo local time)	EM
44	ET to revise draft 1 ER based on feedback received from EMs, REU and Nutrition Unit/IRG and produce draft 2 ER	1 st – 20 th September COB	ET
45	TL to submit draft 2 ER to EMs	20 th September by COB	TL
46	EMs to review draft 2 prior to sharing with the ERG	20 th September	EMs

47	Circulate draft 2 of ER to ERG (internal and external), REU and other stakeholders for review and comments. ERG reviews and comments on draft 2 ER using stakeholder comments matrix (14 calendar days)	20 th September - 3 rd October for internals 20 th September - 17 th October for donor and Government	ERG
48	ET to submit stakeholder workshop PowerPoint presentation for EMs to review and provide feedback	4 th October	
49	Stakeholder workshop to present draft report	5 th October	TL
50	EM to consolidate internal comments received and submit stakeholder comments matrix to TL	6 th October	EM
51	ET to review draft 2 ER based on stakeholder comments received and submit draft 3 ER to EM	6 th - 18 th October	ET
52	EM to review draft 3 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)	18 th - 25 th October	EM
53	ET to address any outstanding stakeholder comments based on review and analysis done by EM and submit final ER to EM	25 th October - 4 th November	ET/TL
54	EM to review draft 4 revised ER to ensure all stakeholder comments have been adequately addressed	4 th - 13 th November	
55	ET to address any outstanding stakeholder comments based on review and analysis done by EM and submit final ER to EM	13 th - 20 th November	
56	EM to submit final ER to EC Chair for approval	23 rd November	EM
57	Approve final evaluation report.	23 rd - 28 th November	EC Chair EM
	Share approved evaluation report with key stakeholders for information	28 th November	
58	Draft and finalize the Summary of Evaluation Report (SER) (ensuring that draft SER is shared with commissioning office for review)	1 st - 16 th December	REU
59	Regional Evaluation Unit to edit/proofread the approved ER and submit to OEV for publishing	23 rd - 27 th December	REU
Dissemination and follow-up Phase			Up to 4 weeks
S/N	Deliverables and timeline	Key dates	Responsibility
60	Regional Bureau Management to request country office to prepare the management response (MR) to the evaluation recommendations	1 st December	REU
61	Country office to prepare draft MR and submit to regional office for review	21 st November - 5 th December	CO

62	RB to review the draft MR and provide feedback on proposed actions to respond to evaluation recommendations	5 th – 12 th December	REU & RB Technical teams
63	REU to consolidate and submit RB comments on draft MR to the EM	13 th December	REU
64	CO to address RB comments on draft MR	14 th - 20 th December	CO
65	Country level approval of revised MR by CD	21 st December	CD
66	EM to share approved MR with Regional Bureau for final approval/endorsement by RB Management	25 th December	EM
67	Share final management response with OEV for publication and handover to RB Monitoring Team for tracking and reporting	28 th December	REU
68	EM to document and share lessons learned in an end-of-evaluation lesson learned call organized by the REU	11 th January 2024	EM/CO/REU

DEQAS: Decentralized Evaluation Quality Assurance System

DEQS: outsourced quality support service

CD: Country Director

CO: Country office

ET: Evaluation team

EM: Evaluation manager

ER: Evaluation report

IR: Inception report

MR: Management response

QC: Quality checklist

QS: Quality support

REO: Regional evaluation officer

REU: Regional evaluation unit

TL: Team lead

Annex 3. Summary of findings

Gender Analysis Study - 2020

Empowerment Domain	Key Findings
Production	<ul style="list-style-type: none"> Men and women decide jointly what crops to grow, but while both men's and women's FGDs indicated that women are free to determine independently what they feel should be grown in the small plot of cultivated land (in Mozambique referred to as 'machamba'). Both women and men groups stated that households jointly determine what to do with the agricultural production and livestock. many men associate wives with the machamba, which means that the more wives a man has, the more machambas can be cultivated, resulting in greater production.
Resources	<ul style="list-style-type: none"> Women own few assets. Both men and women groups stated that men are more likely to own phones and radios. Men determine the number of children the family should have. In some cases, women can negotiate with their husbands, claiming that they are not physically ready and that they have enough work with the current children, often very young. In all communities, women were aware of and actively used birth control that was available to them in health centres, lasting between three and five years.
Income	<ul style="list-style-type: none"> As a result of climatic effects, both men and women are having to diversify their income opportunities although significant differences were apparent about the types of activities undertaken by men and women, including opportunities and earnings. Women are increasingly seeking opportunities to earn money or food (ganho-ganho) to help ensure the food security and wellbeing of the family due to limited production in machambas. Men are more likely to receive money, and higher amounts in comparison to women, for the work undertaken and travel longer distances seeking work. Men claimed that they tended to be the ones to go to the market to make household purchases, not because they were the ones to decide what to buy.
Leadership	<ul style="list-style-type: none"> Community committees and groups are not prevalent. Some communities referred to farmers groups, health committees, and savings groups in which both women and men participated but these were dependent on implementation and support from NGOs. In general, when groups are formed in the community, men were said to take the leadership role. Some women said that they would like to have more time to spend on community activities. In general, women particularly in rural areas, operate as primary caregivers, responsible for the household's well-being.
Roles and Responsibilities	<ul style="list-style-type: none"> Men have more time for rest and leisure although they are seen to undertake heavier tasks. Both men and women recognize the significant time-burden on women, particularly in challenging times where the women must increase their daily activities in a bid to contribute to the food security of the family.

Gender-based violence

- Both men's and women's groups spoke openly about the high prevalence of physical violence in the past but claimed that it has become less of a problem than it used to be.
- FGD participants were determined that early marriage was not a problem anymore as the Government had communicated to them that marriage was not permitted before the age of 18.

KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) STUDY – 2020

First 1,000 days of life

43. The first 1,000 days of life are a window opportunity to ensure a child's health and nutrition. KAP Study participants were unable to specify which kind of adequate care and diet are required for proper child growth and development.

Health of Pregnant and Breastfeeding Women and Children Under Two Years of Age (CU2)

44. The KAP Study data showed that malaria and diarrhoea are considered the diseases that most affect children. Preventing these diseases is crucial and their impact on nutritional status should not be underestimated. The beliefs concerning intervention of these diseases pose barriers to accessing proper care, where a non-trivial amount of people mentioned the need to seek out traditional healers.

45. Findings also showed women are not resting as much as they should during pregnancy. Physical effort and a high household burden have negative effects on pregnancy and a woman's health during this period. While most men indicated their intention to support their wives during pregnancy, many wives indicated needing support from their husbands during pregnancy and lactation. This includes, but is not limited to, support with domestic tasks, lifting heavy items, and accompanying them to antenatal care (ANC) and children's consultations.

Maternal Nutrition and Care of Pregnant and Breastfeeding Women & baby (0 – 6 months)

46. The overwhelming majority of KAP Study participants are not knowledgeable about maternal nutrition during pregnancy, with only a small number of KAP participants able to identify the four food groups for an essential diet for PBW. While the KAP Study showed that PBW reported eating between 2-3 meals per day, micronutrients were missing. This indicates poor attitudes and practices around nutrition and diet during pregnancy among the target population. The situation is more serious in remote areas, where people have less access to information.

47. Findings showed that a poor diet was not only related to food scarcity, but also to a lack of information on how to better use local resources for a more nutritious and balanced diet for PBW. It should be highlighted in the communities that an investment in nutrition is an investment in future income.

48. Breastfeeding is widely practiced; however, exclusive breastfeeding remains low among breastfeeding women. Even though they are knowledgeable about the importance of exclusive breastfeeding, they believe that breast milk alone is not enough. The main barrier to the adoption of exclusive breastfeeding is not knowledge, but attitudes – the community's preconceived ideas towards this issue.

Infant and Young Child Feeding (IYCF)

49. Due to food scarcity, data showed that feeding infants and young children appropriately is a serious problem. The typical daily diet for a child under two is extremely poor, missing the recommended dietary diversity and not constituting a minimum acceptable diet. For most caregivers, it is difficult to feed their child a variety of foods each day. The KAP Study participants reported that they do not manage to feed their young children more than 2-3 food groups per day. It is evident that the recommended frequency of feeding children is exceptionally low. Moreover, knowledge on food consistency and quantity of food for children at each meal is very limited, leading caregivers to adopt an intuitive practice, without following any recommendations. The daily diet for a young child becomes more worrying as parents and caregivers do not have information on fortified products and, consequently, on how to choose these in the local market. Likewise, the practice of adding oil, butter, or other fats to children's diets is lacking.

Sanitation and Hygiene (S&H)

50. Safe drinking-water is the most challenging issue in all communities where the project is being implemented. The KAP Study shows that main sources of drinking water are public water pumps, ponds, streams, and rivers. The KAP participants can distinguish safe water from unsafe water by looking at its turbidity (how cloudy it appears). Although it is recognized that muddy water is unsafe to drink and should be treated, and a majority of KAP respondents indicated they intended to or might treat their water before drinking it, it is extremely difficult for them to boil water because they do not have the resources nor the time to do so. As a result, the water they consume is unsafe. The same water is used for bathing, cleaning, and doing the laundry.

Sexual and Reproductive Health (SRH)

51. Findings from the KAP Study revealed young people's - adolescent girls and boys - dreams: they want to finish school, make money, get a job, and have a profession. Some professions mentioned were teacher, nurse, police officer, director of a health facility and a businessperson. "Dream" was used because they are uncertain if they will succeed in achieving it as they face many obstacles. Early marriage and/or early pregnancy is not compatible with finishing school. The KAP Study highlighted that while polygynous marriages remain widely practiced and strongly valued culturally in Chemba district, young people do not intend to maintain this tradition and are much inclined toward monogamous marriage. The rationale stated by adolescents is that polygynous marriage creates instability in the family and increases household expenses. The adolescents are not only questioning both their parents' attitudes and behaviours, but also existing social norms, and ending the status quo to promote deviant behaviour instead. Adolescents emphasized that polygynous marriages have posed an obstacle for caring of PBW and children as men are not able to support all their wives and children properly.

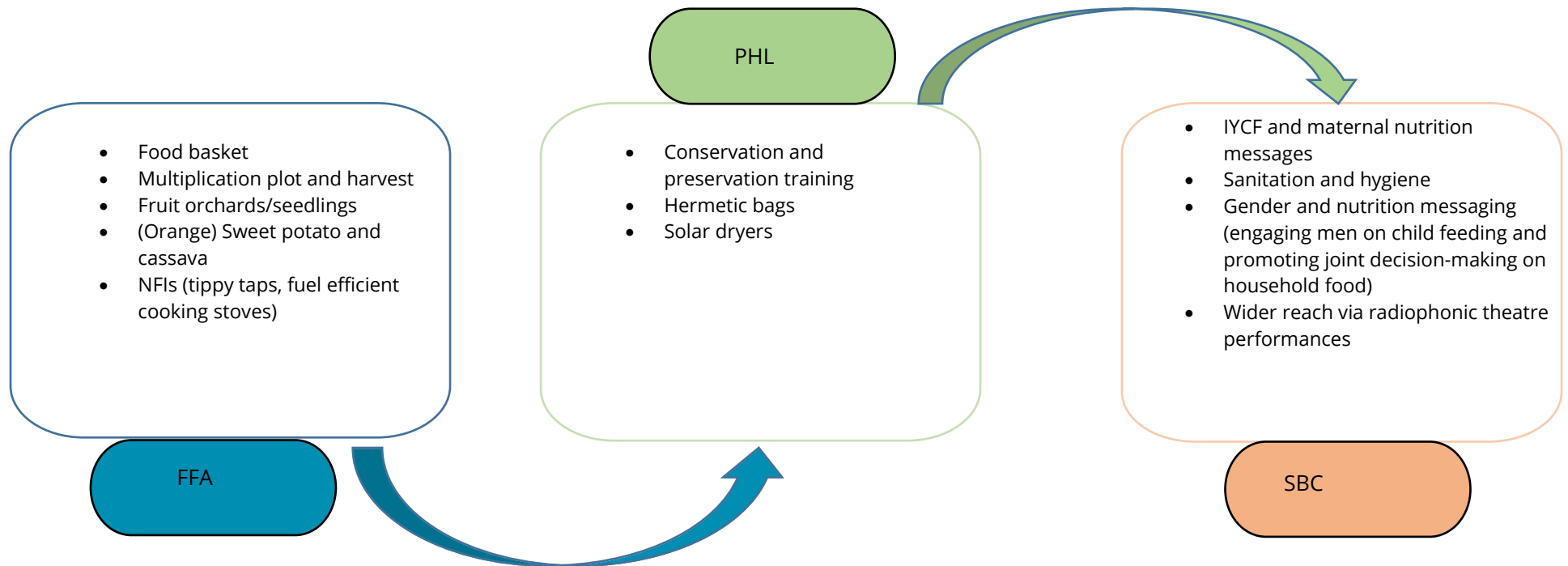
52. Given their great potential to act as a positive deviant, engaging adolescents in existing community sessions on SRH and gender is crucial to bring together different perspectives and encourage productive intergenerational discussion.

53. Health facilities provide family planning services at community level through mobile brigades and health campaigns. For this reason, the KAP Study findings show people in the community are knowledgeable about contraceptive methods and have access to them. According to interviews, a couple should decide together on contraceptive use; however, it is understood that men have the final say on contraceptive use. Although a considerable number of women indicated they would continue to use contraceptives if their husbands did not agree to do family planning. It should be noted that men refuse to use condoms because they say that it diminishes sexual pleasure.

Obstetric Fistula (OF)

54. Fear, taboo, shame, lack of knowledge, misinformation and cultural values are the key words that come up when discussing OF. Women living with OF confine themselves to social isolation because participating in daily life was reported to bring embarrassment due to the symptoms and taboos of this disease. With, women living with OF do not feel comfortable talking about their symptoms or this issue overall. Furthermore, OF is strongly associated with witchcraft, external causes, and "bad spirits," leading to people living with OF to seek solutions by traditional healers. There is opportunity to strengthen local government partnerships with health authorities in relation to OF. Findings revealed that intervention is only available outside of Chemba district at provincial level hospitals, where many project, beneficiaries cannot travel to without support.

Annex 4. Integrated GTNS Programme



Annex 5. Evaluation Matrix

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
Effectiveness						
1.1.	To what extent were GTNS output and immediate outcome targets achieved for pregnant women, children under the age of 2, adolescent girls and boys? (Achievement of outputs) Output 1.1: Gender and nutrition- sensitive assets established at	1.1.1 # of gender and nutrition-sensitive assets built, restored, or maintained by targeted	Desk research Endline survey Key informant interviews with WFP	Progress reports from implementing partners and WFP for planned activities and outputs. WFP Annual Country Reports Data from baseline and endline surveys	Report review/analysis Statistical and counterfactual analysis	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	community and household level to increase access to a diverse variety of foods, including animal-source proteins, and to contribute to climate risk management Output 1.2: Appropriate technologies adopted by smallholder women and	households and communities, by type and unit of measure 1.1.2 # of women, men, boys, and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, intervention category, sex, food, non-food items, cash transfers and vouchers, as percent of planned 1.1.3 # of small holder farmers supported/trained on PHL, disaggregated by age and sex (disaggregated by sex and age as appropriate) 1.2.1 # of small holder farmers supported/trained on PHL, disaggregated by age and sex		Data from KII with WFP		

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	<p>men farmers to reduce post-harvest losses and increase food availability</p> <p>Output 2.1: 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>2.1.1. # 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>2.1.2. # of household visits conducted by community health activists/agriculture extension agent</p> <p>2.1.3. # of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex</p>				

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
1.1	To what extent were GTNS output and immediate outcome targets achieved for pregnant women, children under the age of 2, adolescent girls and boys? (Achievement of outcomes) Outcome 1: Improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender- and nutrition- sensitive household and	1.1 Minimum Dietary Diversity Score – Women (MDD-W) 1.2 Minimum Acceptable Diet (MAD) – Children 6 – 23 months 1.3 Food Consumption Score-Nutrition 1.4. Food Consumption Score	Desk research Endline survey	Progress reports from implementing partners and WFP for planned activities and outputs. WFP Annual Country Reports Data from baseline and endline surveys	Report review/analysis Statistical and counterfactual analysis	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	<p>community asset creation and post-harvest loss trainings in Chemba district that contribute to climate risk management</p> <p>Outcome 2: 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</p>	<p>1.5 Rate of post-harvest losses</p> <p>1.6 Coping Strategies Index Score</p> <p>1.7 HDDS</p> <p>2.1 Attendance at 4+ antenatal care visits</p> <p>2.2 Assisted delivery at a health facility</p> <p>2.3 Prevalence and health seeking behaviour for fever, diarrhoea, and acute respiratory inaction</p> <p>2.4 # of people able to recall three key messages about dietary diversification, early marriage, and SRH and child</p>				

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	targeted towards men, women, boys, and girls	<p>health services, disaggregated by age, men, women, boys, and girls</p> <p>2.5 percent of people that have a favourable attitude towards the recommended practices</p> <p>2.6. # of people indicating a change of attitude due to awareness raising/information/advocacy against early marriage (SDG 5, target 5.3.1)</p> <p>2.7 percent of people who intend to adopt the recommended services</p> <p>2.8 Proportion of households where women, men, or both women and men, make</p>				

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
		<p>decisions on the use of food / cash / vouchers, disaggregated by type of transfer</p> <p>2.9 Proportion of food assistance decision-making entities – committees, boards, teams, etc. – members who are women</p>				
1.2	To what extent were GTNS primary target groups exposed to the project's integrated intervention model?	<p>Proportion of households receiving external assistance</p> <p>Perception of beneficiaries exposed to the integrated intervention model (PHL, FFA, SBC) measured by (fully, average, low)</p>	<p>Endline survey</p> <p>Desk research</p> <p>FGDs with beneficiaries</p> <p>KII with community leaders</p>	<p>Endline survey data</p> <p>Project documents</p> <p>Data from KIIs and FGDs</p>	<p>Statistical and counterfactual analysis</p> <p>Thematic and discourse analysis of qualitative data</p>	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
			KII with WFP, Government, and partners			
1.3	To what extent were GTNS knowledge, attitudes, and practices (KAP) outcome indicator targets achieved?	<p>KAP indicators</p> <p>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</p> <p>percent of people that have a favourable attitude towards the recommended practices</p> <p>percent of people who intend to adopt the recommended services</p>	<p>Baseline and endline surveys</p> <p>KAP survey</p> <p>FGDs with beneficiaries</p> <p>Key informant interviews with WFP staff, Government, and partners</p>	<p>Data from baseline and endline surveys</p> <p>Data from KAP survey</p> <p>Data from FGDs with beneficiaries</p> <p>Data from KII with WFP staff, Government, and partners</p>	<p>Statistical and counterfactual analysis</p> <p>Thematic and discourse analysis of qualitative data</p>	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
1.4	To what extent were GTNS interventions and implementation processes responsive to emerging challenges and opportunities in the implementation context?	Type (economic, environmental, political, cultural etc.) and number of emerging challenges and opportunities Type and relevance of adaptive measures undertaken.	In-depth interviews with relevant WFP, government, and partner staff In-depth interviews with community leaders FGDs with beneficiaries	Data from interviews with relevant WFP and partner staff Data from in-depth interviews with community leaders and FGDs with beneficiaries	Thematic analysis of qualitative data (For each relevant emergent issue or opportunity, a quality rating with justification will be provided on adaptive measures undertaken)	Medium
1.5	What were the major factors [internal and external] influencing the achievement or non-achievement of the	Project implementation arrangements in place including staffing, partnerships, feedback, and complaints mechanisms etc. [internal]	Desk research Analysis of the feedback and complaints data [if applicable]	Internal project information including profiles of staff working on the project, project	Content analysis Triangulation from different sources	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	objectives of the intervention?"	External socio-economic, political, and environmental indicators etc. Flexibility to deal with changes in external environment. Perceptions of achievement versus expectations	In-depth interviews with relevant WFP, Government, and partner staff FGDs with beneficiaries	plans, monitoring plans etc. Feedback and complaints mechanisms database [if one exists] Data from interviews with relevant WFP and partner staff Data from in-depth interviews with beneficiaries Data from FGDs with beneficiaries	Thematic analysis of available qualitative data	

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
Efficiency						
2.1.	To what extent were GTNS activities implemented on time?	<p>Perceptions on timeliness of project activities (whether implemented on schedule) in terms of:</p> <p>Output 1.1.1</p> <ul style="list-style-type: none"> • Selection of intervention communities and CP and registration in SCOPE • CBPP (asset selection) • FFA household asset implementation • FFA community asset implementation (based on CBPP) • Transfer of vouchers <p>Output 1.1.2</p>	<p>Review of relevant documentation</p> <p>Report compilation</p> <p>Endline survey</p> <p>In-depth interviews with WFP, Government, and partner staff</p> <p>In-depth interviews with community leaders</p>	<p>Project documents (planning, monitoring, activity report)</p> <p>Progress reports from implementing partners</p> <p>Endline survey data</p> <p>Data from interviews with relevant WFP and partner staff</p>	<p>Report review/analysis</p> <p>Thematic and pattern analysis of qualitative data</p> <p>Implementation timeline analysis</p> <p>Statistical and counterfactual analysis</p>	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
		<ul style="list-style-type: none"> Food processing training Conservation training and solar dryer construction Storage training and presentation on hermetic storage technology Demand generation of PHL technology via community radio and early adopters, supported by PCI Media Engagement with agro dealers to supply PHL technology <p>Output 2.1.1</p> <ul style="list-style-type: none"> Formative research for SBC strategy and material development Demand generation activities for dietary diversity, SRH services, 	<p>FGDs with men and women beneficiaries</p> <p>In-depth interviews with donors</p>	<p>Data from interviews with community representatives and informants</p> <p>Data from FGDs with beneficiaries</p> <p>Data generated from in-depth interviews with donors</p>		

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	To what extent were the duration of activity implementation conducive for generating GTNS	<p>and basic health services delivered by CHA and agriculture extension agents</p> <ul style="list-style-type: none"> • 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 • Dialogue clubs for GEWE facilitated by Pathfinder and local leaders <p>Perception on the duration of activity and conduciveness to produce expected impacts on target groups</p>				

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	expected impacts on key target groups?					
2.2	To what extent did GTNS interventions adhere to WFP's quality standards?	Existence of WFP quality standards for the 3 components (PHL, SBC, FFA) Level of adherence to set standards Perceptions on WFP quality standards	Endline survey In-depth interviews with WFP, Government, and partner staff In-depth interviews with community leaders FGDs with beneficiaries	Progress reports from implementing partners Endline survey data Data from in-depth interviews WFP, Government, and partner staff Data from in-depth interviews with community leaders and FGDs with beneficiaries	Report review/analysis Thematic and pattern analysis of qualitative data Statistical and counterfactual analysis	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
2.3	Given the context and emerging conditions, to what extent were there opportunities to intervene and implement GTNS core interventions in alternative ways that would have likely led to similar results but at less cost?	Extent to which alternative approaches were considered. Justification of the approach taken by WFP to implement GTNS cost-efficiency implications. Perception of WFP CO and key stakeholders on the existence of alternatives that could be implemented at less cost	In-depth interviews with WFP and partner staff In-depth interviews with Government, UN, and donors	Data from in-depth interviews with WFP and partner staff Data from in-depth interviews with community representatives and informants	Thematic and pattern analysis of qualitative data	Medium
Impact						
3.1.	To what extent did GTNS achieve its higher-level outcome and impact targets, e.g., improve household food security	Prevalence of stunting among children under-five in targeted climate-shock affected areas, disaggregated by age and sex	Baseline and endline surveys (intervention and	Endline and baseline data from both intervention	Econometric analysis of baseline and endline data	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	and dietary diversity, empower women, and improve the nutritional status of under-five children?		matched control villages)	and comparison villages		
3.2	Is there evidence (either quantitative or qualitative) that GTNS impacted sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and power households?	Impact indicators among different intervention categories. Income levels Poverty levels <ul style="list-style-type: none"> Different Women's Empowerment in Agricultural Index (WEAI) levels 	Baseline and endline surveys (intervention and matched control villages)	Endline and baseline data from both intervention and comparison villages	Econometric analysis of baseline and endline data, using interaction tests any significant differential effects among subgroups.	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
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?	<p>List project components that contributed evidenced impact more than others in terms of their contribution to:</p> <ul style="list-style-type: none"> Reduction in prevalence of stunting among children under-fives <p>Women's Empowerment in Agricultural Index (WEAI)</p> <p>Improving women's equal access to community assets</p> <p>Women's participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management)</p>	<p>Baseline and endline surveys (intervention and matched control villages)</p> <p>In-depth interviews with implementing partner local government, and WFP field staff, as well as community informants</p> <p>In-depth interviews with beneficiaries</p>	<p>Endline and baseline data from both intervention and comparison villages, including data on intervention exposure collected at endline</p> <p>Data from in-depth interviews with WFP staff and partners</p> <p>Data from in-depth interviews with beneficiaries</p> <p>Data from FGDs with beneficiaries</p>	<p>Econometric analysis of baseline and endline data</p> <p>Thematic and pattern analysis of qualitative data</p>	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
		Increase in proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers.	FGDs with men and women beneficiaries			
3.4	Did GTNS generate any unplanned or unintended social, environmental, or economic impacts, whether positive or negative, and, if so, how significant were these?	List and perception of significance of planned or unintended (negative/positive) Economic impacts Social impacts Environmental impacts	In-depth interviews with implementing partner local government, and WFP field staff, as well as community informants Focus group discussions with beneficiaries	Data from in-depth interviews with WFP and partner staff Data from in-depth interviews with beneficiaries and community representatives Data from FGDs with beneficiaries	Thematic and pattern analysis of qualitative data	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
3.5	Is there any gender-specific impacts? Did the intervention influence the gender context including empowerment of women?"	<p>Women's Empowerment in Agricultural Index (WEAI)</p> <p>Extent of women's equal access to community assets</p> <p>Women's participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management)</p> <p>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>Baseline and endline surveys</p> <p>KAP survey</p> <p>Desk research</p>	<p>Data from the baseline and endline surveys</p> <p>Data from the KAP survey</p> <p>Project implementation data</p>	<p>Analysis as per the WEAI methodology</p> <p>Triangulation from different sources</p>	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
Sustainability/ Scalability						
4.1	To what extent did the implementation include sustainability aspects as outlined in the project design?	Rate of implementation of specific sustainability related activities including training, sensitization etc.	<p>Desk research</p> <p>In-depth interviews with WFP and partner staff as well as community representatives</p> <p>In-depth interviews with beneficiaries</p> <p>FGDs with men and women beneficiaries</p>	<p>Project reports</p> <p>Monitoring reports</p> <p>Data from in-depth interviews with beneficiaries</p> <p>Data from in-depth interviews with WFP and partner staff as well as community representatives</p> <p>Data from FGDs with beneficiaries</p>	<p>Content analysis</p> <p>Thematic and pattern analysis</p> <p>Triangulation of data from all the sources</p>	Strong

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
4.2	<p>What are key issues that are likely to affect the sustainability of GTNS key outcomes and impacts?</p> <p>Was sufficient action taken to address these?</p> <p>What gaps should be addressed, if any?</p>	<p>Number and type of key issues</p> <p>Extent to which sufficient action was undertaken to address each key issue affecting the sustainability of GTNS key outcomes and impacts</p> <p>List of gaps</p>	<p>In-depth interviews with WFP, Government, and partner staff as well as community leaders</p> <p>FGDs with men and women beneficiaries</p> <p>In-depth interviews with donors</p>	<p>Data from in-depth interviews with WFP and partner staff as well as community representatives</p> <p>Data from in-depth interviews with beneficiaries</p> <p>Data from FGDs with beneficiaries</p>	<p>Thematic and pattern analysis of qualitative data</p>	Strong
4.3	To what extent will any of GTNS's outcomes and impacts that are	Extent to which evidenced outcomes and impacts induced by GTNS are likely to be	In-depth interviews with WFP,	Data from in-depth interviews with WFP and	Thematic and pattern analysis of qualitative data	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	evidenced likely be sustained into the future? Does this potential vary across intervention categories?	sustained into the future, disaggregated by sub-group	Government, and partner staff as well as community representatives FGDs with men and women beneficiaries	partner staff as well as community representatives Data from FGDs with beneficiaries		
4.4	Considering other possible intervention models, would it be cost-effective to scale out GTNS integrated intervention model in other neighbouring communities and other contexts or would it be	Extent to which neighbouring communities and those in other contexts would benefit from GTNS integrated intervention model vis-à-vis specific components Extent to which specific conditions need to be in place to support replication and	Desk research In-depth interviews with WFP and partner staff as well as community representatives	Project documents Data from in-depth interviews with WFP and partner staff as well as community representatives	Analysis of intervention exposure data among project and non-beneficiaries Thematic and pattern analysis of qualitative data	Medium

Evaluation Question						Evidence Availability/ Reliability
What is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment of women and girls?						Strong (Good)
						Medium (Satisfactory)
						Poor (Weak)
Level of inquiry	Dimensions of Analysis/ sub-questions	Indicators	Data Collection Methods	Sources of data/information	Data analysis methods	
	<p>better to focus only on specific components?</p> <p>Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?</p> <p>What are the barriers/opportunities to scaling up/replicating the GTNS model?</p>	<p>adaptations to the model made accordingly.</p> <p>Number and type of barriers and opportunities</p>	<p>In-depth interviews with beneficiaries</p> <p>FGDs with men and women beneficiaries</p>	<p>Data from in-depth interviews with beneficiaries</p> <p>Data from FGDs with beneficiaries</p>	<p>Report synthesis/analysis</p>	

Annex 6. Ethical considerations

Recruitment and Informed Voluntary Consent

55. All selected interviewees (caregivers of under-2 children and their spouses as relevant) will be asked for their informed consent prior to being interviewed, as well as the taking of anthropometric measurements of children. Adolescent girls and boys who are also being targeted by GTNS will be interviewed as part of this evaluation. Informed consent included a brief introduction to the data collection exercise, its purpose, how the data will be collected and used, acknowledgement that the interview is voluntary and will not affect in any way their future receipt of benefits. The respondents were also told the approximate length of the interview and that they can stop at any time without penalty. No immediate benefit or gifts were given to the participants for taking part in the survey. Participants were asked to give their consent in a language that they understand and explained in an appropriate way given their age and educational background. The enumerator translated the informed consent from Portuguese to the local language when necessary.

56. Given high rates of illiteracy in the study area, the enumerators will verbally review the consent information with the respondents as relevant, with the agreed consent to participate duly recorded. The respondent signed (or otherwise imprinted) to evidence consent. The woman who caring for the under-2-year-old child signed (or imprinted) on behalf of herself and the under-two-years old for whom anthropometric measures were undertaken. The consent forms were kept secure and confidential. Given that data are being collected on food and nutritional security, agricultural production, and women's empowerment issues, as well as the anthropometric status of children, we do not anticipate that respondents would experience harm, therefore. However, the data collection process could illicit unanticipated responses, and it was critical that any potential harm be mitigated to the greatest extent possible. A system was consequently put in place to make referral as needed, as explained in below. The research manager will be responsible for ensuring that the enumerators strictly adhere to the above ethical requirements.

Referrals

57. All respondents were expected to be provided with anonymized referral information. The evaluation team expected that there could be several pregnant women and under-2 children from the sampled households that would benefit for specialized services. Consequently, all respondents were provided with a list of locally accessible antenatal, post-natal, and early childhood care services. The list of services included basic information (including contact details) of relevant health and social services. The list of services was compiled in collaboration with WFP to ensure the highest quality of relevant referral services. Each of the referral services were called or visited prior to the survey by WFP to ensure that the numbers are functioning and that the service providers were aware of the baseline survey, as well as the above referral mechanism.

58. Special referral actions in the case of adverse event experience and/or severe health issues. In addition to anonymized referral information, there could have been a need for further intervention in cases where 1) an adverse reaction is elicited during the interviews; and/or 2) one or more children in the household is in clear need of nutritional intervention and/or protection. Consequently, at the end of the interviews and anthropometric data collection, the enumerators were expected to assess whether either the respondent, the under-2 child, and/or any other children in the home meets any of the following criteria:

- The respondent became upset during the interview (for example, tearful, angry, sad, shaking body, difficulty breathing, etc.).
- The respondent shared during the interview that she/he does not feel safe in her/his current living situation, including in her/his home or community due to violence.
- The respondent reported that she or any of the children in the home are in immediate danger.
- Infants and children between 6 and 59 months of age in the home displayed overt signs of severe malnutrition i.e. (i) exhibiting any degree of bilateral oedema (swelling of the ankles and feet), which is usually a symptom of early-stage kwashiorkor, a severe form of malnutrition among

children and (ii) having a mid-upper arm circumference <115 mm or (iii) or a weight-for-height/length <-3 Z-scores of the WHO growth standards¹² will be immediately referred to a primary health-care facility for full clinical examination to confirm whether they indeed have medical complications and seek intervention.

- The well-being of any child within the home was at immediate risk.

59. Respondents who met any of these criteria were to be offered direct referral to relevant district and provisional institutions, depending on the issue at hand. For child malnutrition issues, prearrangements were made with supervisors to transport children and their respective mothers/care givers to the nearest health centre. For child protection and domestic violence matters, prearrangements were made with SDSMAS Serviços Distritais de Saúde Mulher Acção Social. If the respondent were to state she does not want such support, her view was to be respected, save for cases when the well-being of a child is in imminent danger. If the respondent were to indicate she would desire a referral:

- The referral process was to be fully explained and any questions or concerns clearly answered.
- The enumerators were to ask permission to obtain the respondent's contact information, including name and a safe way they can be contacted. It is important to note that the interviewers will not give any of the information shared by the respondent during the interview with to the referred institution in question unless the respondent requests that they do so. Further, the contact information will be recorded on a separate form which will not be connected to the survey. Once all contact details are recorded, the interviewers will also highlight the contact information of the referral institution in question, so that the respondent can contact its representative directly.
- Once the referral was completed, the interviewer was to give the form to their supervisor as soon as possible after the interview is completed, so that the interviewer and other members of the team will have no documents identifying any of the study participants. The supervisor was to have no further contact with the respondent requesting a referral to best respect and protect her confidentiality.
- The supervisor was to then contact the referral institution representative by telephone (or in person) within 24 hours. The supervisor was to provide all referral information and provide the contact information of the respondent requesting the direct referral. The supervisor was to then send an SMS text message to the field manager at Forcier to alert him/her that a direct referral has been made. To facilitate referrals from the field, all field supervisors carried a card with contact details of designated representatives from the referral institutions. Likewise, representatives of all the referral institutions had contact details of all field supervisors.
- If there were any complications or unusual circumstances which required consultation, the supervisor was to immediately contact the field manager Forcier and the WFP representative for further consultation.
- The team leader was to follow up with the designated representatives of the referral intuitions within 48 hours to inquire if the direct referral has been acted upon.

60. In relation to information obtained from the primary caregiver, an automatic direct referral to the Response Plan Team was to be initiated as per the steps described above when:

- The enumerator identified a child as severely or acutely malnourished and at risk of health trauma.
- The caregiver disclosed that the child is a victim of severe violence (whether psychological, physical, sexual, or suffering from neglect).
- The caregiver indicated the child is in immediate danger.

61. All referrals to support services were to be coordinated and monitored by Forcier's management team that was to be on call during work hours (8-12 and 2-5 from Monday to Saturday) for the duration of the field work. Forcier management was to make all efforts ensure that representatives from the above referral institutions would reach the respondent and/or the child within 48 hours upon having received the referral from the field.

12 <https://www.who.int/childgrowth/standards/en/>

62. Forcier management was to follow up on all referrals to confirm if representatives from the referral institutions in question were successful in meeting the respondents and/or children and were able to ensure a timely and appropriate response as well as further referrals as needed.

Annex 7. Data Collection Tools¹³

QUANTITATIVE TOOL

BASIC INFORMATION

Enumerators recorded the following information upon starting each individual questionnaire:

- Locality
- Administrative unit
- Community
- Village
- Name of supervisor
- Name of person collecting data
- GPS coordinates

INTRODUCTION

"Good morning/afternoon. My name is _____. I'm a team member working with Forcier, a research firm operating in Mozambique. We are collecting information about people's livelihoods in _____ village. Your household has been randomly selected and I would like to ask you some follow up questions about your household and its members. The survey will take about 2 hours.

Your participation is completely voluntary and anonymous. This means that we will not use your name or other personal data as part of the results of this survey. Only information for this village, administrative area and the district will be referenced.

I will record individual answers in this tablet. However, this doesn't imply any kind of commitment or formal register in any local, regional or national project or program. Thus, no government authority or project staff will have access to any of your answers.

Considering all this, I would like to ask you some questions that should take no more than 2 hours of your time. Do you agree to participate?"

A. HOUSEHOLD INFORMATION

A household is defined as a set of related or unrelated persons who usually live in the same dwelling and share their meals.

Enumerator, please verify if there is a pregnant woman and/or child under 2 residing in this household.

- Is there a pregnant woman in this household?
- Is there a pregnant woman in this household and taking care of under-2s?
- Is there a caregiver taking care of under-2s in this household?
- Is the household head male or female?

Household Demography

- Could you list all members of your household? We consider as members of a household all the people that regularly eat in your household, even if they are not related to you. Please start with yourself first, followed by your spouse/spouses and your children. Please also list any workers that live with you.
- How many people routinely eat and live in this compound?

¹³ Due to word limits, this annex only includes the actual interview guides and surveys. The introductory processes and the application of the tools are described briefly in Annex 3 and more extensively in the Evaluation Inception Report.

Household Member

- Sex of head of household
- Sex of household members
- Aged of household members, from among the following age groups:
 - 0 - 4 years
 - 5 - 10 years
 - 11 - 17 years
 - 18 - 29 years
 - 30 - 64 years
 - Elderly (65 + years)
- Relationship of household members to head of household.
- Is the head of household disabled, chronically ill or able bodied?
- What is the highest level of education achieved by the household head?
- How many primary school-aged children are in this household?
- How many children attended primary school in the last academic year?
- How many children did not regularly attend school in the past 6 months?
- What was the main reason for these children not attending school regularly?
- Other (specify)
- Have you or a member of your household participated in any of the following development programmes by government or partners in the past year?
- Other (specify)
- Does your household currently have a member with obstetric fistula?
- Who would you identify as the primary male decision-maker in this household?
- Who would you identify as the primary female decision-maker in the household?
- Do you or someone in your household have a phone?
- What is the phone number?

B. FOOD CONSUMPTION AND FOOD SOURCES

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"I am now going to ask you about your household's consumption of various food items during the last 7 days and how this food was acquired. For each category, please tell me how many days in the past week you consumed that food group and how much you spent to acquire such goods."

- Cereals and tubers (e.g.: cereals, grains, roots and tubers, rice, pasta, bread, sorghum, millet, maize, fonio, potato, yam, cassava, white sweet potato)
- Other (specify)
- Pulses (e.g.: beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea and / or other nuts)
- Other (specify)
- Milk and dairy products (e.g.: fresh milk / sour, yogurt, cheese, other dairy products) *Exclude margarine / butter or small amounts of milk for tea / coffee
- Other (specify)
- Meat, fish, eggs (e.g.: goat, beef, chicken, pork, blood, fish, including canned tuna, escargot, and / or other seafood, eggs) *meat and fish consumed in large quantities and not as a condiment
- Other (specify)
- Flesh/red meat (e.g.: beef, pork, lamb, goat, rabbit, chicken, duck, other birds, insects) *meat consumed in large quantities and not as a condiment
- Other (specify)
- Organ meat (e.g.: liver, kidney, heart and / or other organ meats) *meat consumed in large quantities and not as a condiment
- Other (specify)
- Fish (e.g.: fish, including canned tuna, escargot, and / or other seafood) *fish consumed in large quantities and not as a condiment
- Other (specify)

- Eggs
- Were these chicken or duck eggs?
- Other (specify)
- Sum of the subgroups (protein-rich foods)
- Vegetables (e.g.: spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, etc.)
- Other (specify)
- Orange vegetables (e.g.: carrot, red pepper, pumpkin, orange sweet potatoes, etc.)
- Other (specify)
- Green leafy vegetables (e.g.: spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves, etc.)
- Other (specify)
- Fruit (e.g.: banana, apple, lemon, mango, papaya, apricot, peach, etc.)
- Other (specify)
- Orange fruit (e.g.: mango, papaya, apricot, peach, etc.)
- Other (specify)
- Fats and oil (e.g.: vegetable oil, palm oil, shea butter, margarine, other fats /oil)
- Other (specify)
- Sugar (e.g.: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet sugary drinks)
- Other (specify)

C1. FOOD EXPENDITURE

This section should be directed towards the household head. If the household head is not able to provide information about the household's food expenditure, ask for another adult household member to respond.

"Now I would like to ask you some questions about food items consumed by the household in the last 7 days."

- Did your household consume $\{food_en\}$ during the last 7 days?
- What was the source of $\{food_en\}$?
- Other (specify)
- What was the total quantity of $\{food_en\}$ consumed by the household during the last 7 days?
- Select the unit
- Other (specify)
- Of this total quantity of $\{food_quant_consum\}$ $\{nfood_unit_consum\}$, what is the quantity that was taken from your own production during the last 7 days?
- Select the unit
- Of this total quantity of $\{food_quant_consum\}$ $\{nfood_unit_consum\}$, what is the quantity that was received as a gift, as compensation for work, or as barter during the last 7 days?
- Select the unit
- When was the last time that $\{food_en\}$ was purchased for the household?
- What was the quantity of $\{food_en\}$ purchased?
- Select the unit
- What was the value of $\{food_en\}$ purchased?
- You have finished the food expenditure section

C2. NON-FOOD EXPENDITURE

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I would like to ask you some questions about non-food items purchased by the household in some time periods."

- Has your household spent money on $\${nfood_en}$ during the past 30 days?
- How much was spent on $\${nfood_en}$ during the past 30 days?
- Has your household spent money on $\${nfood_en}$ during the past 12 months?
- How much was spent on $\${nfood_en}$ during the past 12 months?

D. AGRICULTURAL PRODUCTION AND POST-HARVEST LOSSES (SEASON 2021 - 2022)

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"I will now ask about agricultural production and post-harvest losses in the last agricultural season October 2021 - May 2022."

- Select ALL the crops cultivated by the household during the October 2021 - May 2022 agricultural season
- Other (specify)
- Household crop production and inputs used per plot for the main crops:
 - Crops code
 - Crop name
 - How many plots of $\${sacrop_type}$ did you cultivate during the rainy season?
- Crop production and input used for each plot:
 - Plot number
 - Plot size
 - Area unit
 - Who owns this plot?
 - Who generally makes decisions about what to plant on and what to do with the output from this plot?
- What was the quantity of $\${sacrop_type}$ harvested by your household during the October 2021 to May 2022 farming season?
- Select the measurement unit
- Other (specify)

Post-harvest losses:

- Did you lose any of the $\${sacrop_type}$ you harvested due to on-farm or off-farm losses e.g., improper harvesting, excessive field heat, poor storage containers, poor farm sanitation, lack of rain or too much rain, roads, inappropriate transportation?
- What were the causes of the losses?
- Other (specify)
- What quantity of $\${sacrop_type}$ did you lose?
- Select the measurement unit
- Did you sell any of the retained quantity for $\${sacrop_type}$?
- What was quantity of $\${sacrop_type}$ sold?
- Select the measurement unit
- What was the price per unit of $\${sacrop_type}$?

Hermetic bags:

- Since 2019, have you or anyone in your household participated in a training on post-harvest losses (PHL) and the use of hermetic bags?
- How many training sessions on PHL did you or member of your household participate in?
- Since 2019, have you or anyone on your household participated in a demonstration on post-harvest losses and the use of hermetic bags?
- Since 2019, has your household received hermetic bags?
- How many hermetic bags did your household receive?
- Has your household ever purchased hermetic bags?
- When was the last time you purchase hermetic bags?
- How many hermetic bags did you buy?
- How much did each hermetic bag cost?

- What do you think about the use of hermetic bags?

Solar dryers:

- Since 2019, have you or anyone in your household participated in any training on post-harvest losses and the use of solar dryers?
- Since 2019, did you or your household receive a solar dryer (shared/not shared)?
- Did you ever use the solar dryer that you received?
- What do you think about the use of solar dryers?

Cooking demonstrations:

- Since 2019, did you or anyone in your household attend any cooking demonstrations?
- How many?
- Have you or anyone in your household prepared any of the recipes you learned from the cooking demonstrations?
- Which recipes did you use?
- Since 2019, did you or anyone in your household attend any food processing demonstrations?
- How many?
- Have you used any of the food processing techniques at home?
- Which techniques did you use?

E. FOOD CONSUMPTION BASED COPING STRATEGIES

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

- During the last 7 days, how many days did your household have to rely on less preferred and less expensive food to cope with a lack of food and/or money to buy food?
- During the last 7 days, how many days did your household have to borrow food or rely on help from a relative or friend to cope with a lack of food and/or money to buy food?
- During the last 7 days, how many days did your household have to limit portion size of meals at mealtimes to cope with a lack of food and/or money to buy food?
- During the last 7 days, how many days did your household have to restrict consumption by adults for children to eat to cope with a lack of food and/or money to buy food?
- During the last 7 days, how many days did your household have to reduce the number of meals eaten in a day to cope with a lack of food and/or money to buy food?

F. LIVELIHOOD COPING STRATEGIES

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"I am now going to ask about coping behaviours related to the shocks that your household experienced in the past 12 months."

- Did your household adopt any of these livelihood coping strategies in response to any of the events that it experienced in the past 12 months?
- Sold household assets/goods (radio, furniture, refrigerator, television, jewellery etc.)
- Spent savings
- Sold more animals than usual
- Sent household members to eat elsewhere
- Purchased food on credit or borrowed food
- Borrowed money
- Move children to a less expensive school
- Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.)
- Withdrew children from school
- Reduced essential non-food expenditure such as education and health (including drugs)
- Harvested immature crops (e.g., green maize)

- Consumed seed stocks that were to be saved for next season
- Decreased expenditures on fertilizer, pesticide, fodder, animal feed, veterinary care, etc.
- Sold house or land
- Begged
- Engaged in illegal income activities (theft)
- Entire or big part (>50% members) of household migrated
- Prioritized food consumption of active household members
- Looked for additional income sources (e.g., temporary work)
- Purchased smaller quantities of food
- Bought food by the street vendors instead of buying and cooking food at home
- Attended social events (banquets, religious parties) to eat
- Bartered clothing for food
- Sent children to work
- Sold jewellery / gold
- Children (under 15 years old) worked to contribute to household income (e.g., maid, casual labour)
- Children (15-17) worked long hours (>43 hours) or worked in hazardous conditions
- Adults (18+) worked long-hours (>43 hours) or in hazardous conditions
- Married off children under 18
- Depended on food rations and/or support from neighbours and relatives as only food/income source
- Sold labour in advance

F2. HOUSEHOLD HUNGER SCALE (PAST 30 DAYS)

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I will ask you about your household's food security situation in the last 30 days."

- In the past 4 weeks/30 days, was there ever no food to eat of any kind in your house because of lack of resources to get food?
- How often did this happen in the past 4 weeks/30 days?
- In the past 4 weeks/30 days, did you or any household member go to sleep at night hungry because there was not enough food?
- How often did this happen in the past 4 weeks/30 days?
- In the past 4 weeks/30 days, did you or any household member go a whole day and night without eating anything at all because there was not enough food?
- How often did this happen in the past 4 weeks/30 days?

F3. DISTANCES TO NEAREST INFRASTRUCTURE

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I will ask you about the distances to the nearest infrastructure in minutes (one way)."

- How far (one way) is your household dwelling from the closest accessible/functioning agricultural market in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning livestock market in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning market for farm inputs (seeds, tools, fertilizers, hermetic bags etc.) in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning agricultural extension office/officer in minutes?
- How far (one way) is your household dwelling from the closest improved road in minutes?

- How far (one way) is your household dwelling from the closest accessible/functioning health facility in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning water source in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning primary school in minutes?
- How far (one way) is your household dwelling from the closest accessible/functioning public toilet in minutes?

F4. FARM AND DOMESTIC ASSETS

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

“Now I would like to ask you about some assets that are owned by your household.”

- Does your household own any of the following assets?
- Specify any other assets not listed
- What is the total number of \${asset_selection_label} owned by you or a member of your household?
- Farm and domestic assets
- Number of \${asset_selection_label} owned by husband or other male
- Number of \${asset_selection_label} owned by wife or other female
- Number of \${asset_selection_label} owned jointly
- The total number of assets owned by individuals is more than the overall total number of assets

F6. EXPOSURE TO THE PROJECT

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

“Now I would like to ask you about the activities that you have been involved in at the community and household levels.”

- Since 2019, have you or a member of your household received training on how to construct or manage household assets?
- Which ones of these assets you have constructed/managed at your household?
- Other (specify)
- Which one of these group activities have you participated in at the community level?
- Other (specify)
- Since 2019, have you or a member of your household received training on improved agricultural practices?
- Which improved agricultural practices did you receive training on?
- Other (specify)
- Have you applied any of these improved agricultural practices in your own farm/plot?
- Which ones did you apply?
- Other (specify)
- Do you currently own fruit trees?
- Which fruit trees do you own?
- Other (specify)
- Fruit trees owned by the household
 - Tree code
 - Tree name
 - When was the \${tree_type} tree planted?
 - Is the \${tree_type} tree currently producing fruits?
- Since 2019, has your household owned or bred ducks?
- Where did you get the ducks from?

- Other (specify)
- Does your household own a fuel-efficient cook stove?
- Where did you get the fuel-efficient cook stove from?
- Other (specify)
- Do you cook all your meals on the fuel-efficient stove?
- Why don't you cook all your meals on the stove?
- Have you received any technical assistance from a SDAE technician in the past 12 months?
- In the past 12 months, how many times did you receive this assistance?
- What assistance did the SDAE technician give you?
- Other (specify)

F5. INCOME

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I am going to ask you questions about income for your household in the past 12 months and the month prior to the survey."

- During the last 12 months did any cash come to the household through any of the following means?
- Other (specify)
- What is the single most important source of cash income in your household
- The number of incomes selected is \${income_selected}. Is this correct and you wish to continue?
- Income estimate
- Please estimate the annual household income from all household members over the past 12 months and over the past month/30 days.
- Cash Income
- Amount over past 12 months from \${this_selection_label} (MZN)
- Amount over the past month/30days from \${this_selection_label} (MZN)

F6. MAIN INCOME SOURCE

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I am going to ask you more questions about the main source of income for your household."

- How many members of the household earn an income?
- During the past 30 days, what was the household's most important livelihood source?
- Other (specify)
- Please indicate where the remittances were from?
- Please specify
- During the past 30 days, what was the household's second most important livelihood source?
- Please indicate where the remittances were from?
- Please specify
- During the past 30 days, what was the household's third most important livelihood source?
- Please indicate where the remittances were from?
- Please specify

F7. SHOCKS AND COPING STRATEGIES

This section should be directed towards the household head. If the household head is not available ask another knowledgeable adult member of the household.

"Now I would like to ask you about the two main shocks that have affected your household in the past 30 days."

- What has been your main DIFFICULTY OR SHOCK in the past 30 days?
- Please specify
- What has been your second main DIFFICULTY OR SHOCK in the past 30 days?
- Please specify

G. WOMEN'S EMPOWERMENT IN AGRICULTURE INDEX – PRO WEAI

Is $\{primary_respondent_female_l\}$ present to answer some questions?

"Ask for consent from the woman:

I would like to ask you some questions about how you are feeling, how your household makes decisions, the foods you ate yesterday, and the health of children in the household (if applicable). You are free to decline to take part in the study. You can decline to answer any questions and are free to stop taking part at any time. If you decline to participate there will be no penalty to you or loss of benefits to which you are entitled through the WFP or other programs.

Do you agree to participate?"

G2. ROLE IN HOUSEHOLD DECISION-MAKING AROUND PRODUCTION AND INCOME

The respondent for this module is $\{primary_respondent_female_l\}$, the primary female decision maker in the household.

"Now I'd like to ask you some questions about your participation in certain types of activities and on making decisions on various aspects of household life."

- Did you yourself participate in staple grain farming (grains that grown primarily for food consumption, e.g., rice, maize, wheat, millet) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding staple grain farming, who is it that normally makes the decisions?
- Did you yourself participate in horticultural (gardens) or high value crop farming in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding horticultural (gardens) or high value crop farming, who is it that normally makes the decisions?
- Did you yourself participate in large livestock raising (cattle) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding large livestock raising (cattle), who is it that normally makes the decisions?
- Did you yourself participate in small livestock raising (sheep, goats, pigs) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding small livestock raising (sheep, goats, pigs), who is it that normally makes the decisions?
- Did you yourself participate in poultry production and the raising of other small animals (chickens, ducks, turkeys) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding poultry and other small animals raising (chickens, ducks, turkeys), who is it that normally makes the decisions?
- Did you yourself participate in fish production in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding fish production, who is it that normally makes the decisions?
- Did you yourself participate in non-farming economic activities (running a small business, self-employment, buy-and-sell, vet services) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding non-farming economic activities (running a small business, self-employment, buy-and-sell, vet services), who is it that normally makes the decisions?

- Did you yourself participate in wage and salary employment (work that is paid for in cash or in-kind, including both agriculture and other wage work) in the past 12 months (that is, during the last [one/two] cropping seasons)?
- When decisions are made regarding paid employment (work that is paid for in cash or in-kind, including both agriculture and other wage work), who is it that normally makes the decisions?
- When decisions are made regarding large, occasional household expenditures (bicycles, land, transport vehicles), who is it that normally makes the decisions?
- When decisions are made regarding routine household expenditures (food for daily consumption or other household needs), who is it that normally makes the decisions?

G3. ACCESS TO FINANCIAL SERVICES

The respondent for this module is \${primary_respondent_female_1}, the primary female decision maker in the household.

“Now I would like to ask about your household’s experience with borrowing money or other items in the past 12 months.”

- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from a non-governmental organization (NGO) if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from a non-governmental organization (NGO) in the past 12 months?
- Who made the decision to borrow from a non-governmental organization (NGO)?
- Do you think the decision to borrow from a non-governmental organization (NGO) was a good decision?
- Who made the decision about what to do with the money or item borrowed from a non-governmental organization (NGO)?
- Who is responsible for repaying the money or item borrowed from a non-governmental organization (NGO)?
- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from formal lender (bank/financial institution) if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from formal lender (bank/financial institution) in the past 12 months?
- Who made the decision to borrow from the formal lender (bank/financial institution)?
- Who made the decision about what to do with the money or item borrowed from the formal lender (bank/financial institution)?
- Who is responsible for repaying the money or item borrowed from formal lender (bank/financial institution)? Please enter ALL members who participated in this decision.
- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from informal lender if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from informal lender in the past 12 months?
- Who made the decision to borrow from informal lender?
- Do you think the decision to borrow from informal lender was a good decision?
- Who made the decision about what to do with the money or item borrowed from informal lender?
- Who is responsible for repaying the money or item borrowed from informal lender? Please enter ALL members who participated in this decision.
- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from friends or relatives if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from friends or relatives in the past 12 months?
- Who made the decision to borrow from friends or relatives?
- Do you think the decision to borrow from friends or relatives was a good decision?
- Who made the decision about what to do with the money or item borrowed from friends or relatives?

- Who is responsible for repaying the money or item borrowed from friends or relatives? Please enter ALL members who participated in this decision.
- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from group based micro-finance or lending including VSLAs / SACCOs if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from group based micro-finance or lending including VSLAs / SACCOs in the past 12 months?
- Who made the decision to borrow from group based micro-finance or lending including VSLAs / SACCOs?
- Do you think the decision to borrow from group based micro-finance or lending including VSLAs / SACCOs was a good decision?
- Who made the decision about what to do with the money or item borrowed from group based micro-finance or lending including VSLAs / SACCOs?
- Who is responsible for repaying the money or item borrowed from group based micro-finance or lending including VSLAs / SACCOs? Please enter ALL members who participated in this decision.
- Would you or anyone in your household be able to take a loan or borrow cash/in-kind from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.) if you wanted to?
- Has anyone in your household taken any loans or borrowed cash/in-kind from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.) in the past 12 months?
- Who made the decision to borrow from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.)?
- Do you think the decision to borrow from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.) was a good decision?
- Who made the decision about what to do with the money or item borrowed from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.)?
- Who is responsible for repaying the money or item borrowed from informal credit/savings groups (e.g., merry-go-rounds, tontines, funeral societies, etc.)? Please enter ALL members who participated in this decision.
- An account can be used to save money, to make or receive payments, or to receive wages or financial help. Do you, either by yourself or together with someone else, currently have an account at any bank?

65. TIME ALLOCATION

The respondent for this module is \${primary_respondent_female_I}, the primary female decision maker in the household.

Enumerator - Ask about the activities performed at various times during the previous day (or last workday)

- Yesterday (or the last business day), what were you doing at sunrise, around 6 AM?
- Yesterday (or the last business day), what were you doing in the morning, around 10 AM?
- Yesterday (or the last business day), what were you doing in the afternoon, around 3 PM?
- Yesterday (or the last business day), what were you doing at sunset, around 7 PM?
- Yesterday (or the last business day), what were you doing at night around 10 PM?
- Surveyor - Ask about the time spent in the following activities yesterday (or the last business day)
- How much time (in hours) did you spend yesterday (or the last business day) doing household agricultural activities (including livestock) or fishing?
- How much time did you spend yesterday (or the last business day) doing non-agricultural self-employed job?
- How much time did you spend yesterday (or the last business day) doing paid work (agricultural/livestock)?
- How much time did you spend yesterday (or the last business day) doing paid work (non-agricultural)?

- How much time did you spend yesterday (or the last business day) doing work on WFP assets?
- How much time did you spend yesterday (or the last business day) doing other unpaid work?
- How much time did you spend yesterday (or the last business day) doing childcare?
- How much time did you spend yesterday (or the last business day) collecting firewood or water?
- How much time did you spend yesterday (or the last business day) on shopping?
- How much time did you spend yesterday (or the last business day) cooking, doing laundry, cleaning your house, etc.?
- How much time did you spend yesterday (or the last business day) doing other domestic work?
- How much time did you spend yesterday (or the last business day) on personal hygiene?
- How much time did you spend yesterday (or the last business day) on transportation?
- How much time did you spend yesterday (or the last business day) eating?
- How much time did you spend yesterday (or the last business day) doing sport / playing?
- How much time did you spend yesterday (or the last business day) on leisure / attending religious services, baptisms, or funerals / visiting friends & relatives?

Beware: the sum of hours spent in all activity is more than the total time available within a day. Please go back and correct.

G6. PHYSICAL MOBILITY

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

- How often do you visit an urban centre?
- How often do you go to the market/bazaar?
- How often do you visit family or relatives?
- How often do you visit a friend / neighbour's house?
- How often do you go to the hospital / clinic / doctor (seek health services)?
- How often do you go to a public village gathering / community meeting / training for NGO or programs?
- In the last 12 months, how many times have you been away from home for one or more nights (in other words, sleeping somewhere else for the night)?
- In the last 12 months, have you been away from home for more than one month at a time?
- Have you ever sought medical care from a mobile brigade?
- Who usually decides whether you can visit family or relatives?
- Does your husband/partner or other household member object to you going alone to visit family or relatives?
- Under what circumstances would this person not object to you going to visit family or relatives alone?
- What other circumstance?
- Do these objections prevent you from going alone to visit family or relatives?
- Who usually decides whether you can go to a hospital / clinic / doctor (seek health service)?
- Does your husband/partner or other household member object to you going alone to a hospital / clinic / doctor (seek health service)?
- Under what circumstances would this person NOT object to you going to a hospital / clinic / doctor (seek health service) alone?
- What other circumstance?
- Do these objections prevent you from going alone to a hospital / clinic / doctor (seek health service)?
- Who usually decides whether you can go to a training conducted by an NGO?
- Does your husband/partner or other household member object to you going alone to a training conducted by an NGO?
- Under what circumstances would this person not object to you going to a training conducted by an NGO?
- What other circumstances?
- Do these objections prevent you from going alone to a training conducted by an NGO?

G7. INTRAHOUSEHOLD RELATIONSHIPS

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

- Now I'd like to ask you a few questions about you and your spouse.
- Do you treat your spouse with respect?
- Does your spouse treat you with respect?
- Do you trust your spouse to do things that are in your best interest?
- When you disagree with your spouse, do you feel comfortable telling him/her that you disagree?
- Is your spouse the other respondent in this household?

"Now I'd like to ask you some questions about some of the other people in your household."

- Do you treat your mother-in-law with respect?
- Does your mother-in-law treat you with respect?
- Do you trust your mother-in-law to do things that are in your best interest?
- When you disagree with your mother-in-law, do you feel comfortable telling her that you disagree?

G8(B). NEW GENERAL SELF-EFFICACY SCALE

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

"Now I'm going to ask you some questions about different feelings you might have. Please listen to each of the following statements. Think about how each statement relates to your life, and then tell me how much you agree or disagree with the statement on a scale of 1 to 5, where 1 means you "strongly disagree" and 5 means you "strongly agree."

- I will be able to achieve most of the goals that I have set for myself.
- When facing difficult tasks, I am certain that I will accomplish them.
- In general, I think that I can obtain outcomes that are important to me.
- I believe I can succeed at any endeavour to which I set my mind
- I will be able to successfully overcome many challenges.
- I am confident that I can perform effectively on many different tasks.
- Compared to other people, I can do most tasks very well.
- Even when things are tough, I can perform quite well.

G8(C). LIFE SATISFACTION

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

"The following questions ask how satisfied you feel with your life, on a scale from 1 to 5, where 1 means you feel "very dissatisfied" and 5 means you feel "very satisfied."

- Overall, how satisfied are you with life these days?
- Overall, how satisfied with your life were you 5 years ago?
- As your best guess, overall, how satisfied with your life do you expect to feel 5 years from today?

G8D. GROUP MEMBERSHIP

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

"Now I'm going to ask you about groups in the community. These can be either formal or informal and customary groups."

- Which of the following groups exist in your community?
- Please specify which other groups exist in your community?
- Is the $\{g8_group_label\}$ composed of all male or female or mixed-sex members?
- Are you an active member of the $\{g8_group_label\}$?
- To what extent do you feel like you can influence decisions in the $\{g8_group_label\}$?
- To what extent does the $\{g8_group_label\}$ influence life in the community beyond its members?

G9. ATTITUDES ABOUT DOMESTIC VIOLENCE

The respondent for this module is $\{primary_respondent_female_l\}$, the primary female decision maker in the household.

“Now I would like to ask about your opinion on the following issues. Please keep in mind that I am not asking about your personal experience or whether the following scenarios have happened to you. I would only like to know whether you think the following issues are acceptable.”

- In your opinion, is a husband justified in hitting or beating his wife in the following situations?
- If she goes out without telling him?
- If she neglects the children?
- If she argues with him?
- If she refuses to have sex with him?
- If she burns the food?

K. KAP NUTRITION

The respondent for this module is $\{primary_respondent_female_l\}$, the primary female decision maker in the household.

“Now I would like to ask you a few questions about nutrition.”

- Have you ever breastfed?
- When did you first put your child to the breast?
- What did you give anything other than breast milk to your child when he or she was born?
- Other (specify)
- How old was your child (in months) when you started to feed him/her with liquid/solid food for the first time?
- While breastfeeding, did you do it as often as you wanted?
- In general, what keeps/kept you from breastfeeding your child?
- Other (specify)
- Is this child still breastfeeding?
- How old was your child (in months) when you completely stopped breastfeeding?
- When should a newly born baby start breastfeeding?
- What do you think about the first milk or colostrum (yellow and dense)?
- What is the main food that should be given to a child aside from breast milk when s/he is six months old?
- At what age should breastfeeding be stopped?
- Which of these food items should be consumed by a pregnant and breastfeeding woman?

K2. WATER AND SANITATION

The respondent for this module is $\{primary_respondent_female_l\}$, the primary female decision maker in the household.

- What is the main source of drinking water?
- What is the distance between your dwelling and your main source of drinking water (in minutes, one way)
- Do you use your main source of drinking water throughout the year?

- When your main source of drinking water is not available, what is your second source of drinking water?
- Do you do anything to make your water safer to drink?
- What do you do to make the water safer to drink?
- Other (specify)
- Where do you defecate most often?
- Does your household have access to a functional toilet/latrine?
- Do household members use the household toilet/latrine?
- What is the main type of toilet/latrine that is accessible to your household?
- Where is this toilet located?
- Does it have internal locks and adequate lighting?
- In the past 12 months have you received any information or attended awareness sessions on good hygiene practices?
- What were the topics covered during these sessions?
- Other (specify)
- In the past 6 months, did anyone in your household suffer from water, sanitation and hygiene related diseases?
- Which diseases were these?
- Other (specify)
- What do you think causes diarrhoea?
- Other (specify)
- What are the prevention methods for diarrhoea?
- Other (specify)
- When do you think are the important times to wash your hands?
- Other (specify)

K3. SEXUAL AND REPRODUCTIVE HEALTH

The respondent for this module is \${primary_respondent_female_l}, the primary female decision maker in the household.

“Now I would like to ask you a few questions related to sexual and reproductive health.”

- Where do you get information on sexual and reproductive health?
- Other (specify)
- At what age do you think it is appropriate for a woman to have a baby?
- What is the minimum age men and women should be legally allowed to marry?
- Do you think girls experiencing their monthly menstruating cycle have the right to attend school as usual?
- Have you ever heard about contraceptive methods?
- Where did you hear about them?
- Other (specify)
- At present, do you and your husband/partner use any contraceptive methods?
- Who has the final say on the type of contraceptives to use?
- Do you think the use of contraceptives for pregnancy spacing will likely improve your health and that of the baby?
- Can a woman who has never been pregnant use a family planning method at no risk for her fertility?
- Have you heard about obstetric fistula?
- Where did you learn about them?
- Other (specify)
- Do you think people living with obstetric fistula feel comfortable talking about their symptoms with others?
- Is there treatment for obstetric fistula?
- Where should a woman living with obstetric fistula go for treatment?

H. WOMEN'S DIETARY DIVERSITY

This section should be directed to the primary female decision maker aged 15-49. If the primary female decision maker is outside of that age range, ask for another female adult between 15 and 49.

"Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. Think about all the food you ate yesterday after you woke up in the morning, in the afternoon and at night. Did you consume any of the following?"

- Grains/ white roots/ tubers. Examples: Cereals - Sorghum, Millet, Yellow Maize, Maize (on the cob), Wheat, Wheat flour, Sorghum flour, Maize flour, Millet flour, other flours, Rice, Pasta (macaroni, spaghetti, noodles), Bread, Cookies, Pancakes, Cereal fritters
- Tubers - Potato, Sweet potato, Yam, Manioc/Cassava (including flour), other tubers.
- Pulses [beans/ peas and lentils]. Examples: Peas, Cowpeas, Lentils, Beans, Chickpeas, Green okra, Dry okra, Soya bean flour.
- Nuts and seeds. Examples: Sesame, Groundnuts (Peanuts), Groundnut flour, Other Nuts and seeds.
- Milk and milk products. Examples: Fresh/curdled milk, yogurt, cheese, glasses of milk powder, other dairy products EXCEPT margarine / butter or small amounts of milk for tea / coffee.
- Meat/ poultry/ fish and organ meat. Example: Beef, pork, lamb, goat, sheep, organ meats, rabbits or other small animals, chicken, duck, other birds, insects - fresh, dry, salted, canned, etc.
- Eggs
- Dark leafy green vegetables. Examples: Green leafy vegetables: spinach, molokia, broccoli, amaranth and / or other dark green leaves, cassava leaves.
- Vitamin A-rich fruits. Examples: Mango, papaya.
- Other vegetables. Examples: Onion, tomatoes, peppers, carrots, green beans, lettuce, cabbage, cucumber, pumpkins (garaoa), etc.
- Other fruits: Banana, apple, oranges, pineapple, dates, avocado, lemon, apricot, peach, etc.

Mother / Caregiver (with children 6 - 23 months old)

"Now I would like to ask you some questions about children that are 6-23 months old in this household."

- What is the respondent's relationship to the child/children?
- How old is the mother/caregiver?
- What is the mother's/caregiver's number of completed years of formal education?
- What is the number of live births by this mother/caregiver?
- Is the mother/caregiver pregnant or breast feeding?
- During the last or current pregnancy, did you make any prenatal appointment?
- If yes, how many?

J. CHILD HEALTH AND NUTRITION (CHILDREN 6-23 MONTHS OLD): MOTHER / CAREGIVER 1

Children (6 - 23 months)

- Number of children (6 - 23 months)
- Child health and nutrition
- Name of child?
- Sex of Child
- Date of birth
- Age of the child
- Where was $\{hhj8\}$ born?
- If other, please specify
- Has $\{hhj8\}$ been taken for immunization for measles?
- Has $\{hhj8\}$ been taken for immunization for DPT3?
- Has $\{hhj8\}$ been taken for deworming?
- Has $\{hhj8\}$ received Vitamin A supplements?
- When $\{hhj8\}$ had fever or cough, did you seek advice or medical treatment?

- What did \${hhj8} eat/drink in your household in the last 24 hours?
- How long after birth did you put \${hhj8} to the breast?
- Since birth, for how long (in months) was \${hhj8} continuously breast-fed?
- For how many months did you exclusively breastfeed \${hhj8} (not even water, herbal teas or medicamento/ tratamiento tradicional)?
- Mention the diseases \${hhj8} has suffered in the last 2 weeks
- Other (specify)
- Did \${hhj8} sleep under a mosquito net last night?
- At what age did you introduce \${hhj8} to liquid/ solid foods (including herbal teas or medicamento/ tratamiento tradicional)?
- Was \${hhj8} breastfed yesterday during the day or night?
- How many times was \${hhj8} breastfed yesterday?
- Did \${hhj8} receive solid, semi-solid, or soft food yesterday during the day or night?
- How many times did \${hhj8} receive food yesterday?
- Did \${hhj8} receive milk or yogurt yesterday during the day or night?
- How many times did \${hhj8} receive milk or yogurt yesterday?

"Now I'd like to ask you about foods and drinks that \${hhj8} ate or drank yesterday during the day or night, whether at home or anywhere else. Think about all the food \${hhj8} ate yesterday after waking up in the morning, in the afternoon and at night. Did \${hhj8} eat any of the following items?"

- Grains, roots and tubers:
 - Sorghum, Millet, Yellow Maize, Maize, Wheat, Wheat flour, Maize flour, Millet flour, other flours, Rice, Bread, Cookies, Pancakes, Cereal fritters
 - Potato, Sweet potato, Yam, Manioc/Cassava (including flour), Other tubers"
- Legumes and nuts: Peas, Cowpeas, Peanuts, Lentils, Beans, Chickpeas, Green okra, Dry okra, Soya bean flour, Sesame, Other Nuts
- Dairy products: Fresh/curdled milk, yogurt, cheese, glasses of milk powder, other dairy products EXCEPT margarine / butter.
- Meat, fish, or poultry: Beef, pork, lamb, goat, sheep, rabbit or other small animals, chicken, duck, other birds, insects
- Eggs
- Vitamin-A rich fruits and vegetables: Mango, papaya, carrot, red pepper, pumpkin, orange, sweet potatoes
- Other fruits and vegetables: Banana, avocado, pineapple, dates, apple, lemon, apricot, peach, onion, tomatoes, peppers, green beans, lettuce, cabbage, cucumber, etc.

"Now I would like us to collect the weight, height and MUAC measurements for \${hhj8}. Could you please bring the child."

- Weight (Kg) of the child
- Height (cm) of the child
- MUAC (cm) of the child

Children (24 – 59 months)

- Are there any children that are 24-59 months old in this household?
- Number of children (24- 59 months)
- Weight, height and MUAC for children 24-59 months old
- Name of the child
- Sex of Child
- Date of birth
- Age of the child

"Now I would like us to collect the weight, height and MUAC measurements for \${hhju5_name}. Could you please bring the child."

- Weight (Kg) of the child
- Height (cm) of the child
- MUAC (cm) of the child

END OF INTERVIEW

Thank the respondent for their participation and end the interview.

End date and time of the survey.

QUALITATIVE TOOLS

Key Informant Interviews with WFP Staff (country office and field staff)

NOTE: An interviewee will be provided with preliminary analysis of the quantitative survey results before the interview so that he/she can be better prepared to respond to the question.

A. Effectiveness

1. To what extent were GTNS output and immediate outcome targets achieved for pregnant women, children under the age of 2, adolescent girls and boys.
 - (Probe: Based on data coming from the household survey, respondents will be asked which specific targets have been achieved/not, reasons for achievement/non-achievement, and ask what could have been done differently to make sure the target was achieved)
2. To what extent were GTNS knowledge, attitudes, and practices (KAP) outcome indicator targets achieved? [Indicators (i) 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, (ii) % of people that have a favourable attitude towards the recommended practices (iii) % of people who intend to adopt the recommended services.
 - (Probe: Provide feedback/opinion on reasons for changes (positive/negative). The question will be framed from this perspective)
3. Did the GTNS face any emerging challenges and opportunities? If yes to what extent were GTNS interventions and implementation processes responsive to these challenges and opportunities?
4. What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives (GTNS 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) of the GTNS?
 - Probe perceptions of achievement versus expectations around the following:
 - Project implementation arrangements in place including (i) staffing, (ii) partnerships, (iv) complaints and feedback mechanisms, (v) M&E, and (vi) Project implementation modality being multisectoral and synergy and coordination among the 3 components.
 - External socio-economic, political, and environmental context etc.
 - Flexibility to deal with changes in external environment.

B. Efficiency

5. To what extent were GTNS activities implemented on time? Kindly comment on the no-cost extension and the reasons behind this? Between November 2019 – December 2021, were the activities implemented as per the initial workplan? Did the workplan experience any abruptions which required the project to stop/adapt?
6. To what extent were the duration of activity implementation adequate for generating GTNS expected results on key target groups?

7. Do you have WFP quality standards to guide the 3 components (PHL, SBC, FFA) of GTNS? If yes, please elaborate on key aspects of the standards. If yes, to what extent did GTNS interventions adhere to these WFP's quality standards listed above?
8. Given the context and emerging conditions, were alternative less costly approaches considered in implementing GTNS core interventions? What was the justification of the approach taken by WFP to implement GTNS and cost-efficiency implications. Why do you think a cost extension was necessary to acquire the desired results?

C. Impact

9. Using data from the household questionnaire/KAP assessment, the question will be frames as: What has been the impact of GTNS in terms of empowering women and improving the nutritional status of under-five children? Why do you think XX indicator (use data from Household questionnaire) target was not achieved? Based on the context, experience, of the project activities implementation.
10. How have the key components (SBC, PHL and FFA) of GTNS's intervention model contributed to the generation of any evidenced impacts compared to other project models? How was the synergy among these components?
11. Did GTNS generate any unplanned or unintended social, environmental, or economic impacts, whether positive or negative, and, if so, how significant were these?

D1. Sustainability

12. What is the likelihood of sustaining GTNS's results achieved after the project ended? Does this potential vary across intervention categories?
13. To what extent did the implementation include sustainability aspects as outlined in the project design?
14. What are key issues that are likely to affect the sustainability of GTNS key results? Was sufficient action taken to address these? What gaps should be addressed, if any?

D2. Scalability

15. Considering other possible intervention models, would it be cost-effective to scale out GTNS integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components?
16. Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?
17. What are the barriers/opportunities to scaling up/replicating the GTNS model?

Recommendations

18. Going forward, what would be your key recommendations for planning/programming and implementing similar projects in the future?

Key Informant Interviews with WFP Staff (RBJ and Headquarters)

NOTE: An interviewee will be provided with preliminary analysis of the quantitative survey results before the interview so that he/she can be better prepared to respond to the question.

A. Effectiveness

1. GTNS 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. In general, to what extent has GTNS achieved its objective?

2. GTNS is intended to prototype a model to reduce chronic malnutrition and increase women's empowerment. Has the GTNS (based on the evidence provided in the form of reports/pagers/presentations) been effective in generating lessons to guide you as you support the design and implementation of similar interventions in Southern Africa?

B. Efficiency

3. What WFP quality standards guide the 3 components (PHL, SBC, FFA) of GTNS? To what extent did GTNS interventions adhere to these WFP's quality standards listed above?
4. Are you aware of any less costly approaches/models (experienced in other countries/projects) that could have been considered in implementing GTNS core interventions?

D2. Scalability

5. Considering other possible intervention models, would it be cost-effective to scale out GTNS integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components?
6. Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?
7. What are the barriers/opportunities to scaling up/replicating the GTNS model?

Recommendations

8. Going forward, what would be your key recommendations for planning/programming and implementing similar projects in the future?

Key Informant Interviews with Implementing Partners (to be adapted for each IP (CEFA, SDAE, and Pathfinder) according to respective components.

- FFA activities for CEFA
- PHL activities for SDAE
- SBC activities for Pathfinder

NOTE: An interviewee will be provided with preliminary analysis of the quantitative survey results before the interview so that he/she can be better prepared to respond to the question.

A. Effectiveness

1. To what extent has GTNS achieved its output and immediate outcome targets for pregnant women, children under the age of 2, adolescent girls and boys?
2. To what extent were GTNS knowledge, attitudes, and practices (KAP) outcome indicator targets achieved? [Indicators (i) 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, (ii) % of people that have a favourable attitude towards the recommended practices (iii) % of people who intend to adopt the recommended services. This applies only to Pathfinder as it is responsible for the implementation of SBC activities.
3. Please add a couple of questions to probe the effectiveness of specific activities of SBC in improving knowledge, attitude, and practices of the beneficiaries in relation to dietary diversification, SRH, and early marriage.
4. Have you encountered any emerging challenges and opportunities during the implementation of? If yes to what extent were (FFA/PHL/SBC) interventions and implementation processes responsive to these challenges and opportunities?

5. What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the FFA/PHL/SBC interventions?

B. Efficiency

6. To what extent were FFA/PHL/SBC activities implemented on time? To what extent were the duration of activity implementation conducive for generating GTNS expected impacts on key target groups?
7. Were the financial and other inputs efficiently used for the intended purpose and to achieve results?
8. Do you have WFP quality standards to guide the implementation of (PHL/ SBC/ FFA) activities? To what extent did GTNS interventions adhere to these WFP's quality standards listed above?

C. Impact

9. What has been the impact of GTNS in terms of empowering women and improving the nutritional status of under-five children?
10. Is there evidence (either quantitative or qualitative) that GTNS impacted sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and power households?
11. Did key activities under your component (FFA/PHL/SBC) contribute to the generation of any evidenced impacts compared to other set of activities? How was the synergy among these activities?
12. Has any activity under your component (FFA/PHL/SBC) generated any unplanned or unintended social, environmental, or economic impacts, whether positive or negative, and, if so, how significant were these?
13. Is there any gender-specific impacts? Did the intervention influence the gender context including empowerment of women?"

D1. Sustainability

14. To what extent will any of the outcomes and impacts achieved under your component likely be sustained into the future? Does this potential vary across intervention categories?
15. What are key issues that are likely to affect the sustainability of the outcomes and impacts? Was sufficient action taken to address these? What gaps should be addressed, if any?

D2. Scalability

16. Considering other possible interventions, would it be cost-effective to scale out successful intervention(s) under your component in other neighbouring communities and other contexts?
17. Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?
18. What are the barriers/opportunities to scaling up/replicating the successful pilot intervention under your component (FFA/PHL/SBC)?

Recommendations

19. Going forward, what would be your key recommendations for planning/programming and implementing similar interventions in the future?

Key Informant Interviews with key government stakeholders (A separate tool for each government counterpart MoA/MoH/ Provincial Directorate of Agriculture and Food Security/ Provincial Directorate of Health/ the district administration/ SDSMAS/)

A. Effectiveness

1. GTNS 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. In general, to what extent has GTNS achieved its objective?
2. *GTNS is intended to prototype a model to reduce chronic malnutrition and increase women's empowerment.* Has the GTNS been effective in generating lessons to guide you as you support the design and implementation of similar interventions in Southern Africa?

B. Efficiency

3. What WFP quality standards guide the 3 components (PHL, SBC, FFA) of GTNS? To what extent did GTNS interventions adhere to these WFP's quality standards listed above?
4. Are you aware of any less costly approaches that could have been considered in implementing GTNS core interventions?

C. Impact

5. What has been the impact of GTNS in terms of empowering women and improving the nutritional status of under-five children?

D1. Sustainability

6. To what extent will any of GTNS's outcomes and impacts that are evidenced likely be sustained into the future? What are key issues that are likely to affect the sustainability of GTNS key outcomes and impacts?

D2. Scalability

7. Considering other possible intervention models, would it be cost-effective to scale out GTNS integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components?
8. Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?
9. What are the barriers/opportunities to scaling up/replicating the GTNS model?

Recommendations

10. Going forward, what would be your key recommendations for improving the implementation of GTNS?

Key Informant Interviews with community leaders

A. Effectiveness

1. How effective was GTNS in meeting its objectives in relation to construction of fuel-efficient stoves, water catchment systems, household gardens, afforestation etc., training on PHL (food conservation, transformation and storage and hermetic bags and solar dryers)?
2. How have the knowledge, attitudes, and practices of a community on dietary diversification, early marriage, early pregnancy, and SRH and child health services improved? How effective were SBC activities implemented to address gender inequality with a focus on early marriage, sexual and reproductive and health seeking behaviours?

B. Efficiency

3. Were the activities implemented on time? If not, what were the reasons?
4. What are the major factors that affected the implementation of interventions?

C. Impact

5. What has been the impact of GTNS in terms of empowering women and improving the nutritional status of under-five children?
6. Have the impacts been different for different sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and power households?
7. Is there any gender-specific impacts? Did the intervention influence the gender context including empowerment of women?

D1. Sustainability

8. Are the results achieved likely to continue without outside assistance? Please explain.
9. What are key issues that are likely to affect the sustainability of the achievements? Was sufficient action taken to address these? What gaps should be addressed, if any?

D2. Scalability

10. Can the pilot interventions of the project can be scaled in other neighbouring communities and other contexts?
11. What are the barriers/opportunities to scaling up/replicating the pilot interventions?

Recommendations

12. Going forward, what would be your key recommendations for planning/programming and implementing similar interventions in the future?

FGDs with beneficiaries (men, women, girls, boys)

A. Effectiveness

1. How effective was GTNS in meeting its objectives in relation to construction of fuel-efficient stoves, water catchment systems, household gardens, afforestation etc., training on PHL food conservation, transformation and storage and hermetic bags and solar dryers?
2. How have the knowledge, attitudes, and practices of the beneficiaries on dietary diversification, early marriage, early pregnancy, and SRH and child health services improved? How effective were SBC activities implemented to address gender inequality with a focus on early marriage, sexual and reproductive and health seeking behaviours?

B. Efficiency

3. Were the activities implemented on time? If not, what were the reasons?
4. What are the major factors that affected the implementation of interventions?

C. Impact

5. Has GTNS made a difference in terms of empowering women and improving the nutritional status of under-five children?
6. Have the impacts been different for different sub-groups?

D1. Sustainability

7. Are the results achieved likely to continue without outside assistance? Please explain.
8. What are key issues that are likely to affect the sustainability of the achievements?

Recommendations

9. Going forward, what would be your key recommendations for planning/programming and implementing similar interventions in the future?

Key Informant Interviews with UN and Donors

A. Effectiveness

1. GTNS 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. In general, to what extent has GTNS achieved its objective?
2. GTNS is intended to prototype a model to reduce chronic malnutrition and increase women's empowerment. Has the GTNS been effective in generating lessons to guide you as you support the design and implementation of similar interventions in Southern Africa?

B. Efficiency

3. Were all activities generally implemented on time? What were the constraints?
4. Are you aware of any less costly approaches that could have been considered in implementing GTNS core interventions?

C. Impact

5. What has been the impact of GTNS in terms of empowering women and improving the nutritional status of under-five children?

D1. Sustainability

6. To what extent will any of GTNS's outcomes and impacts that are evidenced likely be sustained into the future? What are key issues that are likely to affect the sustainability of GTNS key outcomes and impacts?

D2. Scalability

7. Considering other possible intervention models, would it be cost-effective to scale out GTNS integrated intervention model in other contexts or would it be better to focus only on specific components?
8. Under what conditions would such replication be fit-for-purpose, and should any adaptation be considered accordingly?
9. What are the barriers/opportunities to scaling up/replicating the GTNS model?

Recommendations

10. Going forward, what would be your key recommendations for planning/programming and implementing similar interventions in the future?

Annex 8. GTNS Logical Framework

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<p>Impact 1: Women and adolescent girls' empowerment enable 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. <i>Target: 2 percentage point improvement over the baseline</i></p> <p>2. Women's participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management). <i>Target: 30 percentage point improvement over the baseline.</i> All target values to be validated based upon baseline</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>Assumption: 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>Risk: 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>Outcome 1: 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) <i>Target: 10 percentage points improvement over the baseline</i></p> <p>2. Minimum Acceptable Diet (MAD) – _Children 6 – _23 months</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>Assumptions:</p> <ul style="list-style-type: none"> • An increase in diversity and availability of nutritious foods will lead to increased consumption • Climate events and shocks will not increase in either frequency or duration

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>Target: 10 percentage points improvement over the baseline</p> <p>New Target: 5 percentage points improvement over the baseline</p> <p>3. Food Consumption Score-Nutrition</p> <p>Target: 5 percentage points improvement in acceptable food consumption over the baseline</p> <p>New Target: 10 percentage points protein improvement in acceptable food consumption over the baseline</p> <p>4. Food Consumption Score</p> <p>Target: 5 percentage points improvement in acceptable food consumption over the baseline</p> <p>New Target: 10 percentage points improvement in acceptable food consumption of protein rich foods over the baseline</p> <p>5. Rate of post-harvest losses</p> <p>Target: 5 percentage points reduction under the baseline</p> <p>New Target: 7.5 percentage points reduction under the baseline⁴</p>		<ul style="list-style-type: none"> Farmers will find PHL technologies beneficial and adopt them <p>Risks:</p> <ul style="list-style-type: none"> Despite the integrated programme activities dietary diversity may not increase among target groups Climatic events and shocks may reduce the ability of communities to cope and negative strategies may be employed despite resilience building efforts Post harvest loss technology may not be adopted, and a reduction therefore not measured

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>6. Coping Strategies Index Score Target: 10 percentage points improvement over the baseline</p> <p>Additional indicator:</p> <p>7. Household Dietary Diversity Score (HDDS) Target: 10% improvement over baseline</p> <p>All target value(s) to be validated based upon baseline</p>		
<p>Output 1.1. 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 Target: 4,500 household assets and 150 community assets</p> <p>1. # of women, men, boys, and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, intervention category, sex, food, non-food items, cash transfers and vouchers, as % of planned Target: at least 7,500 people</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>Assumption: Climate events and shocks will not increase in either frequency or duration</p> <p>Risk:</p> <ul style="list-style-type: none"> There is a risk that climatic shocks will prohibit the production of nutritious assets and that disease will negatively impact nutritious assets.

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>New indicator: # and type of conservation agriculture activities implemented Target: (3 types of conservation techniques) x 1,500 households</p> <p>New indicator: # and type of assets maintained Target: (5 assets) x1,500 households</p> <p>New indicator: # seed banks established Target: 6 seed banks</p> <p>New indicator: # of honey producers established Target: 5 honey producers</p> <p>New indicator: # of communities trained on PICSA Target: 49</p> <p>All target values to be validated based upon baseline</p>		
<p>Output 1.2 Appropriate technologies adopted by smallholder women and men farmers to reduce post-harvest losses and increase.</p>	<p># of small holder farmers supported/trained on PHL, disaggregated by age and sex</p> <p>Target: at least 500 smallholder farmers</p>	<p>Data source: WFP monitoring data</p> <p>Collection method: Attendance records</p>	<p>Assumption: Farmers will find PHL technologies beneficial and adopt them</p> <p>Risk:</p>

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>New indicator: # of beneficiaries capacitated in financial literacy, financial management, and leadership Target: 50</p> <p>New indicator: # of beneficiaries supported/trained on new PHL technologies, disaggregated by men, women, boys, and girls Target: 1500</p> <p>New indicator: # of household visits conducted by agriculture extension agents Target: 1500</p> <p>All target values to be validated based upon baseline</p>	<p>Frequency: Monthly during training period</p> <p>Responsibility: WFP + Cooperating</p>	<ul style="list-style-type: none"> Post-harvest loss technology may not be adopted, and a reduction therefore not measured
<p>Outcome 2 Increased women's and adolescent girls' 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 Target: 5 percentage points improvement over baseline</p> <p>2. Assisted delivery at a health facility Target: 5 percentage points improvement over baseline</p>	<p>Data source: Baseline and End line survey</p> <p>Collection method: Survey Frequency: Two times over the course of project</p> <p>Responsibility: WFP</p>	<p>Assumption:</p> <ul style="list-style-type: none"> Availability and knowledge of recommended SRH and childhood health services will result in an uptake of services <p>Risk:</p> <ul style="list-style-type: none"> Knowledge not sufficiently built Services not utilized Services not available when population seeks to utilize them

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>3. Prevalence and health seeking behaviour for fever, diarrhoea, and acute respiratory inaction</p> <p>Target: 3 percentage points improvement over baseline</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</p> <p>Target: 5,000 people</p> <p>5. % of people that have a favourable attitude towards the recommended practices</p> <p>Target: 25 percentage point improvement over baseline</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)</p> <p>Target: 25 percentage point improvement over baseline</p> <p>7. % of people who intend to adopt the recommended services</p>		<ul style="list-style-type: none"> • Community leaders and household heads do not support the services • - Services not perceived as beneficial

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>Target: 15 percentage point improvement over baseline</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>Target: 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>Target: at least 50%</p> <p>All target value(s) to be validated based upon baseline</p>		
<p>Output 2.1.: 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>Target: at least 20,000 people</p> <p>2. # of household visits conducted by community health activists/agriculture extension agent</p>	<p>Data source: WFP monitoring</p> <p>Collection method: Questionnaire + Tally sheets</p> <p>Frequency: Monthly</p> <p>Responsibility: WFP + cooperating partners + community radio</p>	<p>Assumptions:</p> <ul style="list-style-type: none"> • Exposure to messaging results in desired increase in knowledge on key topics • Gender dialogue club will be well received by community leaders and members • CHA and AEA will implement activities as planned <p>Risks:</p>

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
	<p>Target: at least 1,500</p> <p>3. # of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex</p> <p>Target: at least 3,000</p> <p>New indicator: # of participants at gender dialogue clubs (GDC) lead by community health volunteers</p> <p>Target: 3,000</p> <p>New indicator: # of household visits conducted per month</p> <p>Target: 3,000</p> <p>All target values to be validated based upon baseline</p>		<ul style="list-style-type: none"> • Exposure to messaging does not result in desired knowledge or behaviour change • Community leaders and members do not respond well to SBC messages or that behaviours are not adopted as intended • CHA and AEA do not implement activities as planned
<p>Output 1.1.1</p> <ul style="list-style-type: none"> - Intervention selection with communities and CP and registration in SCOPE - CBPP (asset selection - FFA household asset implementation 	<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</p>		<ul style="list-style-type: none"> • Retailers must provide the requisite quantity and quality of food basket items per agreement

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<ul style="list-style-type: none"> - FFA community asset implementation (based on CBPP) - Transfer of vouchers - Training and support in conservation agriculture techniques - Training and refresher training of CPs and local authorities on nutrition-sensitive programming. <p>Additional Activities</p> <ul style="list-style-type: none"> • One month of food assistance during the lean season 2022 in exchange for the continued maintenance of the assets created • Improve and scale up honey production and provide linkages to markets as an income generating activity • Continue with the training and support in Conservation Agriculture techniques to beneficiaries 	<p>selected assets will need to be procured.</p>		

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<ul style="list-style-type: none"> • Promotion of household assets and conservation agriculture techniques to wider intervention communities • Pilot new sizes/moulds of fuel-efficient cook stove and promote its use/purchase • Seed Bank Creations (6 seedbanks catering to 6 groups of approx. 25 members of each) • Continue Training of associations (including women's associations, agricultural farmer association) /beneficiaries in business management and financial literacy • Provide PICSA (Participatory Integrated Climate Services for Agriculture) & Climate Information training for agricultural extensionists (staff under the district government – SDAE, who are also involved in SUSTENTA) and project partner (CEFA) (who thereafter 			

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
provide cascade training to community producers).			
<p>Output 1.1.2</p> <ul style="list-style-type: none"> • Food processing training supported by WFP, CP, and SDAE • Conservation training and solar dryer construction supported by WFP, CP, and SDAE • Storage training and presentation on hermetic storage technology supported by WFP, CP, SDAE, and private sector • Demand generation of PHL technology via community radio and early adopters, supported by PCI Media • Engagement with agro-dealers to supply PHL technology • Additional Activities • Expand the training on Post-Harvest Losses with inclusion of conservation and long-term storage options to wider intervention communities 	<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>		<p>Agro-dealers stock and supply hermetically sealed bags for purchase by communities</p>

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<ul style="list-style-type: none"> • Monitor solar dryer use and quality over time and proposed adjustment as needed • Exploring options for locally available containers for dried food items • Facilitate access to postharvest loss technologies at the local market • Train local artisans in financial literacy and business management • 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. 			
<p>Output 2.1.1</p> <ul style="list-style-type: none"> • Formative research for SBC strategy and material development • Demand generation activities for dietary diversity, SRH • services, and basic health services delivered by CHA and agriculture extension agents with support 	<p>A SBC specialist will conduct formative research to inform messaging and materials. FLA/LOU agreements will need to be made with partners to implement SBC activities. Curriculum for dialogue clubs will need to be developed.</p>		<ul style="list-style-type: none"> • Health services that are included as part of SBC are provided by health facilities • Community leaders buy-in to gender dialogue clubs

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<p>from SDSMAS, SDAE, and Pathfinder</p> <ul style="list-style-type: none"> 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 Dialogue clubs for Gender Equality and Women's Empowerment facilitated by Pathfinder and local leaders and CHV. <p>Additional Activities</p> <ul style="list-style-type: none"> Strengthening of Government capacitates (SDSMAS health focal points at district level who train 208 community health volunteers) to carry out continuous training and mentoring upon project closure Household visits for targeted behaviour change Continuation of cooking demonstrations 			

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
<ul style="list-style-type: none"> Continuation of radio transmissions and community listening sessions. 			
			<p>Pre-conditions</p> <p>What pre-conditions must be met before the intervention can start?</p> <ul style="list-style-type: none"> Baseline evaluation conducted, CBPP conducted, intervention registration and SCOPE set-up, FLA/LOU signed with partners, SBC research conducted, and materials developed What conditions outside the intervention's direct control must be met for the implementation of the planned activities? No shocks or major climatic changes occur

Annex 9. Evaluation Field Mission Schedule

Date(s)	Activity	Location/ Community	# Observations
February 8-10	Quantitative training – enumerators, supervisors, and data quality controllers	Chemba	
February 11	Pilot interviews conducted	Chemba	
February 13	Pilot feedback and amendment of tools	Chemba	
Team One (1 supervisor + 2 assistants + 4 enumerators)			
February 15 – 18	Data collection	Bangwe	27
February 19	Travel to Bucha		
February 20 – 22	Data collection	Bucha	25
February 23	Travel to Cassume		
February 24 – 28	Data collection	Cassume	31
March 1	Travel to Melo		
March 2 – 7	Data collection	Melo	38
March 8	Travel to Dzunga		
March 9 - 13	Data collection	Dzunga	35
March 14	Travel to Pemba		
Team Two (1 supervisor + 2 assistants + 4 enumerators)			
February 15 – 25	Data collection	Mulima-sede	70
February 26	Travel to Xavier		
February 15 – March 15	Data collection	Xavier	55
March 7	Travel to Nhamalilwa		
March 8 – 13	Data collection	Nhamalilwa	33
March 14	Travel to Pemba		
Team 3 (1 supervisor + 2 assistants + 4 enumerators)			

Date(s)	Activity	Location/ Community	# Observations
February 15 – 18	Data collection	Capanga, Catondo, Cawiwe 1 and Chindo	32
February 19	Travel		
February 20 – 23	Data collection	Colofite, Correia, Djane 1 and Djane 2	32
February 24	Travel		
February 25 – March 1	Data collection	Djequicene, Leite 1, Leite 2, Maswe and Matope	32
March 2	Travel		
March 3 – 8	Data collection	Nguirande, Nhabatua 1, Nhabatua 2, Nhabswibinira and Nhambeu	36
March 9	Travel		
March 10 – 14	Data collection	Nhazemba 2, Panzala, Swinda and Thava	30
Team 4 (1 supervisor + 2 assistants + 4 enumerators)			
February 15 – 20	Data collection	Chemba-sede	41
February 21	Travel		
February 22 – 25	Data collection	Alfinar, Bero 2, Cado sede, Estacha and Goe sede	31
February 26	Travel		
February 27 - March 2	Data collection	Jukinho, Macasado, Mitoto, Mponha, Nhabobobo and Nhacaimbe 2	30
March 3	Travel		
March 4 – 8	Data collection	Nhacalickhatiwe, Nhacanfinzira 1, Nhacatondo,	32

Date(s)	Activity	Location/ Community	# Observations
		Nhambata and Nhamissadze	
March 9	Travel		
March 10 – 13	Data collection	Nhatchetcha, Ntchena and Sossoto	24
Qualitative			
February 25 – 15	Data collection	Remote	KIIs with WFP staff and key project and government stakeholders
February 25 -15	Data collection	Chemba	KIIs with beneficiaries, community leaders, partners, and project staff
March 1 – 15	Data collection	Chemba	FGDs with beneficiaries
End of Fieldwork			

Annex 10. Findings, Conclusions, and Recommendations Mapping

Recommendation	Conclusions	Findings
<p>Recommendation 1: Prioritize targeted initiatives aimed at challenging deeply ingrained cultural norms, to further dismantle power dynamics and gender inequalities that hinder women's empowerment and nutrition practices, thereby creating a more supportive environment for sustainable change and continue addressing women's economic constraints and streamline partner coordination to enhance collaboration and the overall effectiveness of the project.</p> <p>1.1: As a way to maximize the results and positive impact of GTNS, support production of nutritious food that improve food availability and increase marketable surplus particularly for women.</p> <p>1.2: Maintain on a regular and consistent basis the sensitization campaigns in the component of dissemination of diversified dietary habits, SSR, GBV, early unions including home visits and open fairs demonstrating the main activities and assets implemented by GTNS.</p> <p>1.3: Employ various interventions, approaches, and strategies specifically tailored to empower adolescents, as they have unique needs and require distinct methods of engagement.</p> <p>1.4: Conduct another needs assessment to identify and assess the real needs of the target group so that the interventions meet local needs and can be fully utilized. This is to avoid introduction of non-programme activities during the implementation phase of the project.</p>	<p>Conclusion 2</p> <p>Conclusion 6</p> <p>Conclusion 4</p> <p>Conclusion 7</p> <p>Conclusion 8</p> <p>Conclusion 9</p>	<p>Finding 5</p> <p>Finding 6</p> <p>Finding 8</p> <p>Finding 9</p> <p>Finding 12</p>
<p>Recommendation 2: Prioritize climate change as a cross cutting issue of GTNS and is well-integrated within the WFP CO climate smart activities.</p> <p>2.1. Refocus the project's climate change work around prevention, preparedness and ensure attention to key climate change adaptation strategies across all of components of the project.</p> <p>2.2: At the start of GTNS 2, conduct capacity building for beneficiaries on the required behaviours for climate change issues, preparedness response and recovery from the effects of disaster risks.</p>	<p>Conclusion 1</p> <p>Conclusion 5</p>	<p>Finding 2</p> <p>Finding 7</p> <p>Finding 8</p> <p>Finding 10</p>
<p>Recommendation 3: Articulate clearly the gender and social norms change process before upscaling GTNS.</p> <p>3.1. Train all project staff in gender transformative approaches, at least to the level that they understand the approach such as the Gender Transformative Learning System has a compelling evidence base in agriculture and nutrition programmes.</p>	<p>Conclusion 2</p> <p>Conclusion 3</p> <p>Conclusion 9</p>	<p>Finding 3</p> <p>Finding 4</p> <p>Finding 5</p> <p>Finding 6</p> <p>Finding 13</p>

Recommendation	Conclusions	Findings
<p>3.2. Conduct a rapid analysis across all project sites to explore social norms. Understand the barriers that may prevent the inclusion of more vulnerable populations. Additionally, identify specific locations or environments within these sites where individuals from vulnerable groups feel secure and comfortable to gather, share perspectives, and participate in discussions.</p> <p>3.3 Continuously employ suitable gender and social norms tools throughout project implementation to identify changes or barriers to change. These refer to specific methodologies, instruments, or frameworks designed to assess, analyse, and measure the prevailing gender and social norms. Tools may include surveys, interviews, focus group discussions, or other research methods tailored to assess and monitor shifts in gender and social norms.</p>		
<p>Recommendation 4: Enhance gender-transformative indicators, bolster monitoring, and strengthen partner capacities in M&E.</p> <p>4.1: Establish a project-specific Indicators Reference Sheet to ensure consistency and in data collection, minimizing the risk of confusion and inaccuracies. This will also enhance the precision of evaluating the project’s impact and effectiveness.</p> <p>4.2. Expand the scope of Monitor and Evaluation. In addition to assessing behaviour change, the M&E system should also scrutinize shifts in knowledge and attitudes related to food assistance for assets and PHL. This will provide a more comprehensive understanding of the project’s impact.</p> <p>4.3 Track knowledge changes to gain insights into the stages of behavioural change among beneficiaries regarding various project aspects. This information can guide decisions on strategically focusing efforts to enhance both assets and knowledge.</p> <p>4.4: Actively build the M&E capacities of external partners. Ensure that partners are equipped with the necessary skills and resources to effectively contribute to the M&E processes, fostering collaboration and a comprehensive approach.</p>	<p>Conclusion 7</p> <p>Conclusion 10</p>	<p>Finding 8</p> <p>M&E specific findings</p>
<p>Recommendation 5. Take a comprehensive and multisectoral approach to address malnutrition, with a strong emphasis on gender equality, community involvement and decentralized leadership</p> <p>5.1. Establish a dedicated working group comprising of representatives from diverse sectors from the project’s inception (health, agriculture, gender, and nutrition) to ensure a coordinated and holistic approach. Regular meetings will be instrumental in aligning strategies, facilitating knowledge exchange and closely monitoring progress, which will enhance synergy across sectors for more effective future interventions.</p> <p>5.2. Empower local leaders and organizations by decentralizing decision-making and fund management. This approach fosters a sense of ownership and accountability among project participants and ensures that interventions are culturally and contextually relevant.</p>	<p>Conclusion 1</p> <p>Conclusion 3</p> <p>Conclusion 8</p>	<p>Finding 1</p> <p>Finding 6</p> <p>Finding 9</p> <p>Finding 10</p> <p>Finding 11</p>

Recommendation	Conclusions	Findings
<p>5.3. Reinforce coordination and communication mechanisms among partners by consistently organizing meetings with all stakeholders, providing them with a vital platform for sharing experiences, discussing risks and uncertainties, and planning activities collaboratively. Streamlining these interactions will contribute to better coordination, fostering a shared understanding among partners, and ultimately enhancing the overall efficiency of the project.</p>		
<p>Recommendation 6: Develop a comprehensive Indicators Reference Sheet with project-specific indicators that encompasses all critical indicators, specifying measurement methods, variables, and data collection tools. Ensure that all indicators adhere to the SMART criteria, enhancing clarity and consistency in data collection.</p> <p>Sub-recommendation 6.1: Regularly review and update indicators, recognizing the dynamic nature of projects and goals. Commit to periodic reviews and updates of the indicators reference sheet to ensure alignment with evolving project objectives and to maintain quality and relevance</p> <p>Sub-recommendation 6.2: Include knowledge and attitude indicators that measure changes in beneficiaries' knowledge and attitudes, especially in disaster prone contexts. These indicators can offer valuable insights into the lasting impact of the project beyond tangible assets.</p> <p>Sub-recommendation 6.3: Specify measurement methods for complex indicators from the outset to ensure consistency and accuracy. This clarity is essential for accurate assessment and reporting.</p>	<p>Conclusion 7 Conclusion 10</p>	<p>Finding 10 M&E specific findings</p>

Annex 11. Key Informants Overview

Key informant interviews

Institution	Number	Language	Interview type
WFP CO staff and project staff	8	4 Portuguese 4 English	Telephone/Remote interview
Government at provincial and district level	2	Portuguese	Telephone interview
Pathfinder	3	Portuguese	Remote interview and Telephone interview
Radio	2	English and	Telephone interview
PCI Media	1	English	Remote
Radio	1	Portuguese	Telephone interview
CEFA	2	Portuguese	Telephone interview
SDAE	1	Portuguese	Telephone interview
Donor	1	Portuguese	Telephone interview
Total	21		

Local Stakeholders interviewed and Focus Group Discussions

Location	Stakeholder	Interview Type	Amount	In-person or remote
Chemba	Local leaders	KII	4	In-Person
Chemba	Women GTNS Beneficiaries	FGD	4	In-Person
Chemba	Men GTNS Beneficiaries	FGD	3	In-Person

Annex 12. Planned vs Achieved Quantitative and Qualitative Sample

Achieved Quantitative Sample

	Localities	Target sites	Target Households	Visited sites	Achieved Households	Difference in Households
Intervention	Mulima-sede	49	392	48	341	51
Control	Catiline, Chemba-Sede and Goe	49	392	49	378	14
Total		98	784	97	719	65

Achieved Qualitative Sample

Stakeholder	Localities	Interview Type	Number of Interviews	Language	Interview form
WFP CO staff and project staff	N/A ¹⁴	KII	8	4 Portuguese 4 English	Telephone/ Remote interview
Government at provincial and district level	N/A	KII	2	Portuguese	Telephone interview
Pathfinder	N/A	KII	3	Portuguese	Telephone/ Remote interview
Radio	N/A	KII	2	English Portuguese	Telephone interview
PCI Media	N/A	KII	1	English	Remote interview ¹⁵
CEFA	N/A	KII	1	Portuguese	Telephone interview
SDAE	N/A	KII	2	Portuguese	Telephone interview
Donor (ADA)	N/A	KII	1	Portuguese	Telephone interview

¹⁴ N/A – Not Applicable

¹⁵ Remote interviews are interviews conducted through online meeting platforms.

Stakeholder	Localities	Interview Type	Number of Interviews	Language	Interview form
Men & women beneficiaries & community leader 1	Mulima-sede	FGD/KII	2 FGDs 1 KII	Xisena Portuguese	In-person
Men & women beneficiaries & community leader 2	Nhamaliwa	FGD/KII	2 FGDs 1 KII	Xisena Portuguese	In-person
Men & women beneficiaries & community leader 3	Zondane	FGD/KII	2 FGDs 1 KII	Xisena Portuguese	In-person
Women beneficiaries & community leader 4	Tomucene 2	FGD/KII	1 FGDs 1 KII	Xisena Portuguese	In-person
Total		98	784	97	719

Annex 13. Indicator performance

Indicator	Control (1) Mean	Intervention (2) Mean	Difference
Stunting	37.4%	35.6%	1.8%
Wasting	5.0%	4.9%	0.1%
MDD	9.89%	29.9%	20.01%***
MMF	14.12%	10.65%	3.47%
MAD	0.85%	4.47%	3.62%**
MDD-W	27.5%	52.8%	25,3%***
Vitamin A rich foods	2.2%	7.6%	5.4%***
Hem-Iron rich foods	5.4%	11.9%	6,5%***
Protein rich foods	1.7%	4.2%	2,5%
No coping	31%	28.2%	2.8%
Stress coping	46.3%	51.9%	5.6%
Emergency coping	13.4%	16.4%	3%*
Crisis coping	9.4%	3.5%	5.9%
PHL Rate	28.1%	32.1%	4%*
Program exposure	15.34%	95.86%	80.52%
Mothers/caregivers with 4+ ANC visits	75.6%	87.9%	12.3%
% of health seeking behaviour for fever, diarrheal, and acute respiratory inaction	87.3%	89%	1.7%
% of people that have a favourable attitude towards the recommended practices	23.8%	42.2%	18.2%
Recalls of 3 key messages in intervention villages			
Pro-WEAI			

Annex 14. Evaluation questions

64. The following questions guided this evaluation, presented in relation to the criteria they correspond to:

	Evaluation questions	Criteria
1.1	To what extent were GTNS's output 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
1.5	What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the intervention?"	Effectiveness
1.6	To what extent did intervention villages make more or less progress than comparison villages on indicators of interest?	Effectiveness
1.7	What factors significantly drive or inhibit the attainment of the desired outcomes across intervention districts/villages?	Effectiveness
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 alternative ways that would have likely led to similar results but at less cost?	Efficiency

	Evaluation questions	Criteria
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
3.2	Is there evidence (either quantitative or qualitative) that GTNS impacted sub-groups of targeted beneficiaries differentially, e.g., those from relatively richer and power households?	Impact
3.3	Did key components of GTNS's intervention model contribute to the generation of any evidence 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
4.1	To what extent did the implementation include sustainability aspects as outlined in the project design?	Sustainability and Scalability
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
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 intervention 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

Annex 15. Bibliography

- ACAPS. 2023. Mozambique: Flooding in the central provinces, Available at: https://www.acaps.org/fileadmin/Data_Product/Main_media/20230321_acaps_briefing_note_mozambique_flooding_in_central_provinces_.pdf
- Afai, G., Rossetto, E.V., Baltazar, C.S. et al. 2022. Factors associated with knowledge about malaria prevention among women of reproductive age, Tete Province, Mozambique, 2019–2020. *Malar J* 21, 76, <https://doi.org/10.1186/s12936-022-04090-0>
- AU, NEPAD, 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.
- Battles, Heather T. "The biologically vulnerable boy: Framing sex differences in childhood infectious disease mortality." *Boyhood Studies* 9.2 (2016): 56-72.
- Black et al (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* 382: 427-451.
- Department for International Aid/UKAID. 2014. Tools for measurement, monitoring and evaluation: In-depth focus on surveys. Available at: <https://assets.publishing.service.gov.uk/media/5a7ed8f640f0b6230268bea1/Tools-measurement-monitoring-evaluation-surveys.pdf>
- FAO, IFAD, UNICEF, WFP and WHO. 2023. The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum. Rome, FAO. <https://doi.org/10.4060/cc3017en>
- FAO. 2019. FAO Mozambique Annual Report, Available at: <https://www.fao.org/3/cb0459en/CB0459EN.pdf>
- FAO. n.d. Gender and Land Rights Database: Mozambique, Available at: https://www.fao.org/gender-landrights-database/country-profiles/countries-list/general-introduction/en/?country_iso3=MOZ
- FEWS NET. 2022. Mozambique Food Security Outlook. Available at: https://fews.net/sites/default/files/documents/reports/MOZAMBIQUE_Food_Security_Outlook_June_2022_Final.pdf
- Garcia Cruz, L.M., González Azpeitia, G., Reyes Suárez, D., Santana Rodríguez, A., Loro Ferrer, J.F. and Serra-Majem, L., 2017. Factors associated with stunting among children aged 0 to 59 months from the central region of Mozambique. *Nutrients*, 9(5), p.491.
- Global Nutrition Report. 2022. Country Nutrition Profiles: Mozambique. Available at: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mozambique/>
- Global Nutrition Report. 2015. Climate Change and Nutrition, chapter 6.
- Global Nutrition Report. 2018. Country Nutrition Profiles, Available at: <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/mozambique/>
- Hulland, E.N., Blanton, C.J., Leidman, E.Z. et al. Parameters associated with design effect of child anthropometry indicators in small-scale field surveys. *Emerging Themes in Epidemiol* 13, 13 (2016). <https://doi.org/10.1186/s12982-016-0054-y>
- IFAD. (no date). Mozambique. Available at: <https://www.ifad.org/en/web/operations/w/country/mozambique>
- INE. 2013. Mozambique 2013 Statistical Yearbook. Maputo: INE.
- International Food Policy Research Institute. 2016. Global Nutrition Report 2016: From promise to impact: ending malnutrition by 2030. Washington, D.C.

- IPC. 2023. Mozambique: Acute food insecurity situation, November 2022-March 2023, Available at: <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155848/>
- IPC. 2022. Mozambique Food Security Snapshot | November 2021 - September 2022. Available at: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Mozambique_IPC_Food_Security_2021Nov_2022Sept_Snapshot_English.pdf.
- IPC. 2021. Mozambique: Acute Food Insecurity Situation November 2021 – March 2022 and Projection for April – September 2022. Available at: <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155342/?iso3=MOZ>
- JICA. 2015. Country Gender Profile: Mozambique, Available at: https://www.jica.go.jp/Resource/english/our_work/thematic_issues/gender/background/c8h0vm0000anjq6-att/mozambique_2015.pdf
- Kaiser R, Woodruff BA, Bilukha O, Spiegel PB, Salama P. Using design effects from previous cluster surveys to guide sample size calculation in emergency settings. *Disasters*. 2006 Jun;30(2):199-211. doi: 10.1111/j.0361-3666.2006.00315.x. PMID: 16689918.
- Khara T. and Dolan C. 2014. Technical briefing paper: The relationship between wasting and stunting, policy, programming, and research implications.
- Macia, M. (2013). Eu não perco tempo com bla, bla, blas..., ajo: violência como elemento estruturante da masculinidade hegemônica em sociedades africanas. *Outras Vozes*, p. 43-44, 2013.
- MEF. 2015. Estimativas e Perfil da Pobreza em Moçambique: Uma Análise Baseada no Inquérito sobre Orçamento Familiar - IOF 2014/15. Direcção de Estudos Económicos e Financeiros (DEEF), Ministério de Economia e Finanças (MEF), Maputo, Mozambique.
- Ministry of Education and Human Development. 2018. https://www.mined.gov.mz/DN/DIPLAC/Documents/Brochura_Marco2018.PDF (Currently unavailable online)
- Muriel, et al. 2015. “Mozambique, 200286 Country Programme: An Evaluation of WFP’s Operation (2012-2015): Operation Evaluation”, World Food Programme, Office of Evaluation, Rome.
- NYAS. 2015. NMS: COHA estimates put the Cost of Undernutrition in Mozambique as almost 11 percent of GDP (1.6 billion USD) in 2015. Available at: <https://www.nyas.org/media/21001/case-study3-mozambique-pages.pdf>
- ONU Mulheres & CeCAGE-UEM. 2016). Relatório do estudo exploratório sobre a Situação da Violência contra as mulheres e raparigas nos Espaços Públicos na Cidade de Maputo. ONU Mulheres, Maputo, Novembro de 2016.
- PCI Media, 2023. GTNS Final Lessons Learned Report (2019-2022).
- Rede HOPEN (2022). Avaliação do impacto das abordagens dos clubes de diálogo de género no projecto “Empoderamento da Mulher e Sensível à Nutrição (GTNS)” no distrito de Chemba, província de Sofala, Moçambique. WFP/PATHFINDER.
- Republic of Mozambique. 2020. Government of Mozambique’s Five-Year Programme. Available at: http://www.ts.gov.mz/images/PQG_2020.2024_Versao_AR_02042020-min.pdf
- Republic of Mozambique. 2020. Voluntary National Review of Agenda 2030 for Sustainable Development. Available at: https://sustainabledevelopment.un.org/content/documents/26314VNR_2020_Mozambique_Report.pdf
- SETSAN. 2018. Integrated Phase Classification (IPC) for Chronic Food Insecurity.
- SETSAN. 2013. Baseline Survey for Food Security and Malnutrition. Maputo.
- SIDA. 2002. SIDA’s Work in Mozambique. Available at: <https://www.sida.se/en/sidas-international-work/countries-and-regions/mozambique>.
- Slegh, H.; Mariano, E., Roque, S.; and Barker, G. (2017). Ser homem em Maputo: Masculinidades, pobreza e violencia em Moçambique. Resultados do inquérito Internacional sobre homens e igualdade de genero

Thompson, Amanda L. "Greater male vulnerability to stunting? Evaluating sex differences in growth, pathways and biocultural mechanisms." *Annals of human biology* 48.6 (2021): 466-473.

UNDP. 2022. Human Development Report 2021/2022. Available at:

https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

UNDP. 2022. HDR Mozambique, Human Development Insights. Available at:

http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/MOZ.pdf

UNDP. 2022. HDR Mozambique. Available at: <https://hdr.undp.org/data-center/specific-country-data#/countries/MOZ>

UNICEF. 2022. Mozambique Humanitarian Situation Report No. 9. Available at:

<https://www.unicef.org/media/129426/file/Mozambique-Humanitarian-SitRep-30-September-2022.pdf>

UNICEF. 2018. Nutrition Thematic Report. Available at:

<https://open.unicef.org/sites/transparency/files/2020-06/WCARO-TP3-2018.pdf>

UN Mozambique. 2017. Quadro das Nações Unidas de Assistência ao Desenvolvimento para Moçambique (UNDAF) 2017-2020 Available at: <https://mozambique.un.org/pt/434-quadro-das-na%C3%A7%C3%B5es-unidas-de-assist%C3%A2ncia-ao-desenvolvimento-para-mo%C3%A7ambique-undaf-2017-2020>

UN Mozambique. 2021. UN Mozambique UNDAF (2017-2021) Results Report , Available at:

https://mptf.undp.org/sites/default/files/documents/40000/un_mozambique_final_results_report_2021.pdf

UN Women. 2019. Beijing+25: Mozambique report on the implementation of Beijing declaration and platform for action. Available at:

<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/64/National-reviews/Mozambique.pdf>

USAID. 2020. Mozambique Country Development Cooperation Strategy (CDCS) 2020-2025.

<https://www.usaid.gov/sites/default/files/documents/CDCS-Mozambique-December-2025.pdf>

USAID. 2021. Disaster Recovery Cash Assistance in Sofala. Available at:

<https://www.usaid.gov/mozambique/documents/usaid-disaster-recovery-cash-assistance-sofala>

USAID. 2021. Mwanasana (Healthy Child) project fact sheet. Available at:

https://www.usaid.gov/sites/default/files/documents/Comusanas_-_Fact_Sheet_May_2021.pdf

USAID. 2018. Controlling the HIV/AIDS Epidemic, July 2018. Available at:

https://www.usaid.gov/sites/default/files/documents/1860/HIV-AIDS-PEPFAR_-_Sector_Briefer.pdf

Wamani, H.; Åstrøm, A.; Peterson, S.; Tumwine, J.K.; Tylleskär, T. Boys are more stunted than girls in sub-Saharan Africa: A meta-analysis of 16 demographic and health surveys. *BMC Pediatr.* 2007, 7, 17.

WFP. 2022. Mozambique country strategic plan (2022–2026). <https://www.wfp.org/operations/mz02-mozambique-country-strategic-plan-2022-2026>

WFP. 2022. Evaluation of Mozambique WFP Country Strategic Plan 2017-2021. Centralized Evaluation Report Volume 1. Available at: docs.wfp.org/api/documents/WFP-0000139384/download/

WFP. 2022. Mozambique ACR, 2022.

WFP. 2022. WFP Mozambique Country Brief, September 2022.

WFP. 2021. GTNS progress report Q4, 2021.

WFP. 2021. Mozambique ACR, Country Strategic Plan 2017-2022. Available at:

<https://www.wfp.org/publications/annual-country-reports-mozambique>.

WFP. 2020. Baseline Report of the WFP Mozambique Gender Transformative and Nutrition Sensitive (GTNS) Programme (2019 to 2021), Decentralized evaluation.

WFP. 2020. Gender Analysis, Chemba District, Sofala Province, Mozambique. Available at:

<https://docs.wfp.org/api/documents/WFP-0000130937/download/>

WFP. 2020. Post-harvest loss project: gender analysis report, October 2020.

WFP. 2020. Mozambique Annual Country Report, 2020.

WFP. 2020. ADA Progress Report, Quarter 1, 2020.

WFP. 2020. ADA Progress Report, Quarter 3, 2020.

WFP. 2020. ADA Progress Report, Quarter 2, 2020.

WFP. 2018. Gender Analysis: Food Assistance for Assets in Mozambique.

WFP. 2018. Gender Analysis of CBT in Tete, December 2018.

WFP, 2018. Mozambique: A Climate Analysis. Available at: <https://docs.wfp.org/api/documents/WFP-0000108186/download/>

WFP. 2017. 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, Sofala - a contribution to the WFP Mozambique Country Strategic Plan 2017 - 2021.

WFP Mozambique Nutrition Unit. 2021. Available at: https://analytics.wfp.org/t/Public/views/GTNSStuntingPreventionPilotProjectSofalaMozambique/GTNSStuntingPreventionStoryboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Adisplay_count=n&%3AdeepLinkingDisabled=y&%3AshowAppBanner=false&%3Aorigin=viz_share_link

WFP, SEPPA and OIKOS. 2019. Protection and gender assessment for change of food assistance modalities in Quissanga Praia and Mocimboa da Praia, September 2019.

WFP (no date) Mozambique Gender Analysis paper.

WFP.(no date). Mozambique, Available at: <https://www.wfp.org/countries/mozambique>

WHO. 2017. Global Database on Child Growth and Malnutrition: Mozambique. Available at: <http://www.who.int/nutgrowthdb/database/countries/moz/en/>

WHO. 2016. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: WHO.

WHO. 2012. Resolution WHA65.6. Maternal, infant and young child nutrition . In: Sixty-fifth World Health Assembly, Geneva, 21–26 May. Resolutions and Decisions, Annexes World Health Organization: Geneva. (WHA65/2012/REC/1). Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_11-en.pdf and http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_11Corr1-en.pdf

World Bank. 2022. Macro Poverty Outlook for Mozambique: October 2022. Macro Poverty Outlook (MPO) Washington, D.C.: World Bank Group.

World Bank. 2022. Mozambique Economic Update- Getting Agriculture Support Right, June 2022. Available at: <https://documents1.worldbank.org/curated/en/099524206212215648/pdf/IDU093b925ec0187c043db0b41c055df875bbbba9.pdf>

World Bank. 2019. Agrarian Sector Transformation: A Strategy for Expanding the Role of the Private Sector. Washington DC: The World Bank.

World Bank. n.d. Databank, World Development Index: Mozambique, Available at: <https://databank.worldbank.org/reports.aspx?source=2&country=MOZ>

World Bank. n.d. Gender Data Portal: Mozambique, available at: <https://genderdata.worldbank.org/countries/mozambique>

Annex 16. Acronyms

ADA	Austria Development Agency
AIDS	Acquired Immunodeficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
APA	Agentes Polivalentes Elementares (Elementary Multiskilled Agents)
CBPP	Community-based Participatory Programming
CFM	Complaints and feedback mechanisms
CHA	Community Health Activist
CHW	Community Health Worker
CO	WFP country office
CP	Country Programme
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
CSP	Country Strategic Programme
CU2	Children under two years of age
CUAMM	Doctors with Africa
DAC	Development Assistance Committee
DE	Decentralized Evaluation
DEFF	Design Effect
DEQAS	Decentralized Evaluation Quality Assurance
DEQS	Outsourced quality support service
DPS	Sofala Health Authorities
EC	Evaluation Committee
EM	Evaluation manager
EQ	Evaluation question
ET	Evaluation team
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FCS-N	Food Consumption Score – Nutrition
FEWS NET	Famine Early Warning Systems Network

FFA	Food Assistance for Assets
FGD	Focus Group Discussion
GBV	gender-based violence
GDP	Gross Domestic Product
GEMS	Gender Equitable Men Scale
GEWE	Gender equality and women's empowerment
GII	Gender Inequality Index
GNR	Global Nutrition Report
GTNS	Gender Transformative and Nutrition Sensitive Project
HAZ	Height-for-Age Z-score
HIV	Human Immunodeficiency Virus
ICRAF	International Council for Research in Agroforestry
IPC	Integrated Food Security Phase Classification
IYCF	Infant and young child feeding
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
MAD	Minimum Acceptable Diet
MAD-C	Minimum Acceptable Diet for Children
MDD	Minimum Dietary Diversity
MICOA	Ministry for Coordination of Environmental Affairs
MOH	Ministry of Health
MR	Management response
MUAC	Middle Upper Arm Circumference
NAPA	National Adaptation Programme of Action
NGO	Non-Governmental Organization
OF	Obstetric Fistula
OECD	Organization for Economic Co-operation and Development
PHL	Post-Harvest Losses
PQG	Government of Mozambique's Five-Year Programme (Plano Quinquenal do Governo)
PBW	Pregnant and Breastfeeding Women
PPE	Personal Protective Equipment
PPS	Probability Proportional to Size
PSM	Propensity Score Matching

QA	Quality assurance
QC	Quality checklist
RAM	Research, Assessment and Monitoring Division
RBJ	WFP Regional Bureau for Southern Africa
REO	Regional evaluation officer
REU	Regional Evaluation Unit
SBC	Social and Behaviour Change Communication
SDAE	District Services for Economic Activities
SDG	Sustainable Development Goals
SDSMAS	District Services of Health, Women and Social Action
SDPI	District Services for Planning and Infrastructure
SEQ	Sub-evaluation question
SIDA	Swedish International Development Cooperation
SIDAE	District Services of Economic Activities
SMART	Specific, Measurable, Achievable, Realistic, and Timely
SMS	Short Message Service
SRH	Sexual and Reproductive Health
TEA	Agricultural Extension Officer (Technicos Extensionistas de Agricultura)
UN	United Nations
UNDAF	United Nations Development Framework
UNEG	United Nations Evaluation Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
US	United States of America
USAID	United States Agency for International Development
US\$	United States Dollar
WASH	Water, Sanitation, and Hygiene
WEAI	Women Empowerment in Agriculture Index
WFP	World Food Programme
WHO	World Health Organization

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