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# Summary of Evaluation Report

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

July 2024

With funding from

 Austrian  
Development  
Cooperation

Reference:

Full evaluation reports and the management response are available at <https://www.wfp.org/publications/mozambique-gender-transformative-and-nutrition-sensitive-gtns-programme-evaluation>

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A woman in a yellow shirt and red headwrap is shown in profile, working with a wooden pestle in a mortar. She is surrounded by other people in a rural setting. The background shows a lush green landscape with trees and a clear sky.

# Introduction

This summary of the final evaluation of the Gender Transformative and Nutrition Sensitive (GTNS) project funded by Austrian Development Agency (ADA) and implemented by the World Food Programme (WFP) in Mozambique was prepared by the Evaluation Unit in Southern Africa Regional Bureau in Johannesburg. The evaluation was commissioned by the WFP Mozambique Country Office and conducted by independent evaluators from Forcier Consulting Plc. The evaluation covers the period of October 2019 until July 2023, data collection taking place from May to July 2023.

The evaluation addressed the overarching question: ***“What is the contribution of the GTNS project to improved nutritional diversity, reduction of stunting, and empowerment of women and girls?”***. To answer the question, the evaluation utilized international evaluation criteria including effectiveness, efficiency, impact, and sustainability.

## SUBJECT OF THE EVALUATION

The project was carried out in Chemba district of Sofala province and specifically targeted 1,500 households including pregnant women, adolescent girls, and children under two years of age. Additionally, it targeted an additional 5,000 households through social and behaviour change (SBC) messaging. The overarching goal of the GTNS project was to improve nutrition, build resilience, and reduce stunting by empowering women and girls, establishing gender and nutrition-sensitive assets, delivering post-harvest loss (PHL) training, and implementing SBC interventions.

The evaluation covered three interrelated GTNS activities which are aligned with the WFP Mozambique Country Strategic Plan (CSP) for the period 2022-2026:

- 1. Food Assistance for Assets (FFA)** to ensure the food and nutrition security of households through the provision of monthly food transfers through commodity vouchers. It additionally, prioritizes the creation of gender- and nutrition-sensitive assets at community and household levels.
- 2. Post-Harvest Loss (PHL) management** includes the distribution and training on the use of hermetic bags and other methods to reduce post-harvest losses. It also includes training in food processing, preservation, and storage to help prevent PHLs.
- 3. Social and Behaviour Change (SBC):** addresses gender inequalities at individual, household, and community levels, focusing on early marriage, sexual and reproductive health, and health-seeking behaviours.



## STAKEHOLDERS AND USERS OF THE EVALUATION

The primary users of the evaluation include the WFP Mozambique CO, Regional Bureau for Southern Africa (RBJ), WFP Headquarters Nutrition and Gender Divisions, WFP Office of Evaluation and WFP partners involved in the implementation of the GTNS project and in generating information that can inform policy dialogues as well as decision-making on upscaling. The evaluation is crucial for stakeholders beyond WFP, including UN partners like UNICEF, FAO, and international organizations such as the World Bank, who may utilize the findings to shape their interventions on nutrition and gender programming in Mozambique and the Southern African region. Using evidence from this evaluation, district technical departments and non-governmental organizations (NGOs) collaborating on the project can improve their field activities based on the recommendations provided in the evaluation report. Moreover, ADA, as the project's donor, is provided with evidence to fulfil its accountability requirements and guide future support for similar interventions.

## EVALUATION OBJECTIVES AND SCOPE

The evaluation aimed to assess the project's performance and outcomes across the 49 villages where the project is implemented in the district of Chemba. It served accountability by reporting on achievements and shortcomings, as well as learning through identifying drivers of results and integrating lessons into knowledge-sharing systems to inform future programming and decision-making processes.

## APPROACH AND METHODS

Utilizing a sequential mixed-methods, quasi-experimental design, the evaluation integrated both quantitative and qualitative methods. This involved analysing secondary data, administering an endline household survey, and conducting qualitative interviews and focus group discussions to comprehensively address the evaluation questions. Additionally, the evaluation assessed the monitoring processes of the intervention and evaluated the robustness of data regarding gender, equity, and broader inclusion considerations. Importantly, the household survey incorporated the knowledge, attitudes, and practices (KAP) module, covering various aspects such as maternal nutrition, care of pregnant and breastfeeding women (PBW) and babies, infant and young child feeding (IYCF), dietary diversity, food preservation, sanitation and hygiene, and sexual and reproductive health (SRH).

Measuring indicators in intervention and comparison groups, the evaluation assessed change in GTNS project's targeted outcomes. However, it did not precisely isolate the project's impact by comparing changes over time between intervention and comparison populations before and after implementation. Challenges in comparing baseline and endline results resulted from changes in indicator measurement methods and the inability to trace back to baseline respondents, prompting the adoption of a cross-sectional study design instead of a longitudinal approach. Therefore, baseline (2020) and endline (2023) results presented in this summary report are not statistically comparable but provide valuable contextual insights.



# Key Findings

The key evaluation findings have been summarized below according to evaluation criteria and evaluation questions. (Refer to Figure 11 for a comprehensive summary of the GTNS project indicator performance at the endline).

## EFFECTIVENESS

**1. To what extent were the GTNS project’s output and immediate outcomes targets achieved for pregnant and breastfeeding women, children under the age of two, and adolescent girls and boys?**

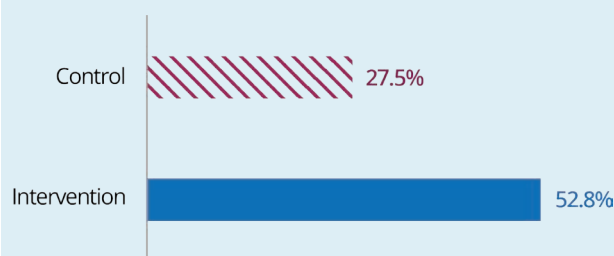
The GTNS project has positively influenced dietary quality and micronutrient adequacy in the intervention villages. Specifically, it has led to an improvement in the food consumption score (FCS) and enhanced households’ dietary diversity and nutrient intake compared to control villages. However, there was no significant difference in coping strategies between the two groups, except in emergency coping situations. This underscores the effectiveness of the interventions in enhancing nutrition and food security outcomes in the targeted villages.

### MINIMUM DIET DIVERSITY FOR WOMEN AND GIRLS OF REPRODUCTIVE AGE (MDD-W)

The endline results show that a significantly higher proportion of women in the intervention villages achieved minimum dietary diversity (MDD-W), which means that they consumed at least five out of the 10

food groups within the previous 24 hours of the study. The percentage of women achieving MDD-W in intervention villages was 52.8 percent compared to 27.5 percent of women in the control villages ( $p < .001$ ). The endline results are depicted in Figure 1 and Table 1 below.

**FIGURE 1: PERCENTAGE OF WOMEN ACHIEVING MDD-W DURING THE PREVIOUS 24 HOURS AT ENDLINE**



Source: [GTNS final evaluation report, p.32](#)

**TABLE 1: PERCENTAGE OF WOMEN ACHIEVING MDD-W BY AGE CATEGORY**

	Control	Intervention	Difference (% points)
<b>Women (All) achieving MDD-W</b>	27.5%	52.8%	25.3***
<b>18 - 49 years</b>	27.4%	54.1%	26.7***
<b>50 - 64 years</b>	35.7%	33.3%	2.4
<b>65+ years</b>	25.0%	50.0%	25

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

No significant difference when disaggregated by sex of head of household.

Source: [GTNS final evaluation report, p.32](#)

## MINIMUM ACCEPTABLE DIET (MAD) – CHILDREN 6 – 23 MONTHS

At baseline, the aggregated value of the minimum acceptable diet (MAD) (intervention and control) was 1.10 percent. This means that only 1.10 percent of children aged 6–23 months in both groups had a minimum acceptable diet at baseline.

Although the endline still shows very low results in the MAD for both groups, the percentage of children aged 6–23 months who achieved MAD in the intervention villages was 4.5 percent (Table 2), significantly higher than the 0.8 percent observed in the control villages. The **GTNS project contributed positively to the improvement of the dietary quality and adequacy of children aged 6–23 months in the intervention villages, but not enough for a meaningful change of their nutritional needs** (10 percent improvement over the baseline, as per the project indicator target).

## FOOD CONSUMPTION SCORE (FCS)

At endline, as indicated in Figure 2, the intervention villages had a significantly higher percentage of households achieving acceptable FCS (87.4 percent) compared to control villages (39.8 percent), with a difference of 47.6 percentage points ( $p < .001$ ). This signifies the project’s positive contribution to enhancing dietary diversity and adequacy, meeting its 5 percent improvement target.

**TABLE 2: MINIMUM ACCEPTABLE DIET FOR CHILDREN BY AGE CATEGORY AT ENDLINE**

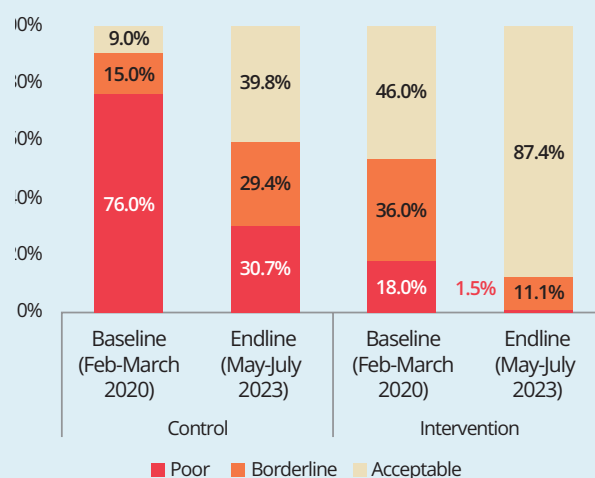
Age category	Control (n=354)	Intervention (n=294)	Difference (% points)
6-11 months	1.64%	2.33%	0.69
12-17 months	0%	6.12%	6.12**
18-23 months	0.99%	4.67%	3.68
6 – 23 months	0.85%	4.47%	3.62**

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Source: [GTNS final evaluation report, p.34](#)



**FIGURE 2: HOUSEHOLD FOOD CONSUMPTION SCORE AT BASELINE AND ENDLINE**



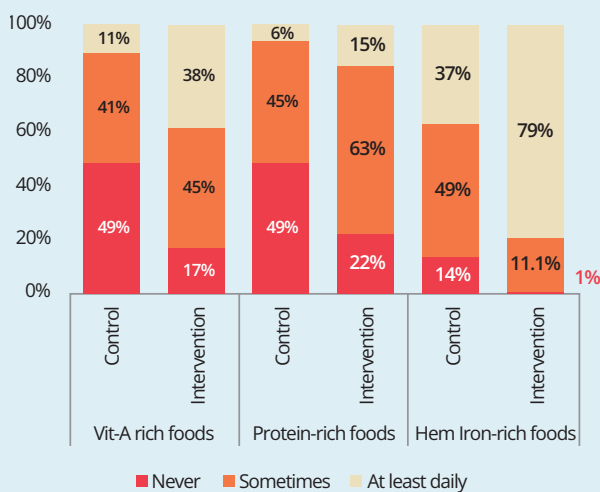
Source: [GTNS baseline report, p.22](#) and [GTNS final evaluation report, p.35](#)



## FOOD CONSUMPTION SCORE-NUTRITION

The GTNS project facilitated a significant increase in the consumption of diversified diets and nutrient intake: vitamin A (38% vs. 11%,  $p < .001$ ), hem iron (79% vs. 37%,  $p < .001$ ), and protein-rich foods (15% vs. 6%,  $p < .001$ ) consumed at least daily with consistently greater proportions found in the intervention group than in the control group, thereby demonstrating the project’s capacity to positively impact dietary diversity and nutrient intake. The endline results of FCS-N for intervention and control households are shown in Figure 3.

**FIGURE 3: FOOD CONSUMPTION SCORE-NUTRITION AT ENDLINE**

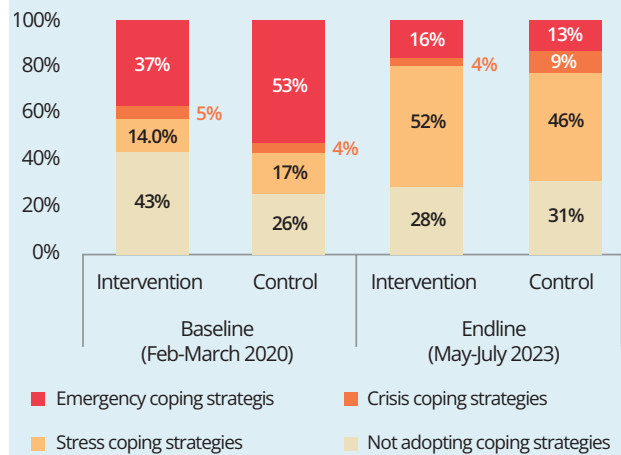


Source: [GTNS final evaluation report, p.38](#)

## LIVELIHOOD COPING STRATEGIES FOR FOOD SECURITY (LCS-FS)

The endline findings indicate a **positive impact of the GTNS project on reducing the adoption of crisis coping mechanisms in the intervention group compared to the control group** (Figure 4). The increase in food reserves and agricultural productivity, particularly in horticulture, among beneficiaries still using solar dryers, contributed to the observed improvement in LCS-FS. Additionally, data was collected during harvest season, explaining the higher food reserves and less engagement in coping strategies that could adversely affect future productivity. This improvement in productivity is a direct contribution of the GTNS project as reported by its beneficiaries.

**FIGURE 4: PROPORTION OF HOUSEHOLDS APPLYING LIVELIHOODS-BASED COPING STRATEGIES AT BASELINE AND ENDLINE**



Source: [GTNS baseline report, p.28](#) and [GTNS final evaluation report, p.40](#)

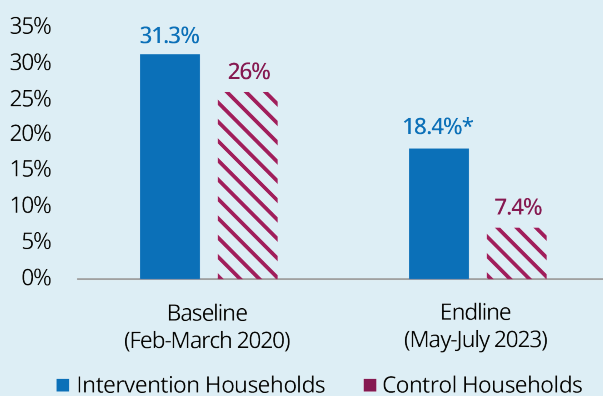


## POST-HARVEST LOSSES

Stakeholders, including women beneficiaries, have positively embraced the introduction of hermetic bags and solar dryers, along with associated post-harvest loss (PHL) training, recognizing their potential to enhance food preservation techniques, improve household food security and boost women’s economic empowerment. However, **concerns persist regarding the adaptability of the solar dryer technology to adverse weather conditions and the sustainability of hermetic bag supply.**

At both baseline and endline, intervention households experienced a higher rate of PHL rates compared to control households (Figure 5). **Despite the integration of technologies such as hermetic bags and solar dryers, endline data indicates that these initiatives have not significantly reduced PHL.**

**FIGURE 5: POST HARVEST LOSS RATE AT BASELINE AND ENDLINE**

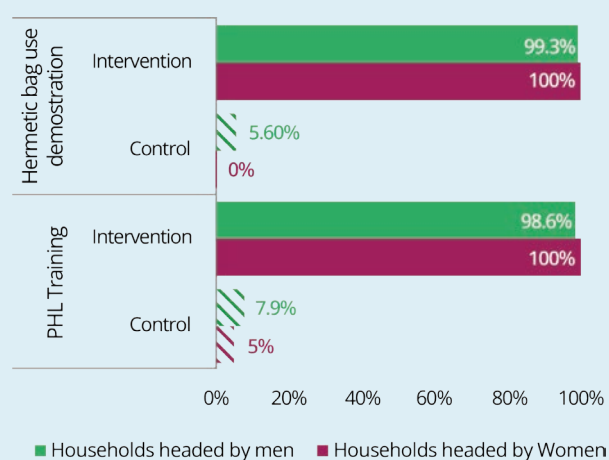


\*p<.05

Source: [GTNS baseline report, p.33](#) and [GTNS final evaluation report, p.46](#)

**Gendered success but less effective PHL:** The proportion of household members participating in PHL training and hermetic bag use demonstration in intervention villages is similar for households headed by men or women (Figure 6). This indicates that the **GTNS project was successful in targeting households headed by women.**

**FIGURE 6: PROPORTION OF HOUSEHOLDS INVOLVED IN PHL TRAINING AND DEMONSTRATIONS ON THE USE OF HERMETIC BAGS AT ENDLINE**



Source: [GTNS final evaluation report, p.43](#)

Despite high participation rates in PHL training and hermetic bag demonstrations among intervention households (98.6 percent and 99.3 percent respectively) compared to control households (7.9 percent and 5.6 percent, respectively), **these PHL interventions have not significantly reduced PHL as anticipated, indicating a disparity between perceived benefits and actual outcomes.**

## SOCIAL AND BEHAVIOUR CHANGE (SBC)

### There was a notable improvement in accessing health services and sexual and reproductive health services among the intervention group.

Specifically, a higher percentage of women/caregivers in households led by women, as well as those in households headed by men, sought adequate antenatal care, with all women in households headed by women receiving four or more antenatal care visits.

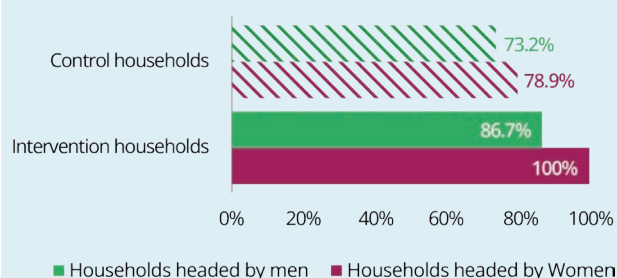
Community talks emerged as the primary source of information on SRH, with 78.9 percent of respondents in the intervention areas relying on them, compared to only 27.6 percent in control areas. **Women in the intervention areas exhibited a higher acceptance of violence in various scenarios compared to those in the control group, indicating a significant presence of gender inequality in both intervention and control villages.**

### 2. To what extent were the GTNS project's knowledge, attitudes, and practices (KAP) outcome indicator targets achieved?

**A statistically significant difference ( $p < .001$ ) was observed in the percentage of women/caregivers who had four or more antenatal**

**care (ANC) visits between the control and intervention groups** (Figure 7). Specifically, households with women/caregivers in the intervention group had all individuals seeking more than four ANC services. In contrast, in the control group, only 78.9 percent of households had women/caregivers having four or more ANC visits. Even in households headed by men, the percentage of women with four or more ANC visits was significantly higher in the intervention group compared to the control group.

**FIGURE 7: PROPORTION OF HOUSEHOLDS WITH MOTHERS/CAREGIVERS WHO ATTENDED FOUR OR MORE ANTENATAL CARE VISITS AT ENDLINE**



Source: [GTNS final evaluation report](#), p.49-50



While the project's monitoring and evaluation (M&E) system focused primarily on tracking behaviour change, it placed less emphasis on monitoring and evaluating shifts in knowledge and attitudes regarding FFA and PHL. However, qualitative data suggest that these overlooked areas were where the project had the most significant change.

### 3. What were the major factors [internal and external] influencing the achievement or non-achievement of the objectives of the intervention?

**Strong financial support and political commitment, coupled with active engagement and ownership from local community leaders and government structures at various levels, improved coordination and communication** among project partners and activists are some of the key external factors that played a significant role in achieving programme objectives. The COVID-19 pandemic necessitated adjustments to the implementation plan, **while climatic factors and unanticipated natural disasters such as cyclone Freddy disrupted scheduling** and hindered access to intervention villages during certain periods.

The project's success was influenced by internal factors such as (i) **an integrated and multifaceted approach that combined nutrition and agriculture interventions alongside gender inclusiveness, to address chronic malnutrition**; (ii) robust monitoring for quality control; (iii) capacity-building initiatives; and (iv) diverse SBC messaging modalities, including visual aids, radio broadcasts, and engagement with activists. Conversely, internal challenges like coordination issues, the absence of a risk management plan, unclear project impact pathways, and a lack of gender inclusivity during the design phase hampered the desired outcomes.

## EFFICIENCY

### 4. Was the duration of activity implementation conducive to generating the GTNS project expected impacts on key target groups?

Overall, the project had positive impacts and introduced new beneficial activities, but there is need for better coordination and longer timeframes to foster significant changes in intra-household decision-making dynamics and preventing early marriages and polygamy.

While stakeholders and beneficiaries gave the project high ratings for its positive impact, concerns were raised about the insufficient timeframe for implementing activities to achieve the expected outcomes and impacts of the GTNS project.

Conversely, regarding the adoption of healthy eating habits, the critical factor was not perceived to be time but rather, the challenge for intervention households to transition out of the basic food basket. This poses a medium to long-term challenge, especially considering the influence of climate change on food production and the necessity to cultivate suitable alternative nutritious food.

### 5. Given the context and emerging conditions, to what extent were there opportunities to intervene and implement the GTNS project's core activities in alternative ways that would have likely led to similar results but at less cost?

Opportunities exist to improve project implementation efficiency and effectiveness, particularly in resource allocation, collaboration, and sustainability strategies.

Some stakeholders noted **missed opportunities for cost-effective interventions in the GTNS project activities**, suggesting potential

collaboration with national and local partners at lower costs compared to international organizations and their subcontractors. While **some stakeholders commended the efficient use of financial and technological resources to achieve the GTNS project’s goals, many advocated for even greater efficiency**, given the substantial budget allocation of € 3.8 million for around 1,500 households.

Concerns were raised about a significant portion of funds going to international organizations, heavy investment in basic foods, and direct beneficiaries limited to one geographical area: the district of Chemba. The project’s operational costs were seen as high, reflecting an ambitious integration of multiple aspects.

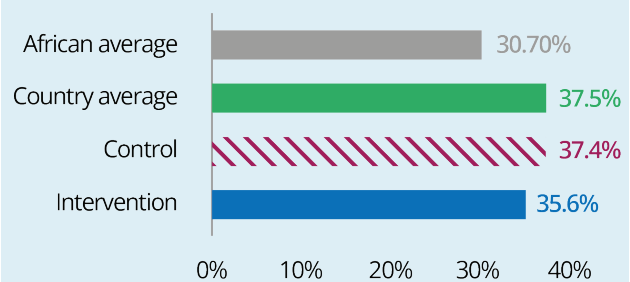
## IMPACT

**6. To what extent did the GTNS project 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?**

The GTNS project has made significant efforts and achieved some progress in improving child nutrition outcomes but has encountered persistent challenges in reducing stunting and wasting levels among children under five years old due to entrenched societal, economic, and environmental factors. The **GTNS project interventions, though not yielding immediate drastic changes, established a foundation for sustained progress, emphasizing the importance of comprehensive and multi-pronged approaches to tackle societal, economic, and environmental complexities associated with stunting and wasting.**

At endline, **there was no statistically significant difference (p=0.629) in stunting levels between the intervention and control groups** (Figure 8). While the stunting levels in both the intervention and control areas are somewhat below the national average of 37.5 percent, they still exceed the average for the African region, which is 30.7 percent.

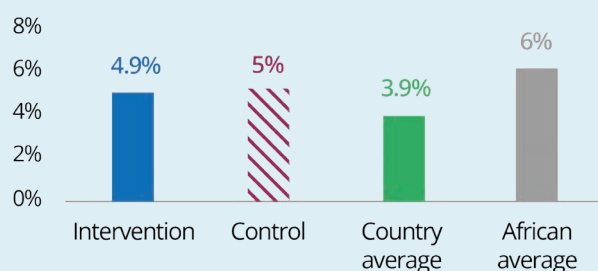
**FIGURE 8: STUNTING RATE FOR CHILDREN UNDER FIVE YEARS OLD AT ENDLINE**



Source: *GTNS final evaluation report*, p.60

**Endline data shows minimal differences in wasting levels between the intervention and control groups** (Figure 9), emphasizing the shared influence of external factors. Average wasting among the sampled villages in Chemba is 6 percent for boys and 5 percent for girls in intervention villages and 9 percent for boys and 8 percent for girls in control villages.

**FIGURE 9: WASTING LEVELS FOR CHILDREN UNDER FIVE AT ENDLINE**



Source: *GTNS final evaluation report*, p.61

In terms of women’s economic empowerment, **the GTNS project significantly improved their empowerment in agriculture across all measured indicators** (Figure 10) **but had less of an impact on women’s access to financial services**. The project did not significantly alter women’s roles in terms of time allocation and physical mobility, indicating that women’s daily activities and movements did not experience significant shifts.

**7. Did the GTNS project generate any unplanned or unintended social, environmental, or economic impacts, whether positive or negative, and, if so, how significant were these?**

The following are some of the unintended and unplanned results of the project.

**Unintended positive results:**

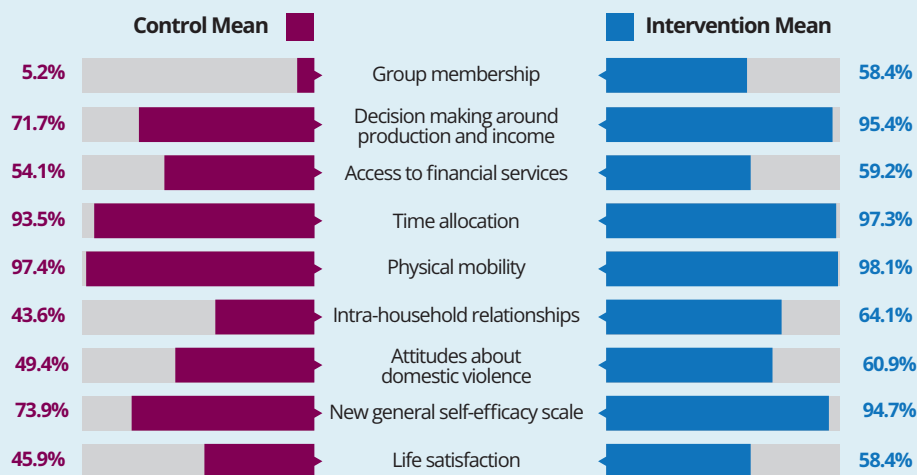
- ▶ **Multiplier effects of the GTNS project’s investment:** Despite targeting 1,500 beneficiaries, the € 3.8 million investment in the GNTS project led to multiplier effects, influencing neighbouring populations and border towns in adopting practices like hermetic bag use, improved eating habits, and awareness of hygiene, sanitation, and SRH services.

- ▶ **Holistic approaches, community strengthening and gender equity:** The combined use of diverse approaches involving government authorities, community activists, and radio interventions not only raised awareness and changed mentalities but also fostered teamwork and appreciation for community assets, with active participation from both men and women, promoting gender equity.

**Unintended negative results:**

- ▶ While the project raised awareness of gender roles and responsibilities, it inadvertently placed a burden on women beneficiaries, as they were more engaged in implementing community assets than men and other social groups.
- ▶ While the project raised awareness on gender issues, it did not significantly change gender relations, particularly in terms of control over community resources and opportunities for women, regardless of their maternal status.
- ▶ The project used numerous indicators, which, while relevant, may have prevented an in-depth assessment of all project components.

**FIGURE 10: WOMEN EMPOWERMENT IN AGRICULTURE INDEX INDICATORS AT ENDLINE**



Source: *GTNS final evaluation report*, p.63

# SUSTAINABILITY AND SCALABILITY

8. What are the key issues that are likely to affect the sustainability of the GTNS project's key outcomes and impacts and was sufficient action taken to address these? What gaps should be addressed, if any?

The project laid **solid sustainability groundwork through extensive capacity building in the community, fostering a strong awareness of the importance of gender transformative approaches to addressing malnutrition.**

Challenges remain in **resistance to change among specific demographic groups (like adolescents)** and more time required to effect irreversible change in social and gender norms. Yet, there are some important aspects to highlight regarding the project's sustainability:

- ▶ The **lack of flexible methods to integrate adolescents and young people** into gender clubs potentially resulted in their low participation. Influenced by their culture, adolescents and young people who still follow harmful habits, are less likely to accept changing gender roles and think that violence is acceptable in certain situations; thus, making it paramount to ensure their engagement in the project.
- ▶ Community activists **training did not lead to message acceptance in the intervention group due to low literacy levels among activists** and entrenched cultural practices, posing obstacles to sustainability.
- ▶ For project sustainability, it was **essential to train health personnel in gender and nutrition aspects to achieve indicators** related to health service utilization, family planning, and child spacing. However, frequent health staff turnover and continuous training may have contributed to minimal service access.



- ▶ Throughout the project, participants consistently identified the **lack of access to water for irrigation as a persistent gap**. The absence of budget allocation hindered efforts to address this need during the project implementation despite its recognition as essential for disaster risks reduction.
- ▶ The evaluation underscored that future phases of the project do not need to introduce a different approach but rather to glean insights from the lessons of the first phase of the project and enhance integration and consolidation of its components. For enhanced sustainability, some **stakeholders advocate for improved integration and complementarity among actions**, implementing key activities concurrently, incorporating gender transformative elements, and streamlining indicators for more effective monitoring and response to unforeseen challenges.

9. Considering other possible intervention models, would it be cost-effective to scale out the GTNS project's integrated intervention model in other neighbouring communities and other contexts or would it be better to focus only on specific components?

While stakeholders unanimously support the scalability of the GTNS project, **operational costs, technical skills, and the potential to reach a broader group must be addressed.** Reviewing partner interventions to prevent overwhelming the target group with activities and ensuring access to resources and maintaining infrastructure are other critical aspects for sustained scalability.

Stakeholders agree on **the need to streamline indicators for scaling up the project,** recognizing that the extensive and detailed indicators hinder effective monitoring and evaluation within the project's timeframe.



# Conclusions

- 1. The GTNS project intervention households showed significant improvements in their consumption of nutritious foods compared to the control households.** The GTNS project successfully improved dietary quality and micronutrient adequacy in the intervention villages.
- 2. Hermetic bags, solar dryers, and PHL training were well-received, but concerns remain about their adaptability and sustainability. These technologies did not significantly reduce PHL,** and collaboration efforts were undermined by varying partner capacities.
- 3. The project made some progress in improving child nutrition outcomes but struggled with reducing stunting and wasting levels among children under five years old.** This was due to societal, economic, and environmental factors.
- 4. The project made structural changes by training on nutrition and hygiene, distributing solar dryers and hermetic bags, and building community capacity to preserve and utilize agricultural products. This addressed food insecurity and empowered communities to become self-reliant.** Government officials and local leaders were involved, demonstrating commitment and ownership.
- 5. The intervention group perceived an improvement in SRH services, but data shows only moderate improvement. Other health initiatives may cause minor differences between groups. There is a need for a comprehensive health and SRH approach.**
- 6. Gender inequality remains, with high acceptance of violence among women in both groups.** The intervention group had a higher acceptance rate, indicating a slow transformative change in gender dynamics. The integration of gender transformative approaches was affected by funding and coordination challenges. Youth engagement was low, affecting the nutrition awareness of the 18–49 age group. Nevertheless, the project addressed gender roles, power dynamics, and cultural norms hindering women’s empowerment and nutrition.





7. **The GTNS project made strides by challenging negative gender roles through community dialogues and awareness initiatives.** However, challenges persisted in arid districts like Chemba where **limited marketable surplus and dependence on men's income hindered women's economic agency.** The GTNS interventions boosted women's economic empowerment in agriculture but had a limited impact on their access to financial services and in their daily activities.
8. **Changing deeply ingrained cultural practices (such as initiation rites and polygamy) was slow, emphasizing the need for sustained efforts.** While the project did not aim to directly reduce polygamy, it sought to create awareness and foster behavioural change regarding its potential harm to women's decision-making power.
9. **The integrated intervention model effectively engaged the target villages in asset training and construction with high exposure rates.** The control group had less exposure to all activities. The timing of interventions like food distributions and community dialogues affected engagement levels, indicating that careful timing and sequencing are crucial for project impact.
10. **Robust funding, political will, and active local community and government participation led to positive results.** Challenges included COVID-19, climate extremes, internal coordination, and the need for streamlined communication among partners. Integration and synchronization of activities required a transitional period. Partner coordination and varying work speed affected output quality.
11. **Project efficiency needs improvement in coordination and longer timeframes** to significantly change decision-making dynamics and prevent early unions. Opportunities exist for enhancing resource allocation, collaboration, M&E, and sustainability strategies within the GTNS project.
12. **The GTNS project built sustainability by training the community and promoting gender-transformative methods to fight malnutrition.** However, challenges persist, such as resistance from certain groups like adolescents, and lasting change will need more time and effort.
13. **The GTNS M&E system lacked a project-specific indicator reference sheet resulting in inaccuracies during data collection and analysis.** In addition, some indicators lacked SMART attributes and lacked specific assessment methodologies. The system also did not account for shifts in knowledge and attitudes among beneficiaries, which are crucial for assessing the project's impact in the context of disasters.



# Lessons learned

Some key lessons learned:

- ▶ Integrating key indicators related to FFA, PHL, and SBC within a single project enables a more comprehensive approach to addressing the risks and threats associated with malnutrition interventions.
- ▶ Regular meetings with diverse partners and stakeholders facilitated the exchange of experiences, sharing of risks and uncertainties, and improved planning and coordination of the GTNS project activities.
- ▶ Establishing a multisectoral working group at the local level from the project's onset enhances results achievement through coordinated activities.
- ▶ Decentralizing leadership and fund management among intervention partners fosters greater project ownership among stakeholders.
- ▶ The integration of a nutrition-sensitive strategy, alongside transformative gender interventions targeting unequal power dynamics including issues such as polygamy, gender-based violence (GBV), and SRH, has been pivotal and effective. This integration is demonstrated through the active participation of women in tasks like vegetable cultivation and men in meal preparation, reinforcing messages promoting healthy dietary habits and food preservation practices.



# Recommendations

**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.

**Sub-recommendation 1.1:** Support the production of nutritious food to enhance food availability and boost marketable surplus, especially for women.

**Sub-recommendation 1.2:** Ensure ongoing sensitization campaigns covering dietary habits, sexual and reproductive health, GBV, and early unions, utilizing methods like home visits and open fairs.

**Sub-recommendation 1.3:** Employ tailored interventions to empower adolescents, recognizing their unique needs and engagement methods.



**Recommendation 2: Prioritize climate change as a cross cutting issue of GTNS** and ensure that it is well integrated within the WFP CO climate smart activities.

**Sub-recommendation 2.1:** Reorient the project's climate change efforts towards preventing and preparing for climate extremes like floods, cyclones, and droughts, and ensuring the integration of key adaptation strategies across all project components.

**Sub-recommendation 2.2:** At the start of phase 2 of the project, conduct capacity building for beneficiaries on climate change issues, preparedness response, and disaster recovery.

**Sub-recommendation 2.3:** Implement comprehensive interventions throughout the production cycle to address climate change challenges, particularly involving farmer associations.

**Recommendation 3: Clearly articulate the gender and social norms change process before upscaling the GTNS project.**

**Sub-recommendation 3.1:** Train all project staff in gender transformative approaches, enabling them to understand the evidence base behind methodologies like the gender transformative learning system, particularly in agriculture and nutrition programs.

**Sub-recommendation 3.2:** Conduct a rapid analysis across project sites to identify prevailing social norms and barriers hindering the inclusion of vulnerable populations. Additionally, identify safe spaces within these sites where individuals from vulnerable groups feel secure to share perspectives and engaging in discussions.

**Sub-recommendation 3.3:** Integrate gender and social norms tools consistently throughout the project's second phase to monitor changes or barriers to change. Utilize methodologies such as surveys, interviews, and focus group discussions tailored to assess and track shifts in gender and social norms.

**Recommendation 4: Enhance gender-transformative indicators, bolster monitoring, and strengthen partner capacities in M&E.**

**Sub-recommendation 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.

**Sub-recommendation 4.2: Expand the scope of M&E.** In addition to assessing behaviour change and for impact, the M&E system should also scrutinize shifts in knowledge and attitudes related to food assistance for assets and PHL.

**Sub-recommendation 4.3:** Track knowledge changes to gain insights into the stages of behavioural change among various project beneficiaries to guide decisions on strategically focusing efforts to enhance both assets and knowledge.

**Sub-recommendation 4.4:** Actively build the M&E capacities of external partners. Ensure that partners are equipped with the skills and resources to effectively contribute to the M&E processes.

**Sub-recommendation 4.5:** Expand the monitoring scope to include knowledge and attitudes shifts regarding FFA and PHL to recognize the project's significant impact in these areas.



**Recommendation 5: Take a comprehensive and multisectoral approach to address malnutrition, with a strong emphasis on gender equality, community involvement and decentralized leadership.**

**Sub-recommendation 5.1: Establish a multi-sectoral working group from project inception,** including representatives from health, agriculture, gender, and nutrition sectors, to ensure a coordinated approach. Regular meetings will facilitate strategy alignment, knowledge exchange and progress monitoring, enhancing synergy for more effective interventions.

**Sub-recommendation 5.2:** Empower local leaders and organizations by decentralizing decision-making and fund management, to ensure cultural relevance, ownership and accountability among project participants.

**Sub-recommendation 5.3:** Enhance coordination and communication among partners through regular meetings, providing a platform for sharing experiences, discussing risks and uncertainties and collaborative activity planning.

**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.**

**Sub-recommendation 6.1:** Regularly review and update indicators to align with evolving project objectives and to maintain quality and relevance.

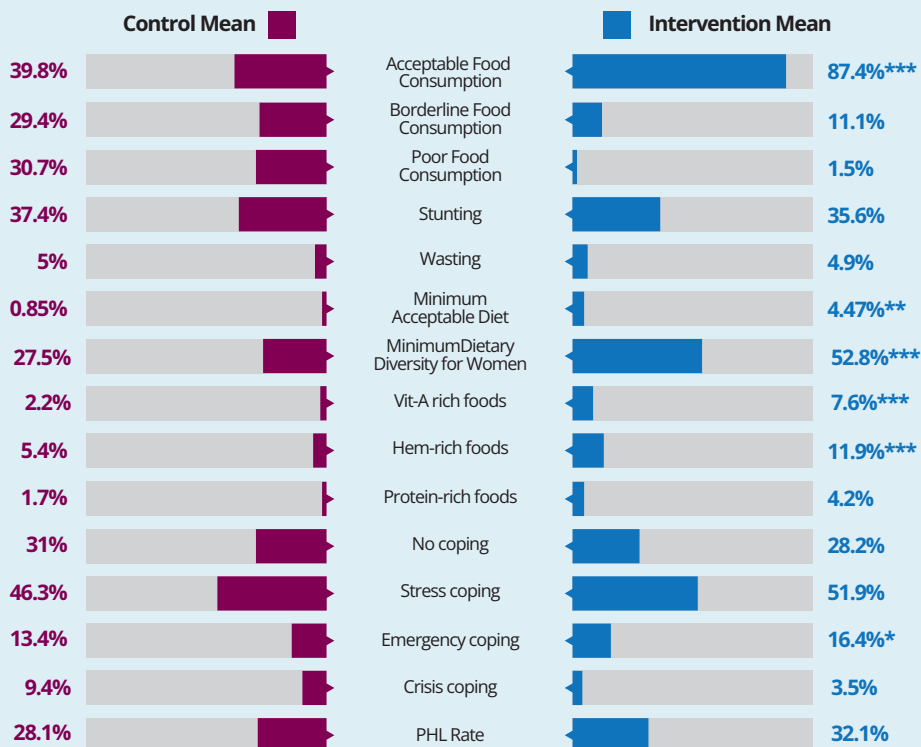
**Sub-recommendation 6.2:** Include knowledge and attitude indicators to measure changes in beneficiaries' understanding and perceptions, particularly in disaster-prone areas.

**Sub-recommendation 6.3:** Specify measurement methods for complex indicators from the outset to ensure consistency and accuracy in assessment and reporting.



## INDICATOR PERFORMANCE AT ENDLINE

**FIGURE 11: GTNS PROJECT INDICATOR PERFORMANCE AT ENDLINE**



Significant differences between intervention and control groups: \* $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\* $P < 0.001$

Source: [Mozambique GTNS final evaluation report, Volume 2 \(Annex 13, p.91\)](#)

# List of Acronyms

<b>ADA</b>	Austrian Development Agency
<b>CO</b>	Country Office
<b>COVID-19</b>	Corona Virus Disease
<b>FAO</b>	Food and Agriculture Organization
<b>FCS</b>	Food Consumption Score
<b>FCS-N</b>	Food Consumption Score - Nutrition
<b>FFA</b>	Food Assistance for Assets
<b>GBV</b>	Gender Based Violence
<b>GTNS</b>	Gender Transformation and Nutrition Sensitive Project
<b>KAP</b>	Knowledge, Attitudes and Practices
<b>LCS-FC</b>	Livelihood Coping Strategies for Food Security
<b>MAD</b>	Minimum Acceptable Diet for Children
<b>MDD-W</b>	Minimum Diet Diversity for Women and girls of reproductive age
<b>M&amp;E</b>	Monitoring & Evaluation
<b>NGO</b>	Non-Governmental Organization
<b>OEV</b>	Office of Evaluation
<b>PHL</b>	Post Harvest Losses
<b>SBC</b>	Social and Behaviour Change
<b>SMART</b>	Specific, Measurable, Achievable, Realistic and Time sensitive
<b>UN</b>	United Nations
<b>SRH</b>	Sexual and Reproductive Health
<b>WFP</b>	World Food Programme

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