

# **Albania**

## **Mid-Term Evaluation**

**Thematic window: Children, Food security  
& Nutrition**

**Programme Title: Reducing malnutrition in children**

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## Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

<b>Total Budget</b>	<b>\$4,000,000</b>
UNICEF	\$2,214,170
WHO	1,003,660
FAO	782,170
<b>Start date</b>	<b>January 2010</b>
<b>Duration</b>	<b>36 months</b>



## MID-TERM EVALUATION: FINAL REPORT

3 January 2012

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The evaluator wishes to acknowledge and thank Ms. Sonela Xinxo MD, MPH; for logistical and administrative support as well as translation during the in-country mission. However, the findings, conclusions, recommendations and any errors in this report are the evaluator's alone.

The Millennium Development Achievement Fund (MDG-F) thematic window on Children, Food Security and Nutrition (CFSN) supports the development of low-cost nutrition interventions that save lives and promote healthy development by engaging with pregnant and lactating mothers and ensuring that they are healthy and aware of key nutrition issues. With a contribution of US \$4 million, the Joint Programme (JP) “Reducing Malnutrition in Children in Albania” aims to implement successful multi sectoral interventions in high –risk rural and peri-urban communities. Interventions are implemented in five districts of Northern Albania - in Kukes and Shkodra Prefectures - and in two peri-urban Municipalities of Tirana. These rural and peri-urban areas are highly affected by stunting, have large numbers of Roma population, and have high incidence of poverty and/or high unemployment.

The JP is implemented by the Ministry of Health (MOH), Ministry of Agriculture, Food and Consumer Protection (MOAFCP), Institute for Statistics (INSTAT), specialized institutions, regional authorities, and civil society organizations. The JP is supported by three participating UN agencies – Food and Agriculture Organization (FAO), United Nations Children’s Fund (UNICEF) as the lead agency and World Health Organization (WHO). The JP aims to contribute to three outcomes:

- (1) National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes.
- (2) Cross Sectoral interventions addressing malnutrition are developed, tested and implemented in target areas.
- (3) National Capacities strengthened to deliver nutrition services to the public.

The objective of this MTE was to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. This report represents the findings of the evaluation conducted by an independent evaluator during the period October to December 2011. The report has seven chapters; (1) introduction and background to the report; (2) description of the evaluation objectives, scope and methodology; (3) background to the problem and structure of the JP; (4) evaluation findings (5) conclusions; (6) lessons learned; and (7) recommendations.

The unit of analysis or object of study for this MTE was the JP “Reducing Malnutrition in Children in Albania (MDGF 2035)”, understood to be the set of components, outcomes, outputs, activities and inputs that are detailed in the JP document and in associated modifications made during implementation. The evaluation to included assessment of the programme relevance, effectiveness, and efficiency; and the findings , conclusions and recommendations were derived from analysis of information obtained through review of official programme and government reports and publications, meetings and interviews with a total of 42 stakeholders from central and regional government, UN senior management and programme staff, and health and agriculture workers in the target regions, field visits to Kukes

and Shkodra regions, and a debrief session with members of the Programme Management Committee (PMC) and Evaluation reference Group (ERG) at the conclusion of the in-country mission.

The evaluation finds that the JP is very relevant in the context of the development objectives of Albania and is adequately aligned with the government's priorities and strategies as well as the overall goals of the UN as articulated in the UNDAF. The programme logic approaches the problem from two levels – policy and community levels. This is a sound model because the problem of malnutrition requires joint action by duty-bearers, with appropriate capacities and working in an enabling policy environment, as well as adequate awareness and practices by the rights-holders through their decisions at the individual household and community level. The valuation noted however, cross-sector collaboration is only defined at high political level but not sufficiently designed at operational level. In the evaluator's opinion, long term, sustained and scaled-up action to reduce malnutrition is more likely to succeed with an institutionalized nutrition coordination mechanism in place.

The evaluation found that programme implementation is undertaken jointly by all relevant stakeholders. The PMC, through the National JP Coordinator (MOH), establishes Technical Working Groups (TWGs) who are charged with planning, implementing, monitoring and reporting of specific JP interventions. The TWGs are composed and chaired by focal points from the relevant government Ministries and institutions and civil society organizations. The focal points from all three participating UN agencies have default membership in all TWGs, and the TWGs have a right to co-opt representatives from any other national institutions. However, this system of coordination only exists at the central government level and is not implemented at regional level, where the evaluation observed weak collaboration and coordination across sectors.

The rate of implementation has also been somewhat slow. With only 12 months left in the programme life cycle, community level interventions are yet to be started, and in fact, are planned for 2012, which also happens to be the final year of the programme cycle. The problem with this is that some of the interventions, particularly agriculture-based food security activities only have a limited window for implementation; and may therefore not generate useful lessons to effectively inform policy formulation. In addition the programme had so far only delivered less than 30% of its budget, and was therefore unlikely to deliver the full budget within the programme timeframe.

The evaluation also noted that as currently formulated, the Results and M&E (RME) frameworks made objective assessment and reporting of results very difficult. The results matrix does not clearly establish the causal chain between various levels of results. In addition, most of the indicators are quantitative, even when qualitative indicators would have been more appropriate, which leads to activity focused reporting. In spite of this, the programme had achieved some significant outputs, which contribute to the overall programme objective. In

particular, 11 reports were completed, some of which are already finding expression in policy reviews.

Overall, the evaluation observed a high level of national participation, ownership and commitment to the JP processes. In fact, the evaluation found this JP as a good example of the application of the MDG-F recommended management model which provides that; “...*the management of the programme should reside within national entities*”. The JP also has a very clear framework of the roles and responsibilities of participating UN agencies, which clearly defines the lead agency for each output and its associated activities, as well as the role of supporting agencies in those activities. In addition, the TWG system led by the government appointed focal points ensures that there is adequate sharing of information by UN agencies.

The evaluation noted however that the JP does not have a specific exit strategy. Many of the JP outputs are self-sustaining; for example, the curriculum development for pre-health service practice and for basic education should be capable of long-term continuity after its roll-out; while also, since about 90% of flour consumed in Albania is industrial, once the private sector develops the appropriate recipe for flour fortification and launches the product, it is inconceivable that the results could be reversed over time. However, there are several JP processes and outputs such as counseling for behaviour change and mainstreaming nutrition in sector programmes which require continual policy and budget support. An exit strategy is required to define what the JP will put in place to ensure their continuity and sustainability.

Based on analysis of the foregoing findings, the evaluation identified five key lessons that are emerging from the JP experience over the first two years of implementation.

**Lesson No. 1:** At the operational level, cross-sector collaboration works better with institutional mechanism for coordination.

**Lesson # 2:** Engaging national counterparts at all level of programme cycle enhances national ownership and sustainability.

**Lesson # 3:** Constant follow-up and monitoring of programme outputs is critical aspect of business process change.

**Lesson # 4:** Without clear causal linkages in the results chain, results-based reporting becomes difficult.

**Lesson # 5:** A specific exit strategy minimizes the risk of programme processes not being replicated and results sustainability.

Overall the MTE found that the JP has potential to make significant impact on children food security and nutrition in Albania. The JP was also developed at a time when the UN system in Albania was moving towards ‘Delivering as One’ as a pilot country for One UN; and the JP therefore provided a practical mechanism and tool for implementation that process. However,

the evaluation made the following seven recommendations to strengthen programme performance and enhance its potential to contribute to the overall programme objective.

- 1 The JP should consider establishing and developing capacity of a Nutrition Unit (or Section) in the MOH to provide secretariat function to the high-level cross-sector coordination mechanism for Nutrition.
- 2 The JP should establish cross-sector coordination mechanisms at regional level.
- 3 The JP should monitor and follow-up implementation of its outputs at regional level, such as use of Growth Charts by trained health care workers.
- 4 The JP should establish specific coordination with the Mother and Child Care programme to harmonize training of health professionals.
- 5 The JP should request a no-cost extension for an additional period of one year.
- 6 The JP should review its Results and M&E framework.
- 7 The JP should develop a programme exit strategy.

## B.

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## C.

## ACRONYMS

AAA	Accra Agenda for Action
AFSS	Agriculture and Food Sector Strategy
AWP(s)	Annual Work Plan(s)
CFSN	Children Food Security and Nutrition
DHS	Demographic Health Survey
EBF	Exclusive Breastfeeding
EOHSP	European Observatory on Health Systems and Policies
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organization
FNAP	Food and Nutrition Action Plan
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
IMR	Infant Mortality Ratio
INRAN	Italian National Research Institute for Food and Nutrition
INSTAT	Institute for Statistics
IPH	Institute for Promotion of Health
IUHPE	International Union of Health Promotion and Education
IYCF	Infant and Young Child Feeding
IZHA	Institute for Development of Education
JP	Joint Programme
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MDG(s)	Millennium Development Goal(s)
MDG-F	Millennium Development Achievement Fund
MOAFCP	Ministry of Agriculture, Food and Consumer Protection
MOES	Ministry of Education and Science
MOF	Ministry of Finance
MOH	Ministry of Health
MOLSA	Ministry of Labour and Social Affairs
MOU	Memorandum of Understanding
MTE	Mid-Term Evaluation
NCCHE	National Center for Continuing Health Education
NCD	Non-Communicable Disease(s)
NGO(s)	Non-Governmental Organization(s)
NSC	National Steering Committee
NSDI	National Strategy for Development and Integration
OECD	Organization for Economic Cooperation and Development
PHC	Public Health Care
PMC	Programme Management Committee
RBM	Results Based Management

RCO	Resident Coordinator's Office
RHS	Reproductive Health Survey
RME	Results, Monitoring and Evaluation (framework)
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition
TOR	Terms of Reference
TWG	Technical Working Group
U5MR	Under-Five Mortality Ratio
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
WHO	World Health Organization
YEM	Youth, Employment and Migration

### **1.1. Background**

1. In December 2006, the United Nations Development Programme (UNDP) and the Government of Spain signed a partnership agreement for the amount of €528 million with the aim of contributing to progress on the Millennium Development Goals (MDGs) and other development goals through the United Nations System. The Millennium Development Goals Achievement Fund (MDG-F) supports countries in their progress towards the MDGs and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

2. The MDG-F operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. This approach is intended to stimulate an effective and comprehensive methodology that builds on the value-added of each UN agency in areas of its mandate and comparative advantage. All UN agencies are responsible for ensuring that programmes are developed in consultation with the country Government and civil societies in order to promote national ownership and the adoption of positive policy frameworks that are based on broad participation and evidence generated from national experiences. Through this joint programme (JP) mode of intervention the Fund has approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs. The thematic window on Children, Food Security and Nutrition (CFSN) supports the development of low-cost nutrition interventions that save lives and promote healthy development by engaging with pregnant and lactating mothers and ensuring that they are healthy and aware of key nutrition issues. The interventions also include advocacy for mainstreaming children's right to food into national policies and plans.

3. With a contribution of US \$4 million, the JP "Reducing Malnutrition in Children in Albania" aims to implement successful multi sectoral interventions in high –risk rural and peri-urban communities, in combination with strengthening of national policy development, building of partnerships, systematic capacity building mainly of health sectors staff and frontline health workers as well as food and agriculture experts in issues related to household food security issues. Rigorous monitoring of processes, outcomes and results will inform policy development and action. The JP intends to provide resource-poor communities with a comprehensive package of interventions including, cash transfers, nutrition education, and improved quality of health services, and establishing a surveillance system that will flag problems related to nutrition and food security. Frontline workers including nurses, midwives, teachers, agriculture extension workers, health sector volunteers, and other partners help to mobilize the communities.

4. The interventions are implemented in five districts of Northern Albania - in Kukes and Shkodra Prefectures - and in two peri-urban Municipalities of Tirana. These rural and peri-urban areas are highly affected by stunting, have large numbers of Roma population, and have high incidence of poverty and/or high unemployment. The target regions are in Northern Albania, and are already receiving support from the One UN programme on Gender Equality; are targeted by the MDG Fund thematic window on Youth Employment and Migration (YEM); and also targeted by the World Health Organization (WHO) programme on Maternal and Child Health. In addition, capacity building for improved use of gender disaggregated data and planned research to assess gender roles and household food and nutrition links with results of previous work supported by the United Nations Entity on Gender Equality and the Empowerment of Women (UN Women) in Kukes and Shkodra.

5. The JP is implemented by the Ministry of Health (MOH), Ministry of Agriculture, Food and Consumer Protection (MOAFCP), Institute for Statistics (INSTAT), specialized institutions, regional authorities, and civil society organizations. The JP is supported by three participating UN agencies – Food and Agriculture Organization (FAO), United Nations Children’s Fund (UNICEF) as the lead agency and WHO. The MOH is responsible for overall coordination, implementation, achievement of JP objectives and coordination with MOAFCP, INSTAT and other key stakeholders.

## **1.2. Purpose of the Mid-Term Evaluation**

6. This evaluation was commissioned by the MDG-F in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that JPs with duration of two years require only one evaluation, and those JPs with duration of three years, amid-term and final evaluations are required.<sup>1</sup>

7. By their very nature, MTEs are highly formative and forward looking, seeking to improve implementation of the JPs during their second phase of implementation. They also seek to generate knowledge, identifying best practices and lessons learned that could be transferred to other programmes. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the UN Resident Coordinator’s Office (UNRCO) in Albania, participating UN agencies, the JP Management, (including the National Steering Committee (NSC) and the Programme Management Committee), and the MDG-F Secretariat.

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<sup>1</sup> MDG-F (2009); Implementation Guidelines for MDG Achievement Fund Joint Programmes, Section 6, page 17.

### 1.3. Structure of the Report

8. This report represents the findings of the evaluation conducted by an independent evaluator during the period September to December 2011. The report has seven chapters. Chapter 1 contains the introduction and background to the report; Chapter 2 describes the evaluation objectives, scope and methodology; Chapter 3 describes the background of the problem and structure of the JP, followed by the evaluation findings in Chapter 4. Chapter 5 contains the assessment of the JP Management and Governance arrangements; and the remainder of the Chapters 6, 7 and 8 contain the evaluator's conclusions, lessons learned and recommendations respectively.

## CHAPTER TWO

## DESCRIPTION OF THE EVALUATION

### 2.1. Objectives of the MTE

9. The objective of this MTE was to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. The specific objectives are to:

- ① To assess the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the MDGs, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action (AAA).
- ② To understand how the JP operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. The analysis also intended to establish the factors for success and limitations in inter-agency tasks within the One UN framework.
- ③ To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children, Food Security and Nutrition thematic window, and the MDGs at the local and country level.

10. The MTE also sought to generate lessons learned and recommendations to improve the implementation of the JP during the remaining period of its implementation.

### 2.2. Scope of the MTE

11. The unit of analysis or object of study for this MTE was the JP "Reducing Malnutrition in Children in Albania (MDGF 2035)", understood to be the set of components, outcomes, outputs, activities and inputs that are detailed in the JP document and in associated

modifications made during implementation. The evaluation assessed the planned, ongoing, or completed JP interventions to determine its relevance, efficiency, effectiveness, and sustainability.

12. The evaluation process generated information to address the evaluation questions identified in the TOR at the outset of this MTE. Particular emphasis was put on the current programme results and the possibility of achieving all the objectives in the given timeframe, taking into consideration the pace of implementation of activities. The Evaluator reviewed the programme monitoring framework that was developed at the design stage, including review of the set of indicators, baseline values and targets established for tracking and monitoring progress.

13. Specifically, the evaluation assessed the following four levels of the programme:

#### ***2.2.1. Design level – Relevance***

14. The assessment reviewed the relevance of the programme design and the extent to which the objectives of the JP were consistent with the needs and interest of the partners and end-users, the needs of the country, the MDGs and the policies of partners and donors. The evaluation also looked at the ownership of the programme design by considering the extent to which national partners and counterparts exercised ownership and leadership in the development of interventions and the extent to which the JP objectives reflected the national and sub-national plans and programmes, the identified needs (environmental and human) and the operational context of national policies.

#### ***2.2.2. Process level – Efficiency***

15. The evaluation reviewed the efficiency of the overall JP management model and the extent to which resources/inputs have been turned into results, the coordination among participating UN agencies and between the UN and the Government of Albania, and civil society, as well as how effectively the programme was monitored. The review also assessed the ownership of the process, including the extent to which the target population and the beneficiaries had taken ownership of the JP process and results; and whether or not counterpart resources had been mobilized.

#### ***2.2.3. Results level – Effectiveness***

16. The evaluation assessed the effectiveness of the programme in meeting its expected outputs and contribution to outcomes, as well as contribution to the MDGs at the local and national levels. Specific emphasis was on the implementation timeline to assess if expected results would be achieved within the programme timeframe. The sustainability of

programme achievements were also assessed to determine the probability that programme results would continue in the long run.

#### **2.2.4. National ownership – Sustainability**

17. With regards to national ownership, the evaluation reviewed the extent of engagement and participation of national counterparts in the design, work planning implementation and monitoring of JP processes, activities and outputs. The aim was to draw relevant lessons and good practices that can be transferred to other programmes or countries. The evaluation also reviewed the contribution of the JP to the United Nations reform (“One UN”), and assessed how the principles of aid effectiveness were integrated into the JP, the contribution of the JP towards the MDGs and more generally towards the public policy framework in Albania.

### **2.3. Evaluation Methodology**

18. The overall approach was based on the M&E Strategy for the MDG-F<sup>2</sup>, as well as the five commonly accepted evaluation criteria set out by the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD), which describe evaluation to include assessment of:

- ✓ Relevance – assessment of whether or not the programme addresses the identified national priorities in keeping with its design;
- ✓ Effectiveness – the extent to which formally agreed upon expected programme results have been achieved or can be expected to be achieved;
- ✓ Efficiency – assessment of the productivity of programme activities, i.e. the degree to which outputs derive from efficient application of resources; and
- ✓ Impacts – identification of the long-term results, including any unintended positive and negative results.

19. Data collection was undertaken in accordance with the principles of participatory evaluations; (i) objectivity, (ii) independence, (iii) confidentiality; and triangulation of information from multiple sources. The following data collection instruments were used:

- a) **Document review.** Background documents including the JP document, official government policy and strategy documents, UN agency programme and action plans, and JP periodic reports were initially reviewed leading to development of the evaluation plan. The resultant Inception Report was provided to the MDG-F Secretariat and the Evaluation Reference Group (ERG) for comments. The list of documents reviewed is shown in Annex 1 to this report.

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<sup>2</sup> MDG-F; Monitoring and Evaluation System: Learning to Improve – Making Evaluation Work for Development.

- b) **Meetings and interviews.** A total of 42 key stakeholders and JP partners including Resident Coordinator’s Office (RCO), UN agency programme staff, Central and Regional and Commune government officials, Health workers, Agricultural extension workers, and target beneficiaries were interviewed individually or in groups. The list of individuals consulted is shown in Annex 2 to this report.
- c) **Field visits.** The evaluator undertook visits to the two Regions in Kukes and Shkodra to see the actual projects and interventions on the ground and consult with stakeholders and beneficiaries in the field.
- d) **Debriefing of preliminary observations.** A meeting of the ERG and other stakeholders was undertaken to debrief them on the preliminary findings and field observations, as well as provide an opportunity to validate information, obtain feedback and further inputs.

## CHAPTER THREE

## DESCRIPTION OF THE JP

### 3.1. JP Rationale

20. Despite a high economic growth, with Gross Domestic Production (GDP) averaging 7% over the period 1992 – 2006, Albania remains one of the poorest countries in Europe. According to estimates by the World Bank (2009), the poverty headcount ratio at national poverty line was 18.5% in 2005 and 12.4% in 2008 ([www.data.worldbank.org/country/albania](http://www.data.worldbank.org/country/albania)).<sup>3</sup> The UN in Albania ([www.un.org.al](http://www.un.org.al)) also

reports that approximately 3.5% of Albanians live in extreme poverty, i.e. on less than \$1/day. The UN further notes that there are substantial disparities between urban and rural areas, and that poverty is more widespread in rural and mountainous areas. The current poverty profile includes large and young families with small children, often with the head of household unemployed.

<b>MDG Target:</b>	<b>2002</b>	<b>2005</b>	<b>2008</b>
<i>Population % below \$1/day</i>	0.6	0.9	0.6
<i>Population below poverty line (total)</i>	25.4	18.5	12.4
<i>Population below poverty line (urban)</i>	19.5	11.2	10.1
<i>Population below poverty line (rural)</i>	29.6	24.2	14.6

**Source: UN MDG Progress Reports 2011**

21. Another World Bank (2007) report also indicates a disproportionate impact of household poverty on children.<sup>4</sup> Albania has one of the highest infant mortality rates (IMR) in Europe. The Albania Demographic and Health Survey (2008-09) shows that IMR was 18/1,000 for the period 2005-2009, while under-five mortality rate (U5MR) was 22/1,000

<sup>3</sup> National poverty headcount measures the percentage of the population living below the national poverty rate.

<sup>4</sup> World Bank (2007); Albania Poverty Assessment.



live births over the same period. However, the survey results also indicate that U5MR in rural areas, 28/1,000 live births is two times higher than in urban areas, 13/1,000 live births. In addition, IMR in the richest 40% of the population is 15/1,000 births, compared to 21/1,000 births in the other 60% of the population. A MOH (2009) study reported that 20% to 25% of the infant and child mortality in Albania is attributable to poor nutrition, which often results in reduced immunity, impaired physical and mental development as well as reduced future productivity.<sup>5</sup>

Studies have also shown a close co-relation between the nutritional status of expectant mothers and IMR, particularly with regards to delivery, where anaemia is a predisposing factor for poor obstetric outcome, as well as on the growth of the child. It can be seen therefore, that in addition to household poverty, lack of access to sufficient and quality food, poor educational status of mothers and inadequate health care services are the major contributing factors to

infant and child mortality. The combined effect of these factors manifests in a double-edged problem of malnutrition in which

	<i>Height-for age (% below -2 SD)</i>	<i>Weight-height (% below -2 SD)</i>	<i>Weight-for-age (% below -2 SD)</i>
<b>Urban areas (%)</b>	18.9	8.2	5.7
<b>Rural areas (%)</b>	19.8	10.6	4.6
<b>20% Poorest (%)</b>	27.0	6.4	7.9
<b>20 % Richest (%)</b>	13.3	11.9	3.6

*Source: Extracts from Albania demographic Health Survey 2008 - 09*

Albania faces both stunting and over-weight. The data in this table shows the nutritional status of children under five according to three anthropometric indices: height-for-age, weight-for-height, and weight-for-age. Overall, the 2008-09 ADHS found that 19 percent of children under age five are stunted and 11 percent are severely stunted. Stunting occurs even among children under six months of age (33 percent). Levels of stunting decrease with age, from 33 percent among children less than six months of age to 12 percent among those age 48-59 months. In-between, there are substantial fluctuations, with 18 percent of children age 12-17 months stunted and 29 percent of children age 18-23 months stunted.<sup>6</sup>

22. The same studies also showed high anaemia rates among children 6-59 months (19.3%) and women of reproductive age (18.9%). There is a significant inverse relationship between anaemia among children 6 – 59 months and household incomes. 35% of the children suffering from anaemia were from high income households, while almost double that rate, 64% were from low income households. Shkodra and Kukes had the highest

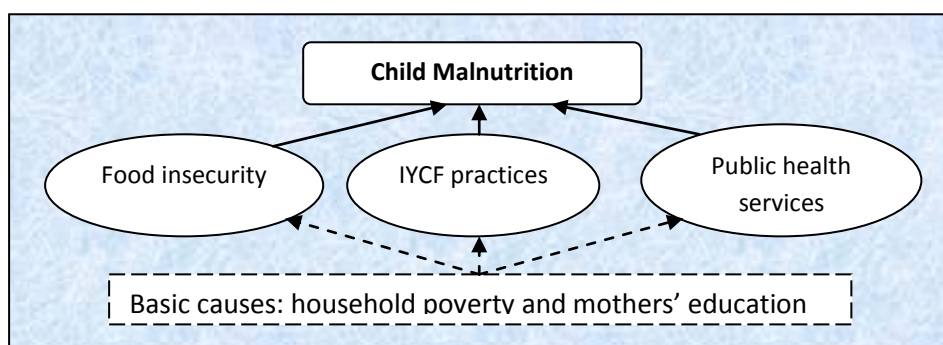
<sup>5</sup>Report of Nutrition study of the Inter-sectoral Working Group of MOH, MOA, UNICEF and private sector.

<sup>6</sup> Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the time of year in which the data were collected. The weight-for-height index looks at body mass in relation to body length. Children who are below minus two standard deviations (-2 SD) from the median of the WHO reference population in terms of weight-for-height are considered too thin (wasted) or acutely malnourished. Weight-for-age (underweight) is a combined index that takes into account both chronic and acute malnutrition and is often used to monitor nutritional status on a longitudinal basis.

incidence of anaemia and malnutrition, as well as being among the most food insecure regions. Also interestingly, in these regions, women were less likely to participate in overall management of the food budget and decisions about daily household expenditures. Annex 3 contains charts of the facts in Albania.

23. Figure 1 below illustrates the underlying causes and relationships of the factors that contribute to children malnutrition in Albania.

**Figure 1: Underlying causes of child malnutrition**



### 3.2. Structure of the JP

24. The JP was developed based on some lessons and good practices learned from previous program implementation, survey and studies conducted in Albania and in Europe. Among the key lessons, the following were specifically identified and deemed to be most relevant to the design:

- ◇ Although obesity in Europe has reached epidemic proportions, accounting for 7–8% of the total disease burden due to nutrition energy intake exceeding expenditure, among low-income and vulnerable populations, including children, pregnant women and elderly people, food insecurity and under nutrition remain important issues, especially deficiencies in micronutrients (especially iron, iodine, Vitamin A and foliate). The rate of exclusive breastfeeding is also a major concern.
- ◇ Child poverty and malnutrition requires a shift from need-based to rights based approach in modeling social safety nets for children. Based on the government's Social Policy Reform strategy, the integration of Child Allowances into the social assistance policy is of critical concern.
- ◇ Important causes of malnutrition in Albania are related to inadequate food access at household level, inadequate child care and feeding practices and insufficient utilization of Primary Health Care services. These factors are rooted in the human, economic and organizational arrangements that determine how the available resources are used.

- ◇ The counseling of mothers on nutrition of their children requires special skills training of the Primary Health Care (PHC) staff. Nutrition counseling with special emphasis on exclusive breastfeeding and increased frequency of complementary feeds should be connected to better monitoring of child growth to detect stunting.
- ◇ The overwhelming disparities that families face in poor rural districts must be countered by rural development programs that have broader objectives, including agricultural development, and a multi-sector comprehensive strategy with community mobilization as the central element to address the issue of poor nutrition of women and children.

25. Based on these lessons, the JP was designed to address the problems associated with mother and child malnutrition. In particular, the programme design aimed to link into the National Strategy for Development and Integration (NSDI), and the Agriculture and Food Sector Strategy (AFSS). Strategic Priority # 3 of the NSDI has a strategic goal to reduce the IMR to 5/1,000 live births by 2013. While the AFSS has a strategic goal to increase competitiveness of Albanian agro-sector, it does not address food insecurity, or the special needs of the most vulnerable segments of the population. With this in mind, the JP was designed to contribute to three outcomes, while also applying some of the good practices identified from global health practices. Table 1 below shows the JP Outcomes, and the linkages of the programme strategies to global best practices.

**Table 1: JP Outcomes and associated strategies**

<b>Outcome</b>	<b>Programme strategy</b>	<b>Global good practices</b>
<b>Outcome 1:</b> National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes.	This will be achieved through (1) the establishment of a national coordination structure for food and nutrition at high government level, which will facilitate inter-sectoral collaboration and raise the profile of nutrition in the political and public arena; and (2) a carefully designed advocacy strategy and a well-developed Food and Nutrition Action Plan.	<b>Supporting a healthy start:</b> Ensuring good nutrition and safe food during the first few years of life pays dividends throughout life. Key actions should promote proper nutrition and safe food for pregnant women, exclusive breastfeeding for the first six months of life, improved complementary feeding, and safe and balanced meals provided by schools and kindergartens.
<b>Outcome 2:</b> Cross Sectoral interventions addressing malnutrition are developed, tested and implemented in target areas.	This will be achieved through activities aimed to strengthen the capacity of local government (Health and Agriculture) and civil society organizations to design, implement and monitor nutrition and food security interventions.	<b>Providing comprehensive information and education to consumers:</b> Good communication and information are essential to achieve healthy lifestyles, food safety and a sustainable food supply in the population

Outcome	Programme strategy	Global good practices
<b>Outcome 3:</b> National Capacities strengthened to deliver nutrition services to the public.	This will be achieved through the development of a public health nutrition curriculum for health-related pre-service education and an advanced post graduate certificate programme.	Strengthening nutrition and food safety in the health sector: Consistent and professional diet and lifestyle counseling by primary care professionals can influence individuals' choices.

26. The JP is implemented by the MOH, MOAFCP, INSTAT, specialized institutions, regional authorities, and civil society organizations with support from FAO, UNICEF and WHO. The MOH is responsible for overall coordination, implementation, achievement of JP objectives and coordination with MOAFCP and other key stakeholders. The programme is implement successful multi sectoral interventions in high-risk rural and peri-urban communities, in combination with strengthening of national policy development, building partnerships, and capacity building of health sectors staff and frontline health and agriculture extension. It is expected that policy development and action will be informed by rigorous monitoring of processes and results as well as pilot community level interventions.

## CHAPTER FOUR

## EVALUATION FINDINGS

### 4.1. Programme Relevance

27. This section presents the findings of the MTE based on content analysis of the JP document against the national priorities and strategies, MDGs and the needs of the target beneficiaries to determine the relevance and internal coherence of the JP design. The evaluation finds that the JP is very relevant in the context of the development objectives of Albania and is adequately aligned with the government's priorities and strategies as well as the overall goals of the UN as articulated in the UNDAF.

28. Nutrition is an issue of increasing global significance, including through calls to make nutrition a priority in development. The UN General Assembly meeting in September 2011 included a High Level Meeting on Nutrition. The focus of the meeting was a review of the Scaling-Up Nutrition (SUN) initiative, launched in September 2010 that focuses on micronutrient supplements and fortified foods for young children during their first 1,000 days of life (pregnancy through to two years). The meeting also highlighted the importance of good nutrition in early life in terms of increased intellectual capacity in childhood, as well as

**Article 24, UN Convention on the Rights of the Child:**  
Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy.

greater capacity for physical work in adulthood and reduced risk of non-communicable diseases (NCDs) in the longer term.

29. The evaluation notes that Albania's Law on Public Health addresses with clear regulations and associated by-laws issues related to infectious diseases. However, there are no provisions in the law that relate to NCDs, except for a provision that the government should develop and adopt strategies for addressing NCDs. In this regard, Albania has a Health Promotion Strategy, which is also regarded by the experts as very broad and lacking in specific strategies and plans. The JP facilitates a process whereby the country can more comprehensively focus on some of the specific risk factors and determinants of health. As already noted in section 3.1 above, several studies undertaken in Albania, including the Demographic Health Survey (DHS) and the Reproductive Health Survey (RHS) all provided evidence that poor nutrition was among the leading causes of infant, child and maternal mortality.

30. The JP is therefore providing policy and decision-makers with specific evidence and enabling them to focus strategies and plans towards relevant results. For example, the surveys provide evidence-based information to stratify the population according to their levels of vulnerability, thus enabling specific targeting. The programme also provides evidence-based information that enabled the government to identify critical roles of different line ministries, and develop a multi-sectoral strategy to tackle the challenge of malnutrition. The evaluation finds that the JP responds to relevant issues related to national development strategies and priorities.

31. Nutrition is a cross-cutting issue and a major risk factor for health thereby a critical element for MDG achievement. The JP directly contributes to and accelerates progress towards the achievement of (a) MDG1 on the eradication of poverty and halving malnutrition, (b) MDG4 on reducing child mortality, and (c) MDG5 on improving maternal health. The JP is also indirectly contributes to MDG 2 on universal education by promoting the mental and physical development of children, MDG 3 on gender equality and empowerment of women, and MDG 6 on combating diseases. The evaluation also noted that the JP is well aligned to the UNDAF Outcome 3: ***“Increased use of quality public services delivered in an efficient, transparent, accountable and equitable manner”***. In addition, the JP was developed at a time when Albania was embarking on the implementation of the 'One UN Initiative' as one of the pilot countries. In this regard, the MDG-F JP modality, including this JP provided a specific platform for testing the mechanisms and tools for 'Delivering as One'.

#### 4.2. Integrity of the Design

32. This section contains an assessment of the design quality and examines the programme theory of change model to determine whether the designed activities have

potential to result in expected outputs and outcomes. Overall, the evaluation finds that the JP has a sound logic that demonstrates a clear pathway to the overall objective. The evaluation further notes that the national nutrition coordination mechanism that has been put in place has been commended as a good practice, but observes that it may face challenges at the operational level. The evaluator is of the opinion that the JP did not sufficiently design to enhance institutional capacity of the cross-sector coordination mechanism.

### *Programme logic model*

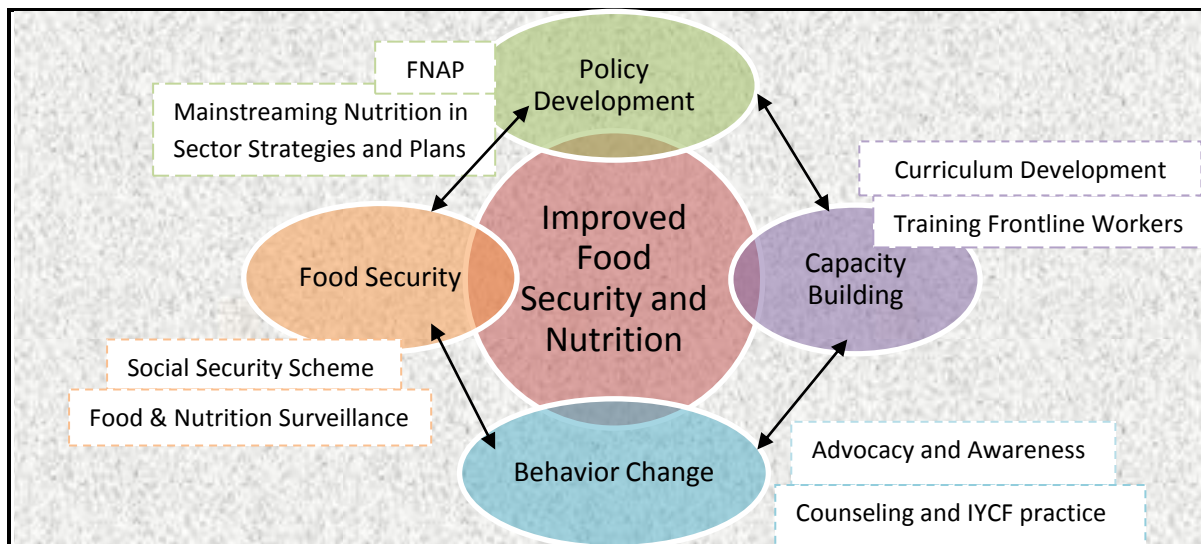
33. The programme logic theory identifies the key elements that will contribute to the desired changes and address the nutrition problems that were articulated in section 3.1 and illustrated in Figure 1. The programme logic approaches the problem from two levels – policy and community levels. This is a sound model because the problem of malnutrition requires joint action by duty-bearers, with appropriate capacities and working in an enabling policy environment, as well as adequate awareness and practices by the rights-holders through their decisions at the individual household and community level. In this regard, the JP plans to deliver the following nine (9) outputs:

- **Output 1.1:** Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy, decision makers and the general public.
- **Output 1.2:** Technical support for strengthening data collection and utilization of data on food, health and nutrition.
- **Output 1.3:** Development of 3<sup>rd</sup> National Food and Nutrition Action Plan.
- **Output 1.4:** Strengthening of national food and nutrition surveillance system.
- **Output 2.1:** Develop, test and implement community based intervention models to address malnutrition and household food insecurity.
- **Output 2.2:** Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling.
- **Output 2.3:** Development of communication for behavior change targeting families and communities for improved care and feeding practices for mothers and children.
- **Output 3.1:** Curriculum for public health nutrition developed, tested and introduced in pre-service training.
- **Output 3.2:** Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition.

34. Figure 2 below shows a diagrammatic illustration of the programme logic model.



**Figure 2: Programme Theory of Change**



### ***Mainstreaming and Operationalizing nutrition strategies***

35. As mentioned above, nutrition cuts across many sectors, and as such issues are not neatly circumscribed within a single sector. Determinants of malnutrition are complex and invariably include health sector issues, food sector aspects such as production and distributive issues, and education sector. In the case for Albania, the Ministry of Labour, Social Affairs and Equitable Opportunities (MOLSA&EO) is also involved in social safety aspects, as is the Ministry of Finance to assure budget support. A comprehensive national nutrition strategy therefore requires cross-sectoral collaboration between these areas. In Albania, nutrition is included in the mandate of the Institute of Public Health, which falls under the MOH. It is in this connection that the MOH is the national coordinator for the JP, with focal persons in other Ministries. This appears to be an effective mechanism, particularly at the ministerial level, and acknowledges the cross-cutting nature of nutrition. The signing of a Memorandum of Understanding (MOU) between the five Ministries, committing them to support the nutrition objectives also gives substance to the national nutrition coordination arrangement.

36. However coordinating action between the Ministries of Health, Agriculture, and Education and Social Affairs cannot be expected to be easy. In the first place, it is doubtful whether, in the face of budget constraints, sufficient resource allocation and planning for nutrition outcomes will not be a priority in all these Ministries. As each sector competes with the others for funding to carry out its own mandate, the tendency is to emphasize those areas where the Ministry has mandate accountability. Furthermore, M&E is based on sector-specific criteria, and therefore improved nutrition outcomes will not typically be used as performance indicators for most of these Ministries. For example, it is difficult to

envisage a situation where the effectiveness of the Ministry of Education, for example, is assessed on its success in reducing prevalence of iron deficiency anaemia among schoolchildren. More commonly, effectiveness is assessed on criteria relevant to the education sector, such as literacy rates and test scores. The challenge therefore, is how to activate a nutrition mandate within ministries who are evaluated on non-nutrition oriented activities.

37. Secondly, the plans for cross-sectoral nutrition policies are likely to be constrained by capacity for nutritional analysis. The nutritional analysis of a population includes assessment of several variables, including micronutrient status; collection of anthropometric data; data on household poverty, food security and dietary diversity; and understanding of other anatomical causes and effects of malnutrition. This expertise is not typically high on the hierarchy of the MOH, and thus has limited or no influence in the MOAFCP, much less Ministries of Education or Finance. As a result, assessing all of the activities implicated in a cross-sectoral national nutrition policy might prove to be very difficult. In other words, the team of nutrition specialists would need to analyze the success of nutrition activities in various ministries (e.g. school feeding programs, agricultural extension programs, value chain initiatives, and crop diversity projects) regularly. This would require (1) full cooperation and disclosure on the part of the involved ministries and (2) a considerable amount of time and capacity on the part of the nutrition team. Many of the stakeholders interviewed acknowledged that cross-sector collaboration was a challenge, and that the workload created by additional focal point responsibilities for nutrition objectives were overwhelming.

38. The real question therefore is, to what extent is child malnutrition a real problem, as opposed to being a risk factor that requires management. This evaluator is of the opinion that if child malnutrition is an actual development challenge (as it is in countries such as Bangladesh and the Philippines for example), then perhaps a dedicated National Nutrition Agency would be required to provide more focused attention to nutrition outcomes; and as nutrition would be its sole mandate, this would also ensure that budget resources are specifically allocated to nutrition objectives. This Agency would have among its responsibilities, the task of mainstreaming and coordinating nutrition across sectors, while also its performance assessment is directly linked to the results that are delivered in the various sectors. If on the other hand child malnutrition is considered only as a health risk factor, then the multi-sectoral coordination task force should be sufficient. But even then, a specific Nutrition Section or office set up within MOH or IPH would be required as an institutional venue for management and coordination instead of only focal points from the line ministries, as is the case in Albania. The Nutrition Section also becomes the Secretariat of the multi-sector coordination committee.

39. Studies from other countries may provide useful lessons. Based on the evaluator's experiences from similar nutrition evaluations, Nutrition coordinating bodies face



considerable challenges, usually of limited funding. However, they hold considerable value from a policy perspective. First, they create an institutional framework or “home” for nutrition at the national level and give legitimacy to nutrition as a national development issue, while also creating a window of opportunity for nutrition advocates to engage in national level policy discourse. Secondly, an institutionalized nutrition office gives permanency and provides a venue for the sustainability of long-term efforts to address malnutrition. If a country’s nutrition advocates are only able to coordinate efforts via a loose, informal coalition, turnover in personnel and administration threatens the continuity of the progress. In the evaluator’s opinion, long term, sustained and scaled-up action to reduce malnutrition is more likely to succeed with an institutionalized nutrition coordination mechanism in place.

40. The evaluation notes that the narrative in the JP results matrix states: *“Outcome 1 will enhance national capacities for developing, implementing and monitoring inter-sectoral actions to address problems of malnutrition and food insecurity. This will be achieved through the **establishment of a national coordination structure for food and nutrition at high government level**, which will facilitate inter-sectoral collaboration and raise the profile of nutrition in the political and public arena”*. Clearly, the absence of a national coordination mechanism was recognized from the onset, but the design should have presented a more detailed analysis of alternatives to demonstrate why the ‘sectoral focal point’ system would be considered the most suitable.

### 4.3. JP Implementation

41. This section presents the findings of the MTE on the effectiveness of the JP implementation, which provides an assessment of the extent to which the planned activities are on track and whether implementation of activities is progressing according to the programme design. The analysis also includes an overview of the progress made in executing the overall programme strategy and the Annual Work Plans (AWP) and the extent to which activities have been transformed into outputs.

42. The evaluation finds that programme implementation is undertaken jointly by all relevant stakeholders. This is a very significant finding, and in the evaluator’s experience, is probably one of a few where a JP is actually “jointly implemented”. The way this works is that the PMC, through the national JP Coordinator (MOH), establishes Technical Working Groups (TWGs) who are charged with planning, implementing, monitoring and reporting of specific JP interventions. The TWGs are composed of focal points from the relevant government Ministries and institutions and civil society organizations. The focal points from all three participating UN agencies have default membership in all TWGs, and the TWGs have a right to co-opt representatives from any other national institutions as they see fit.

43. The TWGs by their nature are therefore ad hoc formations created for specific tasks and dissolved when the task is completed. In practice, the evaluation observed that typically, the same individuals tend to be involved in more than one TWG. This is because there are two focal persons from the MOH (one each from the line ministry and IPH); and two from the MOAFCP. These focal points tend to be involved in all TWGs. This has both advantages and disadvantages. The advantages are that the focal persons have a better grasp of issues from a “big picture” point of view, and are therefore able to contribute to decisions that strengthen the integrity and internal coherence of the programme. For example, when the JP was planning the baseline surveys, a decision was made to combine them in order to realize some economies of scale. And so based on that decision, an integrated survey was undertaken to collect baseline data on (a) causes of anaemia, (b) gender and food security, and (c) knowledge, attitudes and practices (KAP). The disadvantages relate to the workload on individuals involved in many TWGs.

44. At the time of this evaluation, there were six functioning TWGs: (i) Food Security and Nutrition Action Plan (FNAP), (ii) Communications and Advocacy, (iii) Flour Fortification, (iv) Basic (compulsory) education curriculum, (v) Health education (Doctors and nurses) curriculum, and (vi) Collection and utilization of data on food, health and nutrition. To facilitate smooth information flow, which is critical for TWGs to keep track on decisions and progress that may have impact on their own focus area, the JP established “share point,” a shared drive where all JP documents are stored and can be accessed. This is a good practice that not only strengthens information sharing, but also provides a basis for ownership and accountability. Information and documents that are placed on a public and common domain tend to generate ownership, provide a valve for ensuring quality and most importantly, enhances delivery and accountability.

45. The rate of implementation has been somewhat slow, however. As earlier noted, the JP focuses its interventions at the national policy level as well as the concrete service delivery at community level. This is a very necessary approach for ensuring that policies are tested on the ground to see whether or not they work; and conversely to ensure that community needs inform policy and decision-making at the national level. The evaluation observed however, that with only 12 months left in the programme life cycle, community level interventions are yet to be started. In fact, community interventions are planned for the 3<sup>rd</sup> year in 2012, which also happens to be the final year of the programme cycle. One of the problems with this is that some of the interventions only have a limited window for implementation; for example activities associated with food production under the food security window have a limited timeframe of about 3 months in which the weather conditions are favourable. This means that conclusions will be based only on results from one season, and also lessons cannot be retested.

46. At the time of this MTE, the JP was still carrying out a community needs assessment, which would ultimately inform community level interventions, although most of the

baseline reports had been completed and a few still pending finalization. For example, the local non-governmental organizations (NGO) – Partnership for Development – noted that it had only begun to undertake the community needs assessment on malnutrition in the second half of 2011 and was still to complete all the 63 planned focus group discussions before submitting the report which would contain specific recommendations for community-level interventions. This of course has far-reaching implications on the timely planning, implementation and completion of community-level interventions. Table 2 below lists the reports and publications that have been completed to date. The full list of completed and pending JP reports is shown in Annex 4.

**Table 2: Status of JP reports and publications**

Completed Reports/Publications
1. KAP survey on anaemia and IYCF among PHC providers.
2. Baseline nutrition and food security survey.
3. Effects of gender and high food prices on household food security.
4. Cost-benefit analysis of nutrition interventions.
5. Assessment of milling industry capacity: wheat flour fortification.
6. Integrated Nutrition training modules for health personnel.
7. Advocacy strategy
8. Communication strategy
9. Albania pre service curricula improvement report.
10. Review of mechanisms of surveillance of nutrition situation
11. Analysis of validity of AFNSS
12. Data inventory and critical review of and food nutrition security data.

47. It appears that this misalignment of activity implementation at national and community level may be much more significant than meets the eye. For example, the JP monitoring reports indicate that a series of workshops and consultations were undertaken at national level and also in the JP target areas. A specific example can be inferred from Activity 1.1.2 a; which is about: [“national and regional consensus building workshops on inter-sectoral actions to address malnutrition and food insecurity \(including launching\)”](#). This activity is reported as completed in the color-coded monitoring reports; and based on that, one would assume that some level of consensus would have been achieved on the importance of nutrition as a development issue. Similarly, the JP also reports that training of frontline health workers on GMP was conducted in the JP target areas.

48. The activities used in the examples above were all undertaken and completed in the first half of 2011, which would be before the start of the needs assessment on nutrition being undertaken by Partnership for Development. However, some of the preliminary observations coming from the survey on malnutrition by Partnership for Development indicates that:

- Nutrition is not a priority for local authorities.
- There is no inter-sectoral coordination mechanism established at the local level.
- There is no knowledge of how to reverse malnutrition.

The evaluator observed a degree of lack of awareness of the “big picture” by some of the participants that attended the regional ‘consensus building’ workshop in June 2011. Some of them were unable to articulate what their specific role was in the context of the JP objective, and how it all fit together with the activities of other sectors.<sup>7</sup> For example, even as stakeholders recognize that one of the major risks to exclusive breastfeeding is the need for lactating mothers to return to work after 42 days of maternity leave, there was no indication of efforts to identify possible solutions.<sup>8</sup> The evaluator also observed that the growth charts that would have been introduced to the frontline workers as a part of this training are not yet in use. This is of course to be expected, because firstly, the stationery needs some time to be printed and distributed; and secondly, perhaps more importantly as noted by one of the interviewees, it would not make sense to use the growth charts as a standard unless and until all health workers are introduced to the concept (at least in the region).

49. One of the lessons that is emerging here is on the importance of monitoring and follow up. Some of frontline workers consulted in the regions noted that they faced a variety of work pressures, including limited resources, and often complicated cases of different ailments, which does not leave them sufficient time. The second issue that seems to be emerging here is that the JP may not be able to achieve its expected results within the programme timeframe. In this sense, expected results are defined in the context of the overall objective which partially includes “...to **implement successful multi-sectoral interventions in high-risk rural and peri-urban communities...**” In order for the programme to implement all planned interventions, including monitoring the effectiveness of those interventions and using that information to further inform policy formulation and decision-making, there may be a need for a no-cost extension for an additional period of 6 months to one year.

#### 4.4. Financial Delivery

50. At the time of the MTE, the JP had not reached the 70% threshold that is required to request transfer for the second tranche of funds. Total transfers as a percent of budget stood at 59%; with UNICEF only having received 45.6% of its total budget when in actually

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<sup>7</sup> For example, while the Agriculture Extension Workers appreciate the training on Crop Assessment and Forecasting, the evaluator did not get a sense that they were aware that their role in food security included assessing the entire food value chain, including production, quality and distributive aspects and access.

<sup>8</sup> The JP notes that legally, maternity leave is up to one year. However, most women return to work in 42 days.

has more than half of the total programme budget. Table 3 below shows the state of financial delivery as at 15 December 2011.

**Table 3: State of Financial Delivery as at 15 December 2011**

	FAO	UNICEF	WHO	TOTAL
Total approved budget (US\$)	782,170	2,214,170	1,003,660	4,000,000
Total transferred to date (US\$)	635,580	1,008,814	719,040	2,363,434
Transfers as % of budget	81%	45.6%	71%	59%
Total committed to date (US\$)	<b>360,642</b>	<b>640,240</b>	<b>587,410</b>	<b>1,588,292</b>
Total disbursed to date (US\$)	46%	28.9%	56.8%	39.7%
Disbursement as % of budget	<b>320,640</b>	<b>640,240</b>	<b>587,410</b>	<b>1,548,290</b>
Delivery rate	41%	28.9%	56.8%	38.7%

51. Based on the figures above, total JP delivery is currently at 38.7%. The figures seem to indicate that UNICEF and FAO may not be able to deliver their allocated budgets within the programme timeframe. This is especially true for UNICEF, which with only 12 months left in the planned programme cycle has only delivered less than 30% of its budget; and given that it is the Agency with more than half of the total programme budget, the likelihood of full budget delivery within the programme timeframe is very remote. In view of this, and also given that the activities at the community level are yet to start, the evaluation would propose that the JP should request a no cost extension for additional period of 12 months, or in any event, up to June 2013 when all MDG-F programmes are expected to end.

#### 4.5. Progress towards Expected Results

52. This section presents the findings of the MTE on the effectiveness of the JP, which provides an assessment of the extent to which the planned outputs and outcomes are being achieved or can be expected to be achieved in the future. The analysis also includes an overview of the key results achieved to date and the extent to which activities have been transformed into outputs.

53. The evaluation notes that as currently formulated, the Results and M&E (RME) Frameworks make objective assessment of results very difficult indeed. It is clear from analysis of the statements on outcomes, outputs and indicators that results-based management (RBM) is not a particular strength in the country office; or at least was not strong when the JP was developed. More will be said about this in later section, but one example can be used now just to illustrate the point and its significance for results-based reporting.

54. Take for example Outcome 1 and its indicator; as well as Output 1.1 and its indicators as shown below.

**Outcome 1:** National capacities strengthened to incorporate nutritional objectives into sectoral plans.

- **Indicator:** A high level coordination mechanism established for integrated nutrition and food security policies and programmes .

**Output 1.1:** Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy and decision makers.

- **Indicator:** Number of national and regional staff trained in intersectoral actions to address malnutrition and food security.

- **Indicator:** National mass media campaign developed and implemented.

55. According to the commonly accepted RBM definition of outcomes and outputs:

- ✓ Outcomes are the expected medium term change, directly influenced by Outputs, and are expected to become apparent towards the end of programme cycle.
- ✓ Outputs - short-term change, beyond completed activities, usually specified annually

56. One useful parameter to distinguish appropriate from poorly formulated outcomes and outputs is to use the attribution measure. Programme implementers have full accountability and attribution for their outputs but can only contribute to outcomes. Based on this yardstick, clearly, Outcome 1 is really an output which can be fully attributed to JP interventions. The outcome indicator is also basically an output indicator. In fact, given that the JP is not promoting the establishment of a Nutrition Agency, what this would mean is that the outcome was already achieved with the signing of the MOU and establishment of ministerial focal persons within each ministry. The same observations are also relevant for the Output and its associated indicators. In fact that output statement is basically an activity that has been re-phrased to sound like an output; it does not represent or articulate any change in the situation.

57. The real intent for Outcome 1 appears to be a desire to elevate nutrition as a key issue in the national development agenda, and to mainstream its objectives into relevant sectors and line ministries' policies and programmes (see Table 1). If this indeed is the intent then it could be much better articulated through an outcome that reads something like this: **“increased awareness of nutrition as a national development priority at all levels.”** The next step would then be to identify the key success factors for the outcome to be achieved, which would translate into the outcome indicators; in this case something to the effect, “ (i) nutrition is included in national development priorities, and (ii) line ministry programmes have nutrition outcomes, indicators and resources”. This way, it becomes easier to ‘unpack’ the outcome indicators into relevant outputs that the JP should deliver in order to contribute towards that outcome (note that the JP can only contribute because decisions to prioritize and/or mainstream nutrition in sectors programmes is not entirely in the control of the JP). The following outputs can be reckoned from the outcome indicators as shown in Figure 3: (Note: this is only used as an example to illustrate the evaluator’s point; it is not

the intention here to suggest that the JP outcome and indicator should be changed as suggested here).

**Figure 3: Deconstructing outputs from outcome 1 indicators**

<b>Outcome 1: Increased awareness of nutrition as a national development priority at all levels.</b>	
<b>Outcome indicator components</b>	<b>Required JP contribution (outputs)</b>
<b>Nutrition is included as national development priority.</b>	<ul style="list-style-type: none"> <li>- Strengthened advocacy for nutrition.</li> <li>- National nutrition coordination mechanism established.</li> </ul>
<b>Contributes to both indicators</b> ↑↓	- <b>Strengthened evidence-based decision-making.</b>
<b>Sector programmes have nutrition outcomes, indicators and resources.</b>	<ul style="list-style-type: none"> <li>- National Nutrition Action Plan developed.</li> <li>- Enhanced capacity to mainstream nutrition in sector programmes.</li> </ul>

58. The learning point emerging here is on the need to review the RME Framework in line with RBM principles. In theory, the programme can review its outputs and indicators continually to align them with emerging realities and changes in the external environment. However, programme outcomes are not supposed to be changed in the course of programme implementation **because that would entail a departure from the objectives agreed between the donors and the fund recipients**. In the evaluator's view, with agreement of the PMC, the JP outcomes can be reviewed without necessarily changing their substance, by just strengthening their formulation to enable more and better focus of indicators on actual changes in nutrition objectives. That being the case, the rest of this section will provide a narrative on the progress towards specific outputs that have direct relevance to the overall programme objective.

#### 4.5.1. JP Outcome 1

##### ***Strengthened advocacy for nutrition as a development priority***

59. A TWG to develop a communications strategy for nutrition and food security based on the findings of the ADHS and baseline surveys was established with specific TORs to report back to the Minister of Health. The TWG proposed a campaign – **“A new and better national baby feeding campaign** – which targets women, new and future mothers and grandmothers to promote a model and comprehensive package of IYCF practices. Following on this, a communication plan has also been finalized, and is expected to provide the basis for behaviour change at the community level, when its implementation is rolled out in 2012.



60. National and regional ‘consensus building’ meetings have also been held in the JP areas, with participation drawn from the participating line Ministries and civil society. However, as already noted in section 4.3, these meetings do not appear to have been followed up with specific and concrete actions, particularly at regional and commune levels. As a result, in the absence of cross-sector coordinating mechanism, and given that community level interventions are yet to be rolled out in the regions, the concept is still very much a theoretical idea.

***National nutrition coordination mechanism established.***

61. In June 2010, five line Ministries (MOH, MOAFCP, Ministry of Education and Science (MOES) and Ministry of Finance (MOF) formally agreed to take joint inter-sectoral action to improve nutrition in Albania, and signed a Memorandum of Understanding (MOU) on malnutrition. The goal of the MOU is to establish a national, sustainable coordinating mechanism at the highest level of decision-making and to work jointly in drafting and implementing a inter-sectoral food and nutrition action plan (FNAP). The MOU has been recognized as a good practice and case study by the European Observatory on Health Systems and Policies (EOHSP) and the International Union of Health Promotion and Education (IUHPE).

***Strengthened evidence-based decision-making***

62. The JP supported and facilitated several studies and baseline surveys with the aim to provide current and reliable information on the state of nutrition in the target areas. A ‘knowledge, attitudes and practice’ (KAP) survey of primary health care providers on nutrition and prevention/treatment of anaemia was conducted in all three JP areas. The findings from this survey were used in the development of the training modules for health care personnel. A follow-up survey was also undertaken to identify the main food security problems faced by households, focusing primarily on the effects of (a) the economic crises and rising food prices, and (b) gender roles, activities, responsibilities and access to services and benefits.

63. In the second half of 2010, a study was conducted in collaboration with the Albania Agro-business Council to assess the capacity of the milling industry for flour fortification with iron, and other micronutrients and vitamins. As a result of this study, the Minister of Health established a TWG to provide recommendations on a recipe for vitamins and micronutrients in flour fortification. In addition, a survey to determine the main determinants of anaemia, food and nutrition security, dietary diversity and food management practices was also undertaken in collaboration with IPH, INSTAT, and the Italian National Research Institute for Food and Nutrition (INRAN). The findings of this report were used as inputs for the communication strategy. These studies combined, provide a solid basis and evidence for decision-making. However, the evaluator was not



convinced that frontline health workers actually absorbed the ‘big picture’ implications of these studies, and how they linked to nutrition, IMR and U5MR, because constant prodding during the interviews to get them to express the specific benefits of the regional workshops held in June 2011 did not elicit such big-picture awareness. This may seem to be picking on issues, but this evaluator believes that if the health workers can establish a link between these initiatives and their routine work, they will be much more motivated to implement them.

#### ***National Nutrition Action Plan developed***

64. Following the signing of the MOU, focal points from the five line Ministries were appointed to take part in an inter-sectoral/inter-ministerial working group to evaluate the implementation of the current, and develop a new FNAP. The working group is currently drafting a report based on the findings from the analysis on FNAP and baseline surveys. In addition, a TWG led by the MOAFCP was established to strengthen collection, analysis, utilization and dissemination of data and information systems on food and nutrition security. The outputs of the TWG also feed into the development of the FNAP, policy making, surveillance and monitoring systems.

#### ***Enhanced capacity to mainstream nutrition in key sector programmes***

65. The JP supported the training on crop assessment and forecasting as a tool for policy analysis and decision-making. 21 participants (12 male and 9 female), of which 11 were from the JP target areas undertook the training. A further training workshop on gender disaggregated data and gender-sensitive indicators was also held to improve skills for gender disaggregated data management and analysis in agriculture and rural development. This training was also included members from the JP TWGs, NGOs and participants from the JP target areas. Complimentary to these two training events, a food security scale was introduced in the Nutrition baseline surveys to assess food security of households. The scale is a standardized tool with 16 questions that can be easily administered to generate reliable data about household food security, and their coping mechanisms in response to food insecurity. At the end of the training, participants are expected to have acquired the requisite skills for mainstreaming nutrition in their work plans, and by extension, in sector plans and programmes.

#### **4.5.2. JP Outcome 2**

66. The results framework for Outcome 2 can also be strengthened in a similar way as previously discussed, in order to clearly establish the causal chain between outputs and outcome indicators. To facilitate a clearer narrative that appropriately links JP activities to

the programme objectives and expected results, the evaluation suggests the following results chain as shown in Figure 4.

**Figure 4: Deconstructing Outputs from Outcome 2 indicators**

<b>Outcome 2:</b> National capacities to design, implement and monitor nutrition and food security programmes is enhanced at all levels.	
<b>Outcome indicator components</b>	<b>Required JP contribution (outputs)</b>
<b>Cross-sectoral nutrition programmes developed and implemented</b>	<ul style="list-style-type: none"> <li>- Health workers' capacity in GMP and nutrition counseling enhanced.</li> <li>- Nutrition and food security pilot interventions developed and tested.</li> <li>- Communication for behaviour change in child care and feeding practices developed.</li> </ul>

***Enhanced capacity in GMP and nutrition counseling***

67. A TWG supported by the JP, comprising experts from the School of Medicine, MOH and IPH was established to develop integrated training modules on nutrition for primary health care providers. The curriculum and training is accredited by the National Center for Continuing Health Education (NCCHE) and includes nutrition during pregnancy, IYCF, child growth assessment and monitoring of mother and child health (MCH) services. Following the completion of the training of trainers using these modules, a total of 200 health workers from Kukes and Shkodra regions and Tirana peri-urban have also been trained. However, as noted earlier, some of the tools introduced in this training are yet to be rolled-out, particularly the growth charts, which require some time before the required stationery is made available. Also, this training was completed towards the end of the financial year, and therefore implementation will depend on whether the government will allocate resources for implementation in the coming financial year.

68. Another TWG led by the Institute for Development of Education (IZHA) was also established to develop curriculum for the instruction of nutrition and health in the mandatory education system. At the time of this MTE, the module outlines for Grades K-3, grades 4-6 and grades 7-9 had been completed, but full roll-out of instruction is expected to be effected by 2013/14 school year because of the time required by publishers to produce the resource materials.

***Communication for behaviour change in child care and feeding practices developed***

69. The evaluation noted that there were specific interventions that were already underway in the target areas under this output. For example, the Baby Clinics at the health centers had nurses going out on family visits to provide counseling of mothers on exclusive breastfeeding during the first 6 months of the child's life. The evaluator confirmed that the nurses were familiar with the key principles of IYCF practices such as exclusive breastfeeding

during the first 6 months, and introduction of complementary feeding between 6-24 months. The health workers also confirmed that they had indeed gained new knowledge on IYCF; for example, prior to this training they had been advising new mothers to give water to infants in the first 6 months. The evaluator verified the effectiveness of the counseling in interviews with some lactating mothers who confirmed they had received counseling on IYCF practice, were aware of some of the key messages such as EBF during first 6 months and gradual introduction of complementary food after 6 months. Mothers had a lot of interest and were even requesting the JP manuals to photocopy so that they could read on their own. The evaluation also noted that a major risk to the counseling provided for behaviour change was that it did not include the entire health professionals. For example, specialists such as Obstetricians and Pediatricians were not exposed to the same training and may be giving contradictory counseling. A case in point is about the use of infant formulae; the evaluation noted that there was a certain degree of uncertainty as to the official recommended policy regarding its use.<sup>9</sup>

70. The education sector had also issued a general directive that kiosks located in school yards should be closed and stop selling 'junk foods'. Although the evaluation was unable to verify compliance, it was informed that the kiosks had been closed, but had relocated just outside the school premises. This is an indication that such directives need to be supported by the full force of laws and policies to ensure that children access to these attractive 'junk foods' are effectively controlled. In Kukes region, the Education Directorate had introduced nutrition awareness to pupils during the extra-curricular periods, and was planning to make community nutrition awareness a part of the community service required for grades 7 – 12.

#### ***Nutrition and food security pilot interventions developed and tested***

71. The JP commissioned a study by a local NGO – Partnership for Development – to conduct a participatory community-based needs assessment on nutrition. The study includes the identification of existing gaps in the community with regards to designing, implementing and monitoring nutrition and food security interventions. The NGO is using a focus group methodology for community consultations, and at the time of this MTE, 46 focus groups out of a planned 63 had been undertaken. It is expected that the findings from this study will inform the development of participatory food security and nutrition interventions at community level. In Kukes Region for example, the Department of Agriculture has already started development of specific interventions such as (a) promotion of some crop varieties with higher nutrition content, (b) promoting the harvesting and marketing of herbal plants to increase disposable incomes of the poor, and (c) promoting

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<sup>9</sup> While acknowledging the need to ensure that all health staff are familiar with the law and actually implement it; the JP notes that the policy on use of infant formula is reflected in the Law on Breastfeeding approved since 1999.

changes in farming practices to increase availability of fresh fruits and vegetables throughout the year.

72. In addition, the JP is also supporting an assessment of the cash transfer programme from a child's rights perspective. The study is expected to provide information about the utilization of the Economic Aid (NE) that is given to needy and disadvantage families as part of government's social security programme, particularly how (or whether) this contributes to improve health and nutrition for children. The evaluation was informed that some concerns were observed regarding the utilization of these cash transfers, including abuse of the funds by family decision-makers; and a policy to review the programme and include food handouts as part of the package is currently being considered.

#### 4.5.3. JP Outcome 3

73. In the evaluator's opinion, Outcome 3 is not substantively different from Outcome 2 above, and the two can be integrated without fundamentally changing the programme focus, by a slightly alteration of Outcome 2 to read "**national capacities to design and implement...**" In that respect, the following additional Output (2.4) would be required to effectively address all the interventions presently planned under this outcome:

#### *Training, management and supervision capacity for public health delivery strengthened*

74. Under this assumed output, a TWG with members from the faculties of Medicine and Nursing and technical support of the Metropolitan College University of Copenhagen was established to review existing public health nutrition curricula. The review will culminate with development of competence-based curricula along with updated interactive teaching techniques in the faculties of Medicine and Nursing.

#### 4.6. JP Governance

75. This section contains the evaluation findings on the management and coordination arrangements, including an assessment of the extent of engagement of national counterparts and stakeholders in the JP processes, efficacy of the monitoring and reporting mechanisms and clarity of the JP's exit strategy as well as probability for sustainability and replication. Overall, the evaluation finds a high level of national participation, ownership and commitment to the JP processes. In fact, the evaluation found this JP as a good example of the application of the MDG-F recommended management model which provides that; *"...the management of the programme should reside within national entities."*<sup>10</sup>

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<sup>10</sup> Implementation Guidelines for MDG Fund Joint Programmes; Section 4, page 8.

#### 4.6.1. National ownership and stakeholder participation

##### *National ownership*

76. The National Coordinator of the JP is an officer of the Ministry of Health appointed by the Minister, and is responsible for the planning, day to day implementation and management of activities as well as monitoring activities. The National Coordinator signs and issues all formal correspondence of the JP; while all formal meetings of the Programme Management Committee (PMC) and official correspondence to partners outside the participating line ministries is cosigned by the Ministers of Health and Agriculture. This is a particularly good practice, which gives the JP the official character of a government programme, as well as convening authority within the government at central and local levels.

*“JP meetings usually have majority of UN programme staff reporting to the government; but for this JP, the government staff are in the majority and report to the government, with the UN in attendance and providing technical support.”*

*UNICEF Country Representative*

77. All JP activities are implemented in the framework of TWGs, which are chaired by the Focal Points from various line Ministries and are appointed by the respective Ministers. Members and TORs for the TWGs are also issued directly by the MOH as the lead government agency. Annex 5 of this report illustrates an example of a Ministerial Order formally appointing the Communication TWG, with specific instructions of its membership, TOR and reporting timelines.

##### *Stakeholder participation*

78. The evaluation also observed a high level of engagement of other national stakeholders and institutions. For example, Partnership for Development is a national NGO engaged by the JP to undertake participatory studies at the Commune level to establish existing gaps with regards to awareness and response mechanisms to child malnutrition, and develop appropriate strategies for JP interventions at the community level. The Children Rights Observatory is also another national institution with presence in all regions which has been engaged by the JP to participate in regional level meetings and provide information and monitoring of the implementation of JP activities from a Children Rights perspective.

79. Other national institutions are also engaged at the level of TWGs. For example, the Albania Association of Agribusiness Council participates in the TWG on Flour Fortification, and provides information on existing private sector capacities in the four milling industries. As a result of their participation, 20 private sector companies with laboratory capacity to analyze and produce recipes with required mineral, micronutrient and vitamin content were identified. National and European University faculties are also engaged to provide specific expertise in the context of curricula development for strengthening national capacities in

the delivery of public health and nutrition. Most interestingly, the evaluation noted that the JP also engaged with the national and regional media organization in its communication campaigns. Of particular significance here is the partnership developed with the ‘Club of Health Journalists’ through which the JP ensures that the media has accurate information on the state of children health and nutrition in the country, and consequently can provide relevant and useful information to the public. Journalists from the electronic and print media are involved through this partnership; and this report presents one example of ‘free’ nutrition coverage by the Club in one of their print publications, shown in Figure 5 below.

**Figure 5: Nutrition Publication by Club of Health Journalists**



#### 4.6.2. Management and coordination arrangements

##### *JP governance and management*

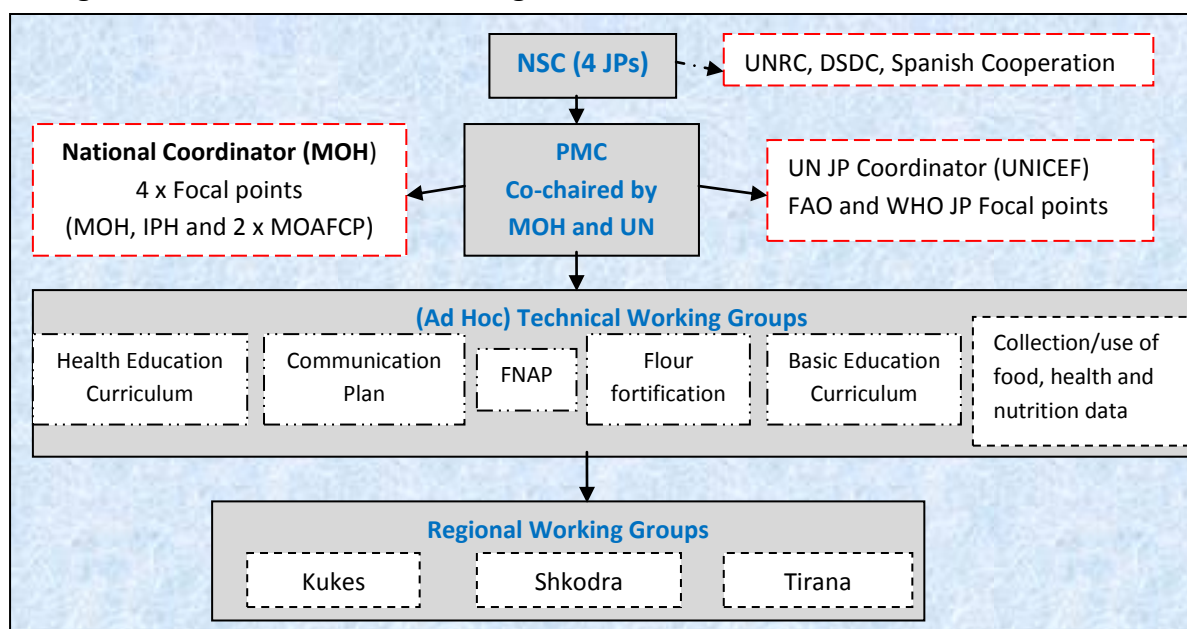
80. The evaluation finds that the JP governance and management structure reflects the high level of national ownership. This evaluator presents it as a good practice that illustrates both the principles embodied in the Paris Declaration and Accra Agenda for Action as well as the principles for ‘Delivering as One’ in the framework of One UN. A National Steering Committee (NSC) was established as the primary governance mechanism for strategic guidance on the 4 JPs implemented in Albania. Below the NSC is the Programme Management Committee (PMC), which is co-chaired by the MOH and UN. The PMC was established by the Minister of Health through a Ministerial Order (No. 44 dated 22 January 2010), with specific membership and Terms of Reference (TORs). The PMC is the main decision-making organ for the JP and implements its decisions through the National Coordinator who is appointed by the Minister of Health. UNICEF is the lead UN agency



providing and coordinates UN technical support to the TWGs. The TWGs are directly responsible and answerable to the PMC through the National Coordinator.

81. The evaluation noted however that the TWG modality at the national level is not implemented at the regional and local levels. In fact, the evaluation noted among the key weaknesses in the JP management arrangements the weak inter-sectoral coordination arrangements at regional level. As noted in section 4.2 above, a national coordination agency would go a long way in strengthening the cross-sectoral coordination mechanisms; which is a particularly significant issue because of the multi-dimensional nature of the challenge of child malnutrition. Figure 6 below illustrates the JP governance and management structure.

**Figure 6: JP Governance and Management Structure**



#### 4.6.3. Inter-agency collaboration

82. The JP has a very clear framework of the roles of participating UN agencies, which clearly defines the lead agency for each output and its associated activities, as well as the role of supporting agencies in those activities. In addition, the TWG system led by the government appointed focal points ensures that there is adequate sharing of information by UN agencies. UNICEF provides general coordination of the project planning and implementation with FAO and WHO. Although FAO does not have a country office in Albania, it has had other projects with field presence prior to the JP; and therefore UNICEF provides office space to the FAO National Project Coordinator while respective administrative and operational support is covered by FAO directly.

#### 4.6.4. Performance monitoring and reporting

83. The evaluation has already presented in section 4.5 some comments and suggestions on the RME framework. It is this evaluator's opinion that revision of the M&E framework in line with the suggestions given above would strengthen monitoring and reporting by more effectively aligning the JP activities to specific expected results articulated in appropriate RBM design. In its current form, the evaluation observed that monitoring and reporting tended to be activity-based, thereby undermining the JP results achievement.

84. While the evaluation is aware that community level interventions are yet to be rolled out, there is still considerable lack of follow-up to ensure that interventions that are introduced at regional level are implemented accordingly. As already noted, there are several emerging risks that threaten the success of the JP contribution to its objective that require follow up and management. Some examples include the question of how to address the challenges faced by working mothers in exclusive breastfeeding; and clarifying the position on the use of infant formula in situations where the lactating mother is unable to breastfeed for one reason or another. Some of the reasons that were given by frontline health workers include issues around cracked nipples, or mothers not sufficiently lactating. All these are policy risk factors that need to be effectively addressed through targeted interventions by the JP. Another example is about the provisioning of growth charts to the health centers; since the JP is directly managed by the Minister of Health, there seems to be no plausible reason why a firm commitment cannot be made on the timeframe for providing the stationery, since this is essentially a question of prioritizing budget resources in the next budget cycle. The frontline health workers expressed lack of awareness of the Ministry policy on when and whether or not these charts will become a standard tool for growth monitoring.

#### 4.6.5. Exit strategy and sustainability

85. The JP document does not articulate an exit strategy for the JP. An exit strategy is a statement of intent, which should define what the JP intends to leave behind at the completion of the project cycle. While this may be inferred from the expected outcomes and outputs, programme results are fundamentally different from an exit strategy because the later also incorporates a strategy for ensuring sustainability of the results. An exit strategy goes back to the programme logic model to question how the envisaged changes will be sustained over time. In other words, the exit strategy also compels the programme to establish political commitment for sustaining its results.

86. Based on the programme logic presented in Figure 2, it would appear that by the end of its life cycle, the programme intends to have established functioning national machinery, supported with the full force of appropriate legal and policy instruments, institutional



mechanisms and systems for addressing child malnutrition at all levels. This statement would then provide the basis for further developing the critical assumptions that inform the programme design and associated risk analysis. As noted in other sections above, currently the programme sustainability is anchored on the capacity that is being developed within the health sector, but at the time of this evaluation, health care service providers have not been given the tools required to implement and put into practice the new methodologies introduced by the programme.

87. However, many of the JP outputs are self-sustaining. For example, the curriculum development for pre-health service practice and for basic education should be capable of long-term continuity after its roll-out. Also, since about 90% of flour consumed in Albania is industrial, once the private sector develops the appropriate recipe for flour fortification and launches the product, it is inconceivable that the results could be reversed over time. That said, there are still several outputs which require continued intervention and back-up of the full force of the law in order to ensure their continuity. For example, the behaviour change in EBF and IYCF practices has to be fully supported by relevant policies on such aspects as infant formulae and policies for maternity leave for working women that support continued breastfeeding.

## CHAPTER FIVE

## CONCLUSIONS

88. Overall, the evaluation concluded that this is a very good programme with a lot of potential to make a positive contribution on the long-term outlook for malnutrition in children and women from poor and vulnerable groups in Albania. The JP is implemented on the basis of a sound programme logic which responds to relevant issues pertaining to malnutrition in Albania. The JP also has a high degree of national ownership and broad-based stakeholder participation, which gives it high visibility and enhances its potential for sustainability.

89. Although the pace of implementation and financial delivery has been slow, which will invariably necessitate a no-cost-extension to extend the programme timeframe by an additional year; several outputs have already been delivered, which contribute to the overall programme objective. Many of the outputs and results of the programme have however been masked by a weak design of the results chain, which did not adequately demonstrate the linkages between different levels in the hierarchy of results, and consequently does not facilitate effective results-based reporting.

90. The evaluation further noted that the JP had not articulated a clear exit strategy that would ensure sustainability of the programme processes and results. This is most critical because it goes back to the very purpose of the MDG-F programmes, which is to initiate new and innovative approaches that can be up scaled and replicated through the national system

at the end of the programme cycle. Many of the programme results are however, by their very nature self-sustaining; such as for example, flour fortification by private sector companies and introduction of nutrition curriculum at various levels of the basic and higher education system. However, there are other JP processes and results that require constant nurturing through continuous budget support, such as; (i) mainstreaming nutrition in sector programmes, (ii) community counseling of IYCF practices, and (iii) food and nutrition surveillance systems. The sustainability of these processes over time requires an institutionalized nutrition coordination mechanism, which role is presently facilitated by the JP. If this mechanism is allowed to remain as a 'loose' collaborative partnership, there is a high risk that it may not self-perpetuate beyond the tenure of the individuals who engineered it.

## CHAPTER SIX

## LESSONS LEARNED

91. This chapter presents the key lessons emerging from the JP process and its implementation so far. The lessons reflect good practices as well as learning experiences that can inform and strengthen future programming both at the country level and generally across the UN system.

***Lesson No. 1: At the operational level, cross-sector collaboration works better with institutional mechanism for coordination.***

92. Nutrition cuts across many sectors, and as such issues are not neatly circumscribed within a single sector. The agreement by five line ministries to collaborate and work jointly to reverse malnutrition of children constitutes an effective and comprehensive approach towards this objective. However, cross-sector collaboration constitutes more than intention and goodwill; it also involves increased responsibilities and workloads for staff, as well as expanded individual capacities and skills to understand issues from a 'big picture' perspective. Operationalizing cross-sector collaboration therefore requires setting up an institutionalized coordination mechanism to provide the venue for coordinated planning, resource-base for technical information, and repository for institutional memory, as well as entry point for nutrition advocacy into the national dialogue (paragraphs 36 – 40).

***Lesson # 2: Engaging national counterparts at all level of programme cycle enhances national ownership and sustainability.***

93. TWGs constitute an effective mechanism for planning and implementation of programme processes, while also programme visibility, national ownership and potential for sustainability is increased exponentially if the TWGs are led by national counterparts and institutions. It also contributes to capacity development by exposing the TWG members to

information and ideas from a broader spectrum of best practices across sectors (paragraphs 42 – 44).

***Lesson # 3: Constant follow-up and monitoring of programme outputs is critical aspect of business process change.***

94. The introduction of new knowledge, techniques and tools for doing business often interfere with established processes, especially in an environment characterized by capacity constraints and work pressures such as primary health care. To be effective, new interventions should be supported by constant and consistent follow-up to monitor that the new approaches are appropriately implemented, and that the new tools are made available to users (para50).

***Lesson # 4: Without clear causal linkages in the results chain, results-based reporting becomes difficult.***

95. Poor formulation of the programme results chain can lead to difficulties in linking programme activities to expected results and tends to mask the programme achievements as mere activity completion. It is always useful to apply RBM principles when developing the results chain, so that different levels of results demonstrate a clear causal linkage; this is the most effective way for ensuring effective results-based reporting (paragraphs 54 – 57).

***Lesson # 5: A specific exit strategy minimizes the risk of programme processes not being replicated and results sustainability.***

96. While many programme results can be self-sustaining with very remote potential for reversal, some processes and outputs require constant nurturing and support of the full force of the law as well budget and other resources to ensure their continuity over time. Effective programme design should therefore include a specific exit strategy that clearly defines what the programme will leave in place and how it will ensure the sustainability of its processes and results. This is particularly important for programmes that are based on piloting new interventions intended for up scaling and replication through national systems.

97. Overall the MTE found that the JP has potential to make significant impact on children food security and nutrition in Albania. The JP was also developed at a time when the UN system in Albania was moving towards ‘Delivering as One’ as a pilot country for One UN; and the JP therefore provided a practical mechanism and tool for implementation that process. Based on analysis of the findings and key lessons emerging from the JP processes, the MTE makes seven recommendations for improving the design and performance of the

JP towards its overall objective of addressing children food insecurity and malnutrition in Albania.

**Recommendation One.** The JP should consider establishing and developing capacity of a Nutrition Unit (or Section) in the MOH to provide secretariat function to the high-level cross-sector coordination mechanism for Nutrition.

**Issues to address.**

The MOU between 5 line ministries to work jointly on addressing children malnutrition provides an effective cross-sector platform for collaboration, but operational coordination entails more than just political will. A Nutrition Unit will provide an institutional mechanism for operational coordination, secretariat service to the high-level coordination structure, and repository for technical and institutional memory.

**Recommendation Two.** The JP should establish cross-sector coordination mechanisms at regional level.

**Issues to address.**

TWGs have proven to be effective cross-sector collaboration mechanisms at central level, but practical interventions will be undertaken at the regional and commune levels, where a tradition of collaboration across sectors has not been very strong.

**Recommendation Three.** The JP should monitor and follow-up implementation of its outputs at regional level, such as use of Growth Charts by trained health care workers.

**Issues to address.**

Adoption of new tools as a performance standard cannot be enforced until training of all primary health care workers is completed; however those that have been trained should immediately begin using the tools for the benefit of the target groups.

**Recommendation Four.** The JP should establish specific coordination with the Mother and Child Care programme to harmonize training of health professionals.

**Issues to address.**

The JP should share its findings from baseline surveys and the new tools that have been developed with other programmes targeting other health professionals outside the primary health care system in order to harmonize the message going to lactating mothers.

**Recommendation Five.** The JP should request a no-cost extension for an additional period of one year.

**Issues to address.**

Community level interventions require time to be implemented and evaluated for them to effectively inform policy. The budget is also not likely to be delivered in the remaining year.

**Recommendation Six.** The JP should review its Results and M&E framework.

**Issues to address.**

A clear causal chain should link results at all levels to facilitate results-based reporting.

**Recommendation Seven.** The JP should develop a programme exit strategy.

**Issues to address.**

Programme processes that require continued budget support and specific policy level support generally have high risk of sustainability after the programme cycle. A specific exit strategy should be developed to address how these processes will be continued.

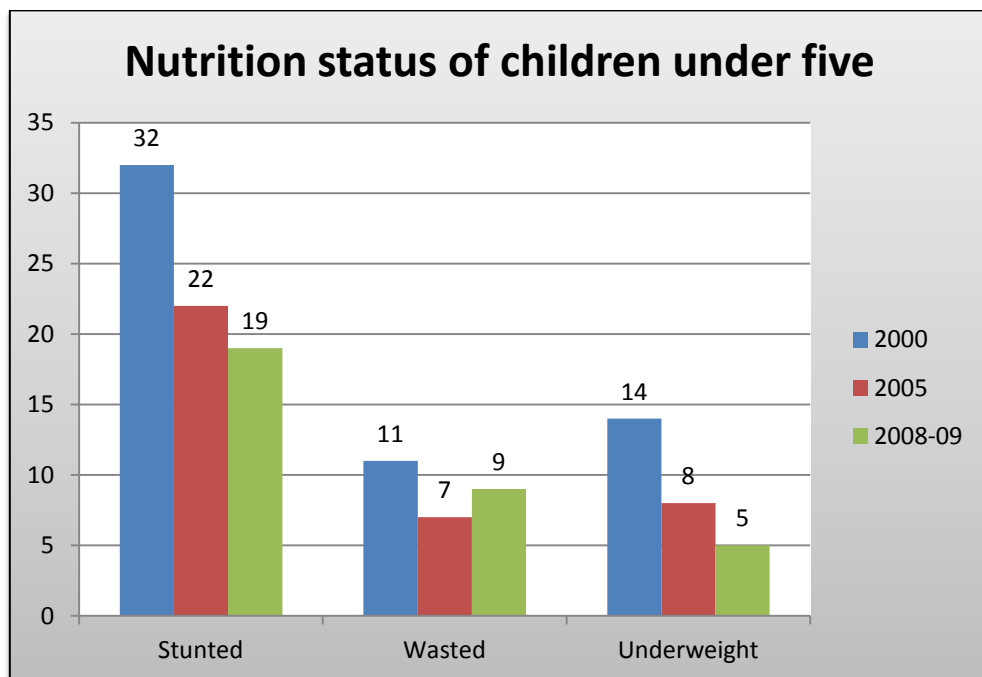
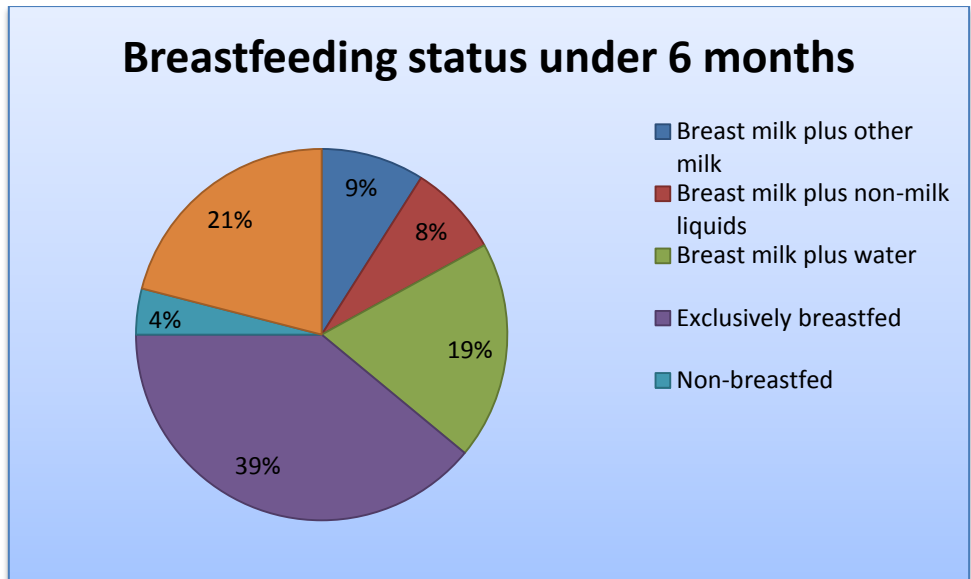
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**ANNEX 2:**
**INDIVIDUALS CONSULTED**

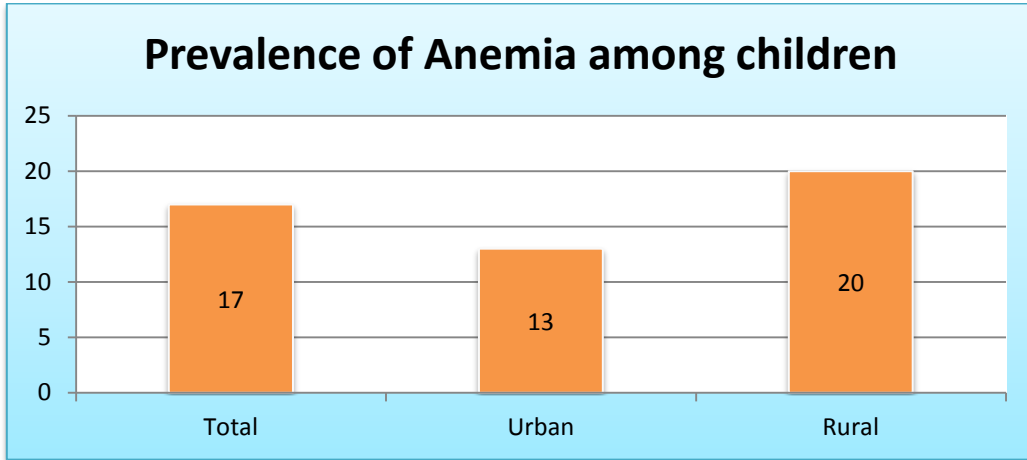
	<b>NAME</b>	<b>DESIGNATION</b>	<b>ORGANIZATION</b>
1.	ADBURRAHMANI, Tidita	Director	Inst. of Dev. of Education
2.	BARDHI, Engletina	Journalist	Club of Health Journalists
3.	BASHA, Besime	Mother	Shtiqen Commune, Kukes
4.	BASHA, Burbuqe	Mother	Shtiqen Commune, Kukes
5.	BEJTJA, Gazmend	General Director Public Health	MOH
6.	BESHI, Guri	Chief, Agriculture Extension	Shkodra Region
7.	BUKLI, Mariana	UN JP Coordinator	UNICEF (ERG)
8.	BUSHATI, Dhurata	Specialist, Education Dev.	Shkodra Region
9.	CAUSHI, Nurije	Head, Health and Education	INSTAT
10.	CEKA, Nedine	National Coordinator	MOH (ERG)
11.	CAKRAJ, Rudina	Specialist, Food Safety Unit	MOAFCP
12.	TOPULLI, Eneida	Head, Statistical Unit	MOAFCP
13.	DUPOUY, Eleonora	Lead Technical Officer	FAO (Regional Office Europe)
14.	FERIZAJ, Enver	President	Agribusiness Council
15.	FURXHIU, Eriola	JP Focal Person	MOAFCP (ERG)
16.	GASPRI, Gjon	Executive Director	Agribusiness Council
17.	GJETA, Zef	FAO National Project Coordinator	FAO
18.	HAZIRI, Astrit	Family Doctor	Kukes Health Center
19.	KOLAY, Prenda	Nurse	Bushat Health Center
20.	KOSTALLARI, Lorena		World Bank, Albania
21.	LLAZANI, Zana	Pediatric Physician	Shkodra Health Facility
22.	MARTINI, Nikolin	Director, Public Health	Kukes Region
23.	MERSINI, Ehadu	National Programme Officer	WHO (ERG)
24.	METALIA, Ylli	Director, Education	Kukes Region
25.	MIHO, Vasil	Head of Office	WHO
26.	MORINA, Ines	JP Focal Person	MOLSA&EO
27.	MUCA, Shkelqim	Director, Observatory Office	Kukes Region
28.	MUJA, Kadire	Physician	Shtiqen Health Center
29.	NIKA, Daniela	JP Focal Person	IPH (ERG)
30.	NIKAY, Ndoi	Physician	Bushat Health Center
31.	PALM, Detlef	Country Representative	UNICEF (Co-Chair PMC)
32.	PIPERO, Pellumb	General Director (Health Policy)	MOH (Co-Chair PMC)
33.	PREKU, Tom	Executive Head	Partners for Development
34.	QIRJAZI, Alpina	Donor Coordination Unit	Council of Ministers
35.	REXHMATI, Arif	Director DRB	Kukes Region (ERG)
36.	ROSHI, Enver	Director	IPH
37.	SHEHU, Mirela	JP Focal Point (Public Health)	Kukes Region
38.	SHESTANI, Anilda	Director, Observatory Office	Shkodra Region
39.	SHESTANI, Irena	Director, Public Health	Shkodra Region (ERG)
40.	SINA-MEZINI, Edlira	Specialist, Teaching Technology	Inst. of Dev. of Education
41.	TOUIMI-BENJELLOUN, Z	UNRC and UNDP RR	UNRCO
42.	URA, Aferdita	Nurse	Shkodra Health Facility



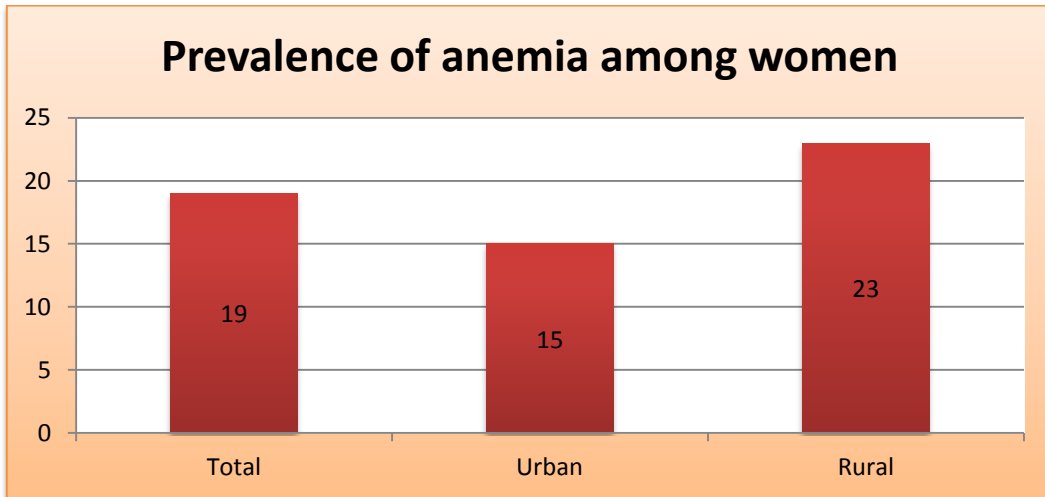
**ANNEX 3: MALNUTRITION FACTS IN ALBANIA** (Source: MDG-F 2035, Fact Sheet)



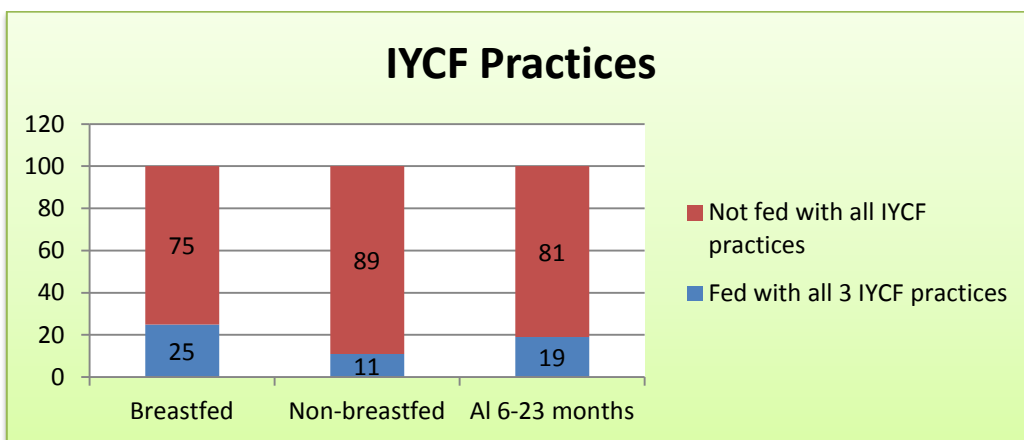
Based on NCHS/WHO reference for 2000 and 2005, and WHO standard for 2008-09



Percent of children age 6 – 59 months with any anaemia



Percent of women age 15 – 49 years with any anaemia



Percent of children 6 – 23 months

**ANNEX 4: LIST OF COMPLETED AND PENDING JP REPORTS AND PUBLICATIONS**

**A) List of Key docs, reports – completed:**

- Knowledge, attitude and practice survey on anaemia and infant feeding practices among primary health care providers.
- Baseline nutrition and food security survey.
- Qualitative study on "The effects of gender issues and high food prices on household food security in Albania: Summary Report."
- Cost-benefit analysis of nutrition interventions.
- Assessment of the milling industry for the purpose of the wheat flour fortification in Albania.
- Integrated Nutrition training modules for health personnel.
- Advocacy strategy.
- Communication strategy.
- Albania pre service curricula improvement report.
- Review of mechanisms of surveillance of the nutrition situation for Albanian children and women.
- Analysis of validity of AFNSS (Albanian food and nutrition security scale).
- Data inventory and critical review of food and nutrition security data in Albania

**B) List reports in process of preparation:**

- Report of the "Study on the linguistic adaptation of the Albanian food and nutrition security scale" (The study is being completed now and the report is under preparation).
- Adapted, final "Albanian food and nutrition security scale" (The AFNSS is under finalization).
- Assessment of capacities of local service providers ( Health, agriculture, education, social services) to design, implement and monitor nutrition and food security interventions.
- Participatory needs assessment at community level.
- Qualitative study on the cash transfer programme in Albania from a child rights perspective linked to health and nutrition.

**C) List of Publications – awareness materials – completed:**

- JP Nutrition – booklet on Nutrition programme.
- Agriculture and food security – fact sheet.
- Determinants of food security – fact sheet.
- Key family practices for infant and young child feeding- fact sheet.

**D) List of Publications – awareness materials – in process:**

- A policy brief on the AFNSS: "New tool for measuring food security of Albanian households" (under preparation).

**ANNEX 5: MINISTERIAL ORDER ESTABLISHING COMMUNICATION TWG**

**REPUBLIC OF ALBANIA  
MINISTRY OF HEALTH  
MINISTER**

Address: Blvd., Bajram Curri, Tirana-Albania; Tel/fax +355 4 363634 – [www.moh.gov.al](http://www.moh.gov.al)

Protocol No \_\_\_\_\_

Tirana: 9.06.2011

**ORDER**

No 239; Date 09.06.2011

**ON SETTING UP OF WORKING GROUP ON THE COMPILING OF STRATEGIC COMMUNICATION DOCUMENT ON NUTRITION**

Based on issue No. 4 of Article 102 of Constitution, and Article 12 of Law No .9000 Dated 30.01.2003 on "Organization and Functioning of Counsel of Minister".

**ORDER:**

1. Setting up national group of experts , which will work in collaboration with international expert of UNICEF on compiling of Strategic Communication Document on Nutrition, consist of:
  - a. Gazmend Bejtja –Director of Public Health, MOH, Head of the group.
  - b. Eralda Mariani – expert of Public Health, MOH, member.
  - c. Enida Xhumari – expert of Public Health, MOH, member.
  - d. Institute of Public Health, - 3 members.
  - e. Regional Health Directory, Shkodra, - 2 members.
  - f. Regional Health Directory, Kukes, - 1 member.
  - g. Regional Health Authority of Tirana - 2 members.
  - h. Mirela Dibra- National Coordinator of Breastfeeding Program member.
2. The working group
  - a. To revise all the existing data on Mother and Child nutrition, the compiled documents related to nutrition in Albania.
  - b. To consult with interested groups.
  - c. To compile the Strategic Communication Document and its action plan.
3. The working group should submit the Strategic Communication Document by 25 November 2011.
4. The working group shall report back to the Minister on the process progress.

This order is enforced immediately.

**MINISTER  
PETRIT VASILI**

**ANNEX 6:**
**UN AGENCY ROLES/RESPONSIBILITIES**

Component	Sub-components and activities	Agency technical operational roles		
		FAO	UNICEF	WHO
A. Reduce malnutrition	A.1. Proven nutrition interventions	support	<b>lead</b>	support
	A.2. Parallel IEC/BCC campaign	support	<b>lead</b>	support
	A.3. Complementary approaches	support	<b>lead</b>	support
B. F& N Policy and Planning	B.1. Develop FNAP	support		<b>lead</b>
	B.2. Establish HFN surveillance	support	<b>lead</b>	support
	B.3. Research knowledge gaps:			
	b.3.1. Causes of anaemia	support	support	<b>lead</b>
	b.3.2. Impact of rising food and energy prices.	<b>lead</b>	support	support
	b.3.3. Flour fortification	support	<b>lead</b>	support
	b.3.4. Gender roles in food and nutrition	<b>lead</b>	support	support
C. Capacity development	C.1. PHN curriculum development	support	support	<b>lead</b>
	C.2. Strengthen MCH inspector capacities	support	support	<b>lead</b>
D. M&E and scaling up	Capture and document experiences and lessons learnt	support	<b>lead</b>	support

Source: JP Document, p39

### General Context: the MDG-F

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDGF supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

#### The following points should be provided by the joint programme team

- Describe the joint programme, programme name and goals; include when it started, what outputs and outcomes are sought, its contribution to the MDGs at the local and national levels, its duration and current stage of implementation.
- Summarize the joint programme's scale of complexity, including its components, targeted participants (direct and indirect), geographical scope (regions) and the socio-economic context in which it operates.
- It is also useful to describe the human and financial resources that the joint programme has at its disposal, the number of programme implementation partners (UN, national and local governments and other stakeholders in programme implementation).
- Changes noted in the programme since implementation began, and how the programme fits in with the priorities of the UNDAF and the National Development Strategies.

## 2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are highly formative in nature and seek to **improve implementation of the joint programmes during their second phase of implementation. They also seek and generate knowledge, identifying best practices and lessons learned** that could be transferred to other

programmes. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

### 3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately three months.

**The unit of analysis or object of study for this interim evaluation is the joint programme**, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.
3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the **Economic Governance thematic window**, and the Millennium Development Goals at the local and/or country level.

### 4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

**The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick mid-term evaluation exercise.**

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

**Design level:**



- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
  - a) Is the identification of the problems, with their respective causes, clear in the joint programme?
  - b) Does the Joint Programme take into account the particularities and specific interests of women and men in the areas of intervention?
  - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural background?
  - d) Are the follow-up indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
  - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
  
- **Ownership in the design: Effective exercise of leadership by the country's social agents in development interventions**
  - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans and programmes, to identified needs, and to the operational context of national politics?
  - b) To what extent have the country's national and local authorities and social agents been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

#### **Process level**

- **Efficiency: Extent to which resources/inputs (funds, time, etc.) have been turned into results**
  - a) To what extent does the joint programme's management model (i.e. instruments; economic, human and technical resources; organizational structure; information flows; decision-making in management) contribute to obtaining the predicted products and results?

- b) To what extent are the participating agencies coordinating with each other, with the government and with civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) Are there efficient coordination mechanisms to avoid overloading the counterparts, participating population/actors?
- d) Is the pace of implementing the products of the programme ensuring the completeness of the results of the joint programme? How do the different components of the joint programme interrelate?
- e) Are work methodologies, financial instruments, etc. shared among agencies, institutions and Joint Programmes?
- f) Have more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural problems identified?

**- Ownership in the process: Effective exercise of leadership by the country's social agents in development interventions**

- g) To what extent have the target population and participants made the programme their own, taking an active role in it? What modes of participation have taken place?
- h) To what extent have public/private national resources and/or counterparts been mobilized to contribute to the programme's objective and produce results and impacts?

**Results level**

**- Effectiveness: Extent to which the objectives of the development intervention have been achieved or are expected to be achieved, bearing in mind their relative importance.**

- a) Is the programme making progress towards achieving the stipulated results?
  - a. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
  - b. To what extent is the programme contributing to the goals set by the thematic window, and in what ways?
- b) Is the stipulated timeline of outputs being met? What factors are contributing to progress or delay in the achievement of the outputs and outcomes?
- c) Do the outputs produced meet the required high quality?
- d) Does the programme have follow-up mechanisms (to verify the quality of the products, punctuality of delivery, etc.) to measure progress in the achievement of the envisaged results?

- e) Does the programme have follow-up mechanisms (to verify the quality of the products, punctuality of delivery, etc.) to measure progress in the achievement of the envisaged results?
- f) Is the programme providing coverage to beneficiaries as planned?
- g) In what way has the programme come up with innovative measures for problem-solving?
- h) Have any good practices, success stories, or transferable examples been identified?
- i) In what ways has the joint programme contributed to the issue of fair youth employment?
- j) In what ways has the joint programme contributed to the issue of internal and/or external migration?
- k) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?

**Sustainability: Probability of the benefits of the intervention continuing in the long term.**

- a) Are the necessary premises occurring to ensure the sustainability of the effects of the joint programme?

At local and national level:

- i. Is the programme supported by national and/or local institutions?
- ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
- iii. Have operating capacities been created and/or reinforced in national partners?
- iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
- v. Is the duration of the programme sufficient to ensure a cycle that will project the sustainability of the interventions?
- b) To what extent are the visions and actions of the partners consistent or divergent with regard to the joint programme?
- c) In what ways can the governance of the joint programme be improved so that it has greater likelihood of achieving future sustainability?

## 5. METHODOLOGICAL APPROACH

The mid-term evaluations will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. Consultants are also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the desk study report and the final evaluation report, and should contain, at minimum, information on

the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

## 6. EVALUATION DELIVERABLES

The consultant is responsible for submitting the following deliverables to the Secretariat of the MDGF:

✧ **Inception Report** (to be submitted within fifteen days of the submission of all programme documentation to the consultant)

This report will be 10 to 15 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The desk study report will propose initial lines of inquiry about the joint programme this report will be used as an initial point of agreement and understanding between the consultant and the evaluation managers. The report will follow this outline:

### 0. Introduction

#### 1. Background to the evaluation: objectives and overall approach

#### 2. Identification of main units and dimensions for analysis and possible areas for research

#### 3. Main substantive and financial achievements of the joint programme

#### 4. Methodology for the compilation and analysis of the information

#### 5. Criteria to define the mission agenda, including “field visits”

✧ **Draft Final Report** (to be submitted within 15 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The final report will be shared with evaluation reference group to seek their comments and suggestions. This report will contain the same sections as the final report, described below.

✧ **Final Evaluation Report** (to be submitted within ten days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and

recommendations. The final report will be sent to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
  - Background, goal and methodological approach
  - Purpose of the evaluation
  - Methodology used in the evaluation
  - Constraints and limitations on the study conducted
3. Description of interventions carried out
  - - Initial concept
  - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

## 7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the consultant and the heads of the Joint Programme in connection with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.
- **Integrity.** The evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- **Independence.** The consultant should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, they must be reported immediately to the Secretariat of the MDGF. If this is not done, the existence of such

problems may in no case be used to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.

- **Validation of information.** The consultant will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the consultant shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

## 8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation process are the MDGF Secretariat, the management team of the joint programme and the Programme Management Committee that could be expanded to accommodate additional relevant stakeholders. This group of institutions and individuals will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents,( Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The MDGF Secretariat shall promote and manage Joint Programme mid-term evaluation in its role as commissioner of the evaluation, fulfilling the mandate to conduct and finance the joint programme evaluation. As manager of the evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated, promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process.

## 9. TIMELINE FOR THE EVALUATION PROCESS

**A. Preparation of the evaluation (approximately 45-60 days before the date the programme reaches a year and a half of implementation). These preparatory activities are not part of the evaluation as they precede the evaluation exercise.**

1. An official e-mail from the Secretariat is sent to the RC, coordination officers in the country and joint programme coordinator. This mail will include the official starting date of the evaluation, instructive on mid-term evaluation and generic TOR for the evaluation.
2. During this period the evaluation reference group is established, the TOR are adapted to the context and interest of stakeholders in the country and all relevant documents on the joint programme are sent to the evaluator.

This activity requires a dialogue between the Secretariat and the reference group of the evaluation (the body that comments on and reviews but does not interfere with the independent evaluation process). This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

3. The Secretariat's portfolios manager will discuss with the country an initial date for having the field visit.
4. From this point on, the evaluation specialists and the portfolio manager are responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the consultant, to serve as interlocutor between the parties (consultant, joint programme team in the country, etc.), and to review the deliverables that are produced.

**B. Execution phase of the evaluation study (87-92 days total)**

### **Desk study (23 days total)**

1. Briefing with the consultant (**1 day**). A checklist of activities and documents to review will be submitted, and the evaluation process will be explained. Discussion will take place over what the evaluation should entail.
2. Review of documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. Submission of the inception report including the findings from the document review specifying how the evaluation will be conducted. The inception report is sent and shared with the evaluation reference group for comments and suggestions (within **fifteen days of delivery of all programme documentation to the consultant**).



4. The focal point for the evaluation (joint programme coordinator, resident coordinator office, etc) and the consultant prepare and agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (Within **seven days of delivery of the desk study report**).

**Field visit (10-15 days)**

1. The consultant will travel to the country to observe and contrast the preliminary conclusions reached through the study of the document revision. The planned agenda will be carried out. To accomplish this, the Secretariat's portfolio manager may need to facilitate the consultant's visit by means of phone calls and emails, making sure there is a focal person in the country who is his/her natural interlocutor by default.
2. The consultant will be responsible for conducting a debriefing with the key actors he or she has interacted with.

**Final Report (54 days total)**

1. The consultant will deliver a draft final report, which the Secretariat's programme officer shall be responsible for sharing with the evaluation reference group (**within fifteen days of the completion of the field visit**).
2. The Secretariat will assess the quality of the evaluation reports presented using the criteria stipulated by UNEG and DAC Evaluation Network (**within seven days of delivery of the draft final report**).
3. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed (**within fifteen days of delivery of the draft final report**).

The evaluation reference group may also comment on the value judgements contained in the evaluation, but these may not affect the evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.

All comments will be compiled in a matrix that the Secretariat will provide to the evaluation focal points.

4. On the completion of input from the reference group, the evaluator shall address all the comments and decide which input to incorporate to the report and which to omit (**ten days**) and submit to the MDG-F Secretariat a final evaluation report.
  5. The Secretariat will review the final copy of the report, and this phase will conclude with the delivery of this report to the evaluation reference group in the country (**within seven days of delivery of the draft final report with comments**).
- C. Phase of incorporating recommendations and improvement plan (within fifteen days of delivery of the final report):**
1. The Secretariat's programme officer, as representative of the Secretariat, shall engage in a dialogue with the joint programme managers to establish an improvement plan that includes recommendations from the evaluation.
  2. The Secretariat will publish the evaluation in its website.

## 10. ANNEXES

### a) Document Review

**This section must be completed and specified by the other users of the evaluation but mainly by the management team of the joint programme and by the Programme Management Committee. A minimum of documents that must be reviewed before the field trip shall be established; in general terms the Secretariat estimates that these shall include, as a minimum:**

#### MDG-F Context

- MDGF Framework Document
- Summary of the M&E frameworks and common indicators
- General thematic indicators
- M&E strategy
- Communication and Advocacy Strategy
- MDG-F Joint Implementation Guidelines

#### Specific Joint Programme Documents

- Joint Programme Document: results framework and monitoring and evaluation framework
- Mission reports from the Secretariat
- Quarterly reports
- Mini-monitoring reports
- Biannual monitoring reports
- Annual reports
- Annual work plan

- Financial information (MDTF)

Other in-country documents or information

- Evaluations, assessments or internal reports conducted by the joint programme
- Relevant documents or reports on the Millennium Development Goals at the local and national levels
- Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
- Relevant documents or reports on One UN, Delivering as One

### c) File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
2.3				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				

