



FINAL EVALUATION

Mozambique

Thematic window
Children, Food Security and Nutrition

Programme Title:

Children, Food Security and Nutrition in
Mozambique

Prologue

This final evaluation report has been coordinated by the MDG Achievement Fund joint programme in an effort to assess results at the completion point of the programme. As stipulated in the monitoring and evaluation strategy of the Fund, all 130 programmes, in 8 thematic windows, are required to commission and finance an independent final evaluation, in addition to the programme's mid-term evaluation.

Each final evaluation has been commissioned by the UN Resident Coordinator's Office (RCO) in the respective programme country. The MDG-F Secretariat has provided guidance and quality assurance to the country team in the evaluation process, including through the review of the TORs and the evaluation reports. All final evaluations are expected to be conducted in line with the OECD Development Assistant Committee (DAC) Evaluation Network "Quality Standards for Development Evaluation", and the United Nations Evaluation Group (UNEG) "Standards for Evaluation in the UN System".

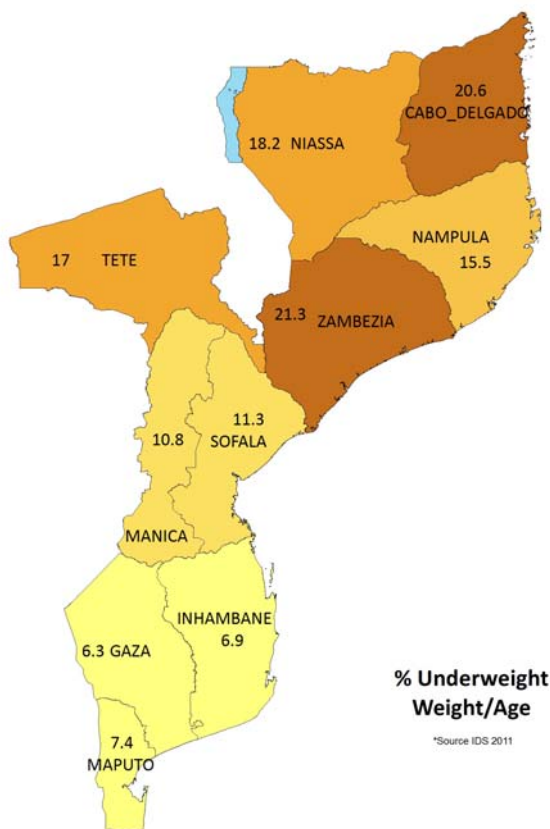
Final evaluations are summative in nature and seek to measure to what extent the joint programme has fully implemented its activities, delivered outputs and attained outcomes. They also generate substantive evidence-based knowledge on each of the MDG-F thematic windows by identifying best practices and lessons learned to be carried forward to other development interventions and policy-making at local, national, and global levels.

We thank the UN Resident Coordinator and their respective coordination office, as well as the joint programme team for their efforts in undertaking this final evaluation.

MDG-F Secretariat

The analysis and recommendations of this evaluation are those of the evaluator and do not necessarily reflect the views of the Joint Programme or MDG-F Secretariat.

FINAL EVALUATION OF UN JOINT PROGRAMME
CHILDREN, FOOD SECURITY AND NUTRITION
MOZAMBIQUE



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Programme title	"Joint programme on Children, food security and nutrition"			
Programme ID	MDG-F 1693			
Funded by	Spanish government through MDG-f			
Basic data	Starting date : 10/2009 Expected closure date: 12/2011 No cost extension: 06/2012 Total Duration: 34 months	Implementing United Nations Agencies		
		FAO, WFP, UNICEF, WHO		
		Government partners agencies:		
		Ministry of Health, Maputo and Nampula City Councils, Ministry of Agriculture		
Covered area: FAO: Nampula & Maputo cities UNICEF: nationwide WFP: provinces of Maputo, Gaza, Inhambane, Sofala, Manica, Tête and Maputo City WHO: selected districts based on "Sentinel Posts"				
Outcome :	Improved health, nutritional and food security status for children by mid 2012			
			Agency budget	Value in USD
Output 1: An effectively functioning and expanded system to treat severely and moderately malnourished children is operational in programme areas by the end of 2011.	Output 1.1 Up to 40,000 moderately acutely malnourished children will be reached with nutrition supplementation in each year (2009 & 2010)	Indicator: # of moderately malnourished children reached # of severely malnourished children and pregnant women reached	UNICEF	167.000
			WFP	1.750.000
	Subtotal 1.1		1.917.000	
	Output 1.2 Up to 8,000 severely acutely malnourished children, up to 4,000 malnourished adults, including malnourished pregnant women, will be reached with the nutrition rehabilitation programme in the first year		UNICEF	110.000
WFP		99.000		
		WHO	95.587	
Subtotal 1.2		304.587		
Output 2: An effective way of delivering key preventative interventions to children <5	Output 2.1 Up to 3.5 million children under five would be reached with micro-nutrient supplementation in one round of the National Child Health Week	# of children <5 reached with micro-nutrient supplementation	UNICEF	1.200.000
			Subtotal 2.1 1.200.000	
Output 3: An effectively functioning and expanded system to promote improved and diversified diets and knowledge on nutrition included in IYCF.	Output 3.1 Up to 15.000 households with improved diversified diets due to urban vegetable gardens and improved knowledge on nutrition	Indicators: # households with improved diversified diets # households with improved nutrition knowledge # neighbourhoods with tree planting programme # of provinces implementing the MoH Infant Feeding Policy and Strategy on the Promotion, Protection and Support of Breastfeeding	FAO	1.006.600
			Subtotal 3.1 1.006.600	
	Output 3.2 Up to 10 densely populated neighbourhoods engaged in an active fruit tree planting programme to increase fruit consumption through the "one child one tree" education sector initiative.		FAO	480.000
			Subtotal 3.2 480.000	
	Output 3.3 Improved infant and young child feeding (IYCF) practices in all eleven provinces.		UNICEF	210.000
			WHO	22.000
Subtotal 3.3		232.000		
		Total effective		4.271.587
		TOTAL BUDGET		5.500.000
	Programme costs	Indirect support costs	%	Total per agency
FAO	1.486.600	104.062	29%	1.590.662
UNICEF	1.687.000	118.090	33%	1.805.090
WFP	1.849.000	129.430	36%	1.978.430
WHO	117.587	8.231	2%	125.818
TOTAL	5.140.587 (93%)	359.813 (7%)	100%	5.500.000

1. Executive Summary

The United Nations in Mozambique, under the “Delivering as One” initiative formulated a 5.5 million USD Joint Programme (JP) financed by the Millennium Development Goal Fund in response to the effect of rising food prices on vulnerable people in Mozambique.

- 5 The overall objective was to improve health, food security and nutrition, particularly related to children. The programme was designed and implemented by 4 UN agencies: UNICEF (as Joint Program Coordinator), WHO, WFP and FAO. The program was implemented in collaboration with the Ministry of Health and Ministry of Agriculture, Maputo and Nampula City councils as well as local NGOs.

The programme implementation started in October 2009 and is due to close by June 2012 (following a 6 month no cost extension). As per the MDG-F secretariat the current final assessment is taking place before the end of the programme, parallel to the last programme interventions.

The main two objectives of this evaluation are to

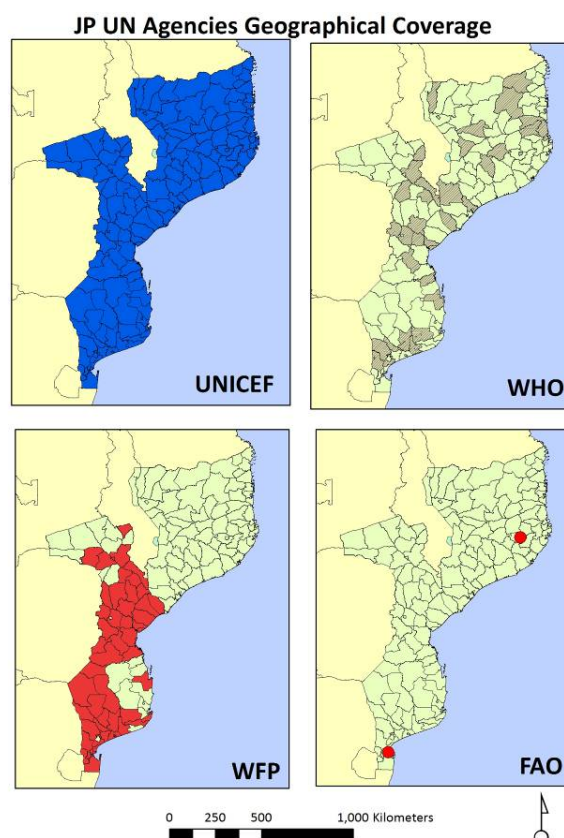


Figure 1 UN agencies Geographical coverage

1. Measure the level of implementation and development results and
2. To identify the best practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability).

The evaluation took place in the period April/May 2012 and used a combination of literature review, interviews and field visits. The interviews covered stakeholders at National, Provincial and District level; the four UN agencies, National and Provincial government institutions such as the department of nutrition at the Ministry of Health, the Nampula and Maputo City councils, local NGOs and final beneficiaries as well as the UN Resident Coordinator office and the Spanish Cooperation Office (AECID).

FINDINGS:

DESIGN PHASE

- As defines a JP, there were various UN agencies involved (UNICEF, WFP, WHO, FAO). Though they agreed in the common objectives, the actual implementation

approaches were diverse. In particular, the FAO urban gardening & nutrition education component was different in nearly all aspects as it was new, small-scale, and of limited geographical extent (municipalities). The other agencies were nation-wide, integrated on Ministry of Health (MoH) and building on existing programs.

- The programme agreed to follow the line 'Joint programming – individual implementation' through a Programme Management Committee (PMC) chaired by MoH.
- Although Mozambique had joined the initiative "Delivering as One", there was little evidence of it in this JP; from the design phase there was no harmonisation in terms of procedures or single management unit; coordination through the PMC was done more for information sharing and administrative issues while between agencies was achieved on an ad-hoc basis and synergies created in the same way.

ADVOCACY

In terms of advocacy and communication, there was a joint effort to participate in a week workshop on nutrition represented by RC. Also, UNICEF has sponsored training of journalists on breastfeeding, funded the communication campaigns on the Child Health Week and FAO organised events of social mobilisation (at municipal level).

PROCESS PHASE BY OUTPUTS

Output 1: Nutritional rehabilitation programme (PRN)

- There was a tripartite agreement between MoH-UNICEF-WFP which identified the roles and responsibilities of each one for the Mozambique supplementary feeding programme. For logistical reasons, WFP was unable to cover the Northern districts of the country, and the supplementary feeding programme was implemented in 50 districts instead of the 81 agreed.
- There were synergies between WFP and UNICEF (e.g. health staff trainings) in those 50 districts while UNICEF, via support to MoH, operated alone in the North of Mozambique.
- UNICEF and WFP support through the TPR included trainings (TOT) on the new malnutrition protocol, on the job trainings by WFP on selected districts and handling over of materials to health centres (nationwide). This resulted in an upgrade of selected health facilities.
- Even though WFP was not present in the North, they still managed to reach the expected number of beneficiaries and therefore impact significantly on the target population. MoH is covering the North with Ready to use Therapeutic foods (RUTF) but they lack enough resources/capacity.
- WFP is procuring CSB on the international market, presently bringing it from Zambia instead of locally from the one factory in Beira. Currently the JAM factory in Dondo, Beira is upgrading the equipment that will be inspected by WFP for a quality assessment. The factory is also producing RUTF (Ready to use therapeutic

food) as Plumpy'nut for MoH. The Clinton Foundation (Clinton Health Access Initiative or CHAI) buys it for MoH.

- The Nutritional Rehabilitation programme (PRN) reached almost 50,000 children with malnutrition in 2011. This reflects coverage over 90% of expected results.
- Staff transfers remain a national problem since there is need for constant recycling/refreshing of remaining staff and very little on the job training although now DPS are starting to do on the job training to try and compensate for the transfers.

Output 2: National Child Health Week (NCHW)

- The NCHW was supported by the JP for one round in 2009, and two rounds in 2010. The following campaigns in 2011 were implemented by MoH. The fact that it was such a successful activity has invited other donors. The national coverage was 96-108% of expected results.

Output 3.1: Urban/peri urban horticulture and nutrition

- There were many delays in the implementation of FAO's activities. Initial delays on the staff contracts, selection of cities, and final selection of implementing NGOs. The initial contracts with the NGOs were only for 6 months. The agriculture and nutrition activities in urban and peri urban neighbourhoods were greatly strengthen from the no-cost extension applied after the mid term review.
- The training in horticulture and nutrition covered more than 11,000 HH, 370 activists in 5 NGOS in the municipalities of Maputo and Nampula, equivalent to almost 76% of the expected result. Although one of the recommendations from the mid term review was to downsize the intervention to increase quality.
- The tree planting intervention, in line with "one child one tree" promoted by the government, reached 10 communities/schools as expected.
- 10% of all trees went to schools with a poor success rate and the rest to HH with pregnant or abandoned women. It is foreseen that there will be a good use of those trees since fruit trees are valued at the communities, but due to the time period of the JP, there will not be any quantitative result within this JP

Output 3.2: Improved Infant and Young children feeding practices (IYCF)

- Three Training of trainers (TOT) on IYCF took place in the country, in the north, centre and south. UNICEF supported the training in the south. It did not cover the whole country but 9 out of 11 provinces are working towards the Infant Feeding Policy, even though the policy is not yet approved.
- The initial TOT for the Baby Friendly Hospital Initiative (BFHI) that promotes exclusive breastfeeding between others, took place as part of the initiative to become a "Baby Friendly Hospital". The JP funds have been used to support some hospitals (Beira, Manica, a.o., and materials for all), UNICEF and other donors are now assisting for other hospitals. Within the JP there are no funds to continue with the replicability within the hospitals

Output 3.3: Nutritional Surveillance – Sentinel Posts (PSVN)

- 125
- WHO is still on its way to implement a training for the nutritional surveillance component based on a new programme "Antro" already translated into Portuguese. However, the whole surveillance system will still require of a monitoring system that will fall short of this JP.
- 130
- In terms of the second component by WHO on food safety practices, there was a recommendation by the mid term review to link it with FAO's training. There was no evidence during this evaluation that such training took place.

National Steering Committee (NSC)

- 135
- The National steering committee (NSC) was not active within this JP. The technical office for the Spanish cooperation (AECID) attended one of the PMC meetings as a guest and was in regular communication with RCO and UNICEF initially until their health focal point left the office and was not replaced. Not other contact effort was made until the final evaluation.

RESULTS

OWNERSHIP

- 140
- Ownership is very high on the nutrition component with MoH an active participant and leader of the JP. However, ownership of FAO's activities remains low. FAO has been the implementer even though there were regular coordination meetings at municipal level.

GENDER

- 145
- All monitoring data comes from the government and is not disaggregated. There are in limited extent some differentiation of gender based roles. For example there were more female activists for the urban gardens/nutrition component, though there was only ad-hoc inclusion of men on nutrition workshops.

IMPACT

- 150
- The impact of the JP can only be measured using government data such as MICS or DHS. There has been a clear reduction in child mortality and some improvement on malnutrition indicators such as underweight prevalence. This is however a result from the entire sector and cannot and should not be attributed to singular interventions such as JP.

Mortality (<5 years)	141 ⁰ / ₀₀	97 ⁰ / ₀₀
Mortality (<=1 year)	95 ⁰ / ₀₀	64 ⁰ / ₀₀
Low weight prevalence	18%	15%
Chronic malnutrition	44%	43%
Acute malnutrition	4%	6%
Vit A Children (< 5 years)	72%	100%

Source:: MICS 2008 IDS 2011

155 MONITORING AND EVALUATION

Nutrition data in Mozambique depends on national surveys every few years. However, as a response to one of the mid term recommendations WFP organized a mission with the Health Information System Project (HISP). This mission evaluated

the possibility of integrating nutrition data with already existing MoH data collected through the National Health System data base (*Módulo Básico*) as well as improving the already existing data information system. This process, together with UNICEF and WHO is continuing even after the JP closes

SUSTAINABILITY

In terms of sustainability there will have been a better result in the JP was more integrated; FAO's component combines effectively nutritional education with a practical approach against long term malnutrition but it was an independent development not integrated or with the same level and scale as the others.

There should have been an exit strategy designed and implemented from the beginning of the JP. The lack of an exit strategy is felt mainly on the FAO's intervention due to the fact that it is a new methodology while the other interventions fall within the government's mainstream.

CONCLUSION

The JP delivered as per project document in outputs 1&2 with over 90% results on expected indicators, even if there was individual implementation per agency. Overall, the programme has contributed little to the UN reform. UNICEF, WFP and WHO seemed to formulate a JP as the means to secure funding for scaling up of activities.

FAO was the only agency to implement a new approach combining nutrition education and horticulture, even if small scale and pilot in nature. Overall, it targets malnutrition on the longer term and should be easily replicable even though it was very inefficient in its implementation due huge delays.

The main lesson learned is that the design phase of a JP is critical. A JP is a platform that could provide more coherent results with increased effectiveness, impact, and reduction of transaction costs. In that sense, big programmes like this may not be the best for a JP approach.

RECOMMENDATIONS

On the technical side, a scale up of on the job trainings for health staff should be considered to overcome staff transfers at national level. Not only from an external person but co-workers updates should become routine.

Health centres would benefit from urban gardens. New technologies to produce horticulture in limited space will supplement the hospital diet and provide vegetables to continue/make sustainable the weekly cooking demonstrations at the Health units provided they do have staff allocated to do the gardens as happens in some of them.

Overall, the design process of the JP is critical and should be a collective effort from agencies, either with integrated interventions or looking for complementarities. It should also have the same level of interventions, joint indicators and an exit strategy right from the design level.

The role /participation of the National Steering Committee (NSC) and AECID should be unambiguous. The NSC should be a strong body able to demand accountability to the implementing agencies and to take decisions such as the transfer of funds from one

200 agency to another as suggested in the mid term evaluation due to lack of implementation by any agency.

As the donor, AECID should have a clear presence through the monitoring, with the possibility of demanding accountability.

205 As for the monitoring of the program as such, there should have been a stronger support to the development of the nutritional surveillance system. Thus, the surveillance system would provide regular data to assess the nutritional trend of the country even if official nutritional figures would still depend on national data every few years.

Glossary/list of acronyms

Acronym	Definition
AECID	Spanish cooperation agency for international development
BFHI	Baby Friendly Hospital Initiative
CBO	Community Based Organization
CMAM	Centre for Medicine and Medical Items
CSB	Corn Soya Blend
DHS	Health and demographic survey
DPS	Provincial Health Management
FAO	Food and Agriculture Organisation of the United Nations
FS	Food Security
GOM	Government of Mozambique
HC	HealthCentre
HDI	Human Development Index
HH	Household
HISP	Health Information System Project
HIV	Human Immunodeficiency Virus
HK	Hellen Keller
IDS	Health and demographic survey
IYCF	Infant and Young Children Feeding
JP	Joint Programme
KAP	Knowledge, attitudes and Practices
LOA	Milk –Oil-Sugar
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MDGF	Millennium Development Goal Fund
MICS	Multiple indicator Cluster Survey
MINAG	Ministry of Agriculture
MINEC	Ministry of Foreign Affairs and Cooperation
MISAU	Ministry of Health
MOH	Ministry of Health
NCHW	National Child Health Week
NGO	Non Governmental Organization
NSC	National Steering committee
OMS	World Food Programme
OTC	Technical Cooperation Office
PARPA	Plan for the eradication of absolute poverty
PES	Social an strategic plan
PMC	Project management committee
PRN	Nutritional Rehabilitation Programme
PSVN	Sentinel posts for nutritional surveillance
QAD	Framework for the evaluation of performance. Health Sector
RC	Resident Coordinator
RCO	Resident Coordinator Office
RUFT	Ready to use therapeutic foods
SAM	Severely Acute Malnutrition
SAN	Nutrition and Food security
SETSAN	Secretariat of food and nutrition security
SMART	Specific, Measurable, Accessible, Realistic, Time specific
TOT	Training of Trainers
TPR	Tripartite
UGCAN	Nampula farmers union
UN	United Nations
UNDAF	United Nations Development Framework
UNDP	United nations Development programme
UNICEF	United Nations International Children's Fund
WFP	World Food Program
WHO	World Health Organization

2. Introduction

2.1. Background, goal and methodological approach

215 In December 2006, the UNDP and the Government of Spain signed a partnership agreement for €528 million to contribute to the MDGs through the UN System. In 2008 Spain pledged an additional €90 million towards the launch of a thematic window on Childhood and Nutrition.

220 The funds are managed by the MDG-F secretariat based in New York to which the UN agencies apply through a call for proposals. In 2009, four UN agencies in Mozambique presented a proposal to reduce food insecurity and malnutrition in Mozambique. This JP was developed by the UN agencies together with the ministries of Health and Agriculture, in response to the effect of rising food prices on already marginalized and vulnerable groups in Mozambique that severely affected the population in 2007 and 2008¹.

225 This JP was designed shortly after Mozambique was selected as one of the 8 pilot countries for the initiative "Delivering as One"² which objectives are to provide technical assistance in a more coordinated way, capitalizing on the strengths and comparative advantages of the different members of the UN family and experimenting ways to increase the UN system's impact through more coherent programmes, reduced transaction costs for governments, and lower overhead costs for the UN system. The reforms are based on four principles such as: One leader, one budget, one programme and one office

240 The resulting JP combined the expertise of 4 agencies, namely UNICEF³, WHO⁴, FAO⁵ and WFP⁶, to reduce malnutrition and food insecurity with the ministry of health (MISAU) and the Ministry of Agriculture (MINAG)

245 represented by the municipal councils of Maputo and Nampula cities as official counterparts. The objective of the programme is to improve health, nutritional and food security status for children and pregnant and lactating mothers.

Mozambique, with a population estimated at over 20 million people, with around 70% located in rural areas, came out of a 30 year civil war in 1992 and is still one of the poorest countries in the world ranking 184 in the UNDP HDI.

Over half the population (55%) lives below the poverty line with malnutrition remaining a major underdevelopment issue in the country. Nonetheless, significant progress to reduce chronic malnutrition (stunting, low height for age) was registered as it decreased from 55-60% in the 90s to 48% by 2003 and 44% by 2008 and 42.6% by 2011 while acute malnutrition decreased from 5% in 2003 to 4% in 2008 and 5.9% in 2011.

¹ as documented by the Government's Secretariat for Food and Nutrition Security (SETSAN) and by the Famine Early Warning Network (FEWS-NET).

² More details on "Delivering As One" at <http://www.undq.org/?P=7>

³ United Nations Children Emergency Fund

⁴ World Health Organisation

⁵ Food and Agriculture Organisation of the United Nations

⁶ World Food Program

Most of the activities complement existing agency programmes on nutrition through scaling up at national level or in some selected provinces of short term mitigating efforts, like the already existing MoH-WFP-UNICEF tripartite Agreement to provide support to malnourished children in district Health facilities, to longer term sustainable interventions, like FAO's pilot intervention, geographically small focussing on improving diets and nutrition education in urban/peri urban areas.

2.2.Purpose of the evaluation

The objective of this evaluation is to provide an independent evaluation as instated on the M&E Strategy and the implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund.(MDG-F).

As per TOR, the final evaluation was to:

- provide a **summative** account and to measure the level of implementation and development results as well as to identify the best practices and lessons learned on the childhood and nutrition thematic window, that could be useful for a scale up of national interventions or international replication.⁷
- identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the joint programme or some of its components

As per TOR, particular attention is to be paid to the design, process and results level of this intervention, to measure the level of Relevance, Efficiency, Effectiveness, ownership and sustainability of the JP intervention on childhood, nutrition and food security.

2.3.Methodologies used in the evaluation

This evaluation used a combination of direct and indirect data gathering, mainly primary data collection from key informants. The evaluation was divided in three phases:

1 Desk study where the following documents were made available:

- Project document (2009)
- Annual progress report 2009, 2010
- 4 M&E reports
- PMC minutes (2010)
- Mid-term evaluation (2011)
- Consolidated improvement plan (Nov 2011)
- Strategic and Social programme (PES) (2012)
- Framework for the evaluation of performance. Health Sector. (QUAD)(2011)
- C&A (Communication and Advocacy) plan (2009)
- KAP study by FAO/baseline study (2011)
- Multiple indicators in Health (MICS) (2008)
- Draft report for the "Inquerito demografico e saude" (2011)
- Training packages developed

⁷ TOR in the annexes

- 290 2 **Primary data collection**, with key interviews covering stakeholders in Beira, Maputo and Nampula. It included primary interviews, a field trip⁸ to all provinces and a digital questionnaire for the UN agencies on the “delivery as one” approach.
- 295 3 **Data analyses** /Reporting and presenting. The information collected was cross checked with other stakeholders given that all quantitative data comes from the stakeholders; there was limited quantitative data collection during the evaluation.

2.4.Constraints and limitations on the study conducted

300 The single largest limitation of this evaluation is that most quantitative analyses necessarily depend on data supplied by the partners/implementers themselves. The time frame of this evaluation does not allow for a sensible sample from the actual beneficiaries, thus impedes any type of rigorous or statistical sound evaluation methods.

305 The information gathered covered, as much as possible, a wide range of stakeholders, but given that the JP coverage was national, it was impossible to reach all provinces during the current study, thus the conclusions and recommendations of this evaluation are based mainly on indirect information cross checked with various stakeholders.

Another limitation is that the current study does not cover financial evaluation (other than basic expenditure). Aspects such as (cost) efficiency and funding principles will not be addressed.

310 The key questions on design, process and results level highlighted in the Terms of Reference would take more than an hour to discuss reasonably during an interview. Therefore, not all questions could be asked to all people. It has been partly overcome by sharing the questions by email with key people in the UN agencies, who responded in their own time & availability.

315 This evaluation, though final, took place before the end of the programme implementation; thus no impact assessment can be carried away for some interventions that are still taking place such as the training on nutritional surveillance software for the sentinel posts.

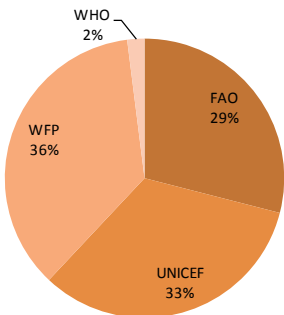
⁸ See annex for the Agenda

320 2.5. Financial summary

The initial budget as per project inception document was USD 5.5 million (Table 1), of which a reasonable 7% was allocated for indirect support costs. All funds as identified in the beginning have been transferred to all partners by December 2011.

Table 1 Detailed budget allocations

	Programme costs	Indirect support costs	Total budget/agency	% of total
FAO	1,486,600	104,062	1,590,662	29%
UNICEF	1,687,000	118,090	1,805,090	33%
WFP	1,849,000	129,430	1,978,430	36%
WHO	117,587	8,231	125,818	2%
TOTAL	5,140,187	359,813	5,500,000	100%
	93%	7%		



325 The financial achievements concerning programme costs are presented in Table 2 (source: monitoring report of January 2012). With still 6 months to go, expenditure is a reasonable 88%, with FAO and WHO slightly lagging behind.

Table 2 Programme financial execution till January 2012

	Total transferred	Budget disbursed	Remaining balance	% execution
FAO	1,486,600	1,171,108	419,554	79%
UNICEF	1,687,000	1,561,569	243,521	93%
WFP	1,849,000	1,700,000	278,430	92%
WHO	117,587	87,790	38,028	75%
TOTAL	5,140,187	4,520,467	979,533	88%

330 Though as indicated in the TOR, a financial analysis is not the focus of this evaluation. The final Joint programme report will give a detailed account of the financial situation.

3. Description of the development interventions carried out

OUTPUT 1: Treatment of malnutrition. (PRN)

335 The outcome stipulated an effectively functioning and expanded system to treat severely acute (SAM) and moderately acute malnourished children (MAM). The JP provided a scaling up of a system that was already in place. UNICEF and WFP were already working under the tripartite agreement between MoH-UNICEF-WFP⁹. WFP was already supporting groups with SAM/also adults with HIV related malnutrition and pregnant women and
340 UNICEF was already supporting children with SAM and giving support to DPS (Provincial Health Department).

Right from the beginning there was a transition phase from the old system of two separate programmes of severe Acute Malnutrition (SAM) and Moderately Acute Malnutrition (MAM) into one. By the end of the programme, this output was reflected as
345 PRN (Nutritional Rehabilitation Programme).

The TOT training programme for health staff had an initial delay because the new malnutrition protocol was only approved by MoH in August 2010. However, there were some trainings by
350 WFP on moderately acute malnutrition before that. These one day trainings were directed to health staff in the 7 provinces where WFP was present, so as to start the distribution of CSB already in country, to avoid it running out of
355 date. MoH and UNICEF were informed of these trainings.

The initial trainings by WFP with collaboration from DPS and clinical partners¹⁰ started in January 2011 and covered all health staff, in two
360 shift trainings, in the health centres supported by WFP. However, those trainings had to be later repeated with the full approved protocol with duration of one week.

Thus the JP provided support at national level for the whole package (5 components) of the new protocol¹¹ in collaboration with MoH and FANTA. These series of one week
365 trainings of Trainers (TOT) covered the whole country but not all health facilities.

A monitoring visit took place by UNICEF and FANTA to the health centres to do a nutritional evaluation after the training. WFP also carried out monitoring to assess the performance of health staff. One of the findings was lack of replicability between health workers. WFP adopted a "cascade system" for the trainings meaning that provincial
370 trainings were focussed on medical people who had a management/coordination role in

UNICEF provided a small percentage of RUTF to support the treatment of SAM, the rest is provided by other clinical partners like CHAI.

WFP provided CSB for the treatment of MAM

Whenever CSB or RUTF runs out, the option at the nutritional surveillance centres is to provide therapeutic milk for children with medical complications (difficult to get at national level) or LOA (milk, oil sugar)

⁹ From August 2011 the Tripartite agreement has changed to the Partner support to PRN implementation plan' with involvement of all PRN partners with FANTA and MoH leading the process

¹⁰ Clinical partners also support the implementation in the field. Monitoring and Registration in Health Centers. Focusing more on HIV patients. Working in parallel with MDG-F. Financed by USAID.

¹¹ Module I for children up to 15 years and Module II for adults still to be approved. Developed by MoH with the support of clinical partners such as FANTA, UNICEF, WFP...

the health centre and also included some technicians though not all. Following the provincial training, on-site trainings to all health personnel were organized. The original training had been mainly focussed to health directors rather than technicians. Replicability is possible, so the fact that it did not happen may show lack of interest by the staff.

WFP provided a full time person to do on the job training of 2-4 health staff per health centre and distribution of the new equipment¹² at the same time in provinces where the training was not done by trainer teams (DPS, clinical partner and WFP). This person covered various provinces (Sofala, Manica and Zambezia). As a result, the coverage of in job training is much stronger than in centres without external support¹³.

Currently MoH is also doing monitoring and on the job training through DPS as indicated in the mid term review to improve sustainability, since the main problem faced by MoH at national level is the high level of staff turnover due to transfers. Knowledge is not sufficiently shared on the job, forcing the need for refresher courses on an annual basis.

The challenge for the MoH would be for the nutrition support not to depend on outside funds, to improve mechanisms through government channels but at the moment all nutritional interventions depend on foreign support.

CONSTRAINTS

- Initially, there was a communication problem between WFP and MoH due to the reduced number of districts where WFP was working and the initial trainings for MAM support that had to be repeated; although the situation improved later on, and the collaboration was re-instated for surveillance visits together.

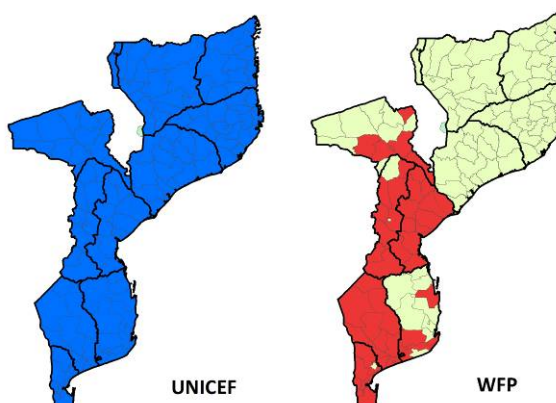


Figure 2 PRN Coverage

- MoH is covering the North with RUTF, with supplies procured by the Clinton Foundation, but the lack of resources/capacity show that actually, RUTF is often distributed to MAM patients, which in turns puts pressure on the RUTF programme.
- One of the findings during the monitoring visits after the first TOT was the lack of replicability on the job, possibly for lack of interest of the health staff. The initial training seemed to cover provincial directors and no technicians.

¹² tape to measure brachial perimeter, new registry books

¹³ PEPFAR technical partners (ICAP, Elizabeth Glaser Paediatric AIDS Foundation) and MSF provide technical support to health centres

- 410 For this reason, WFP started on the job training, with a full time person
visiting all the health Centres covered by WFP in the provinces of Sofala,
Manica.
- 415 4. All Health centres under the direct coverage from WFP have received the
material specified in the new protocol (registry books and anthropometric
tapes for children and adults) while Health centres, without the support of
WFP, are in most cases still using the old equipment.
5. Health centre staff assumes the PRN intervention comes from WFP instead of
DPS due to the higher capacity/presence of WFP at the health centres.
- 420 6. By the time CSB reaches the health centre, its shelf by date is only one
month. This is caused by the considerable logistics. Though problematic, it
seems that the actual use is such that the CSB is still used before the expiry
date.

RESULTS

- 425 Even with the constraints mentioned above, the degree of implementation appears to be
very high, reaching over 90% of targets.
- The number of malnutrition cases treated reached 48,764 in 2011, equivalent to
94% of the expected joint output 1;
 - Capacity building has been reported to have reached 10,000 health officers, of
which 7,000 were women, at 1,000 Health centres, the whole country since the
430 NCHW had national coverage. Training was for the correct measurement of
malnutrition indexes and the provision of appropriate supplementation.
 - Training also covered 11 DPS, 2 Municipalities and 10 NGO/CBO

OUTPUT 2: Preventative interventions children <5. NCHW (UNICEF)

435 The NCHW started in 2008, so it was only a relatively new intervention on the launching of the JP in 2009. The JP provided support to three rounds of the Child Health Week, one at the end of 2009 and 2 in 2010. In 2011, given the success of the campaign and the high national coverage, other donors took over in supporting the MoH in the campaigns.

440 Before 2008 all children's vaccinations, vitamin A supplementations and deworming were done on the visits to the health centre or by the mobile brigades (in communities without health units). Every district has got a number of mobile brigades depending on the size of the district. The mobile brigades are supposed to visit one community per day with the aim to cover the whole district every three months to coincide with the vaccination protocol. However, mobile brigades depend on district government, and the implementation varies per district.

445 On the other side, the NCHW reaches every family in the country. The mobilization is done via radio for the whole country and the funds are allocated specifically for the NCHW at national level. It showed on the results; the Vitamin A/deworming coverage reached 50% of all children in 2003 through Health Centre campaigns and mobile brigades according to DHS; 72% in 2008 and >100% with the NCHW, even though on 450 the post coverage surveys done by HK and UNICEF it showed 79%-81%.

CONSTRAINTS

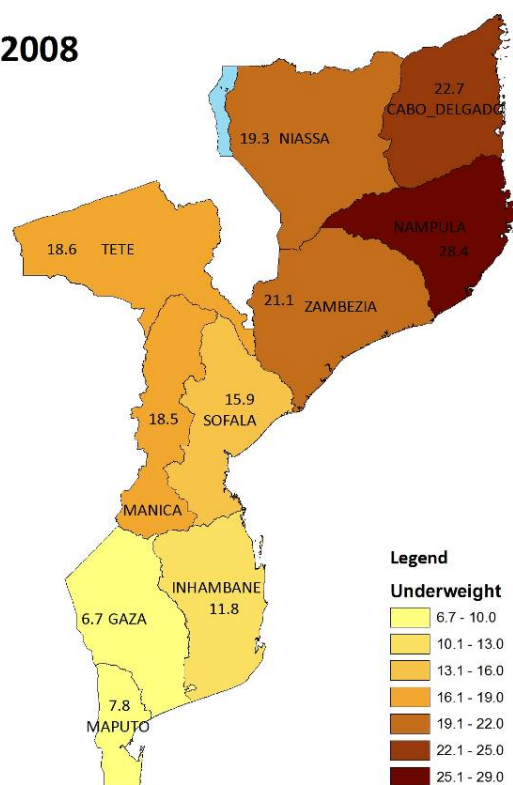
- MoH depends on external funding to continue the NCHW .
- The NCHW is, by need, a temporary measure, but a successful one at the moment. If the need arises to stop it, there should be a transition period to 455 reinforce Health Centre campaigns and mobile brigades to ensure the same level of national coverage.

RESULTS

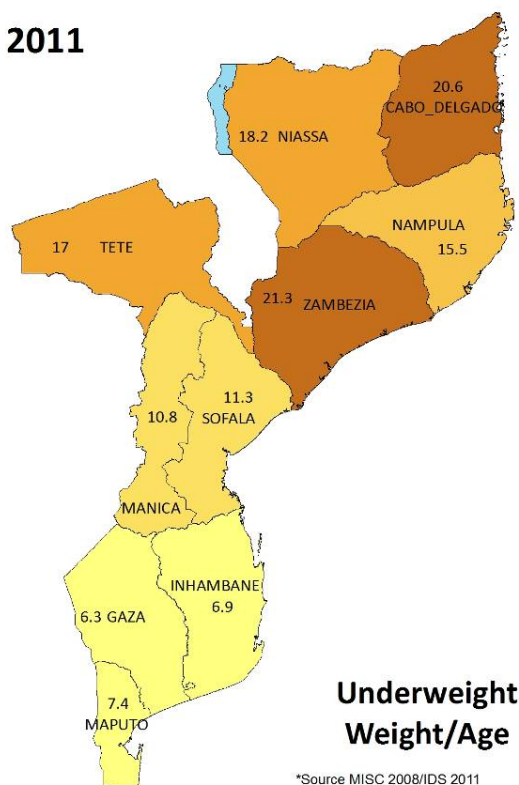
3,352,000 - 3,788,000 children have been reached in the last two rounds of the NCHW with Vitamin A / deworming (2010), equivalent to 96-108% of expected results.

460 The NCHW is included in the PES (Social and Economic Plan) for 2012.

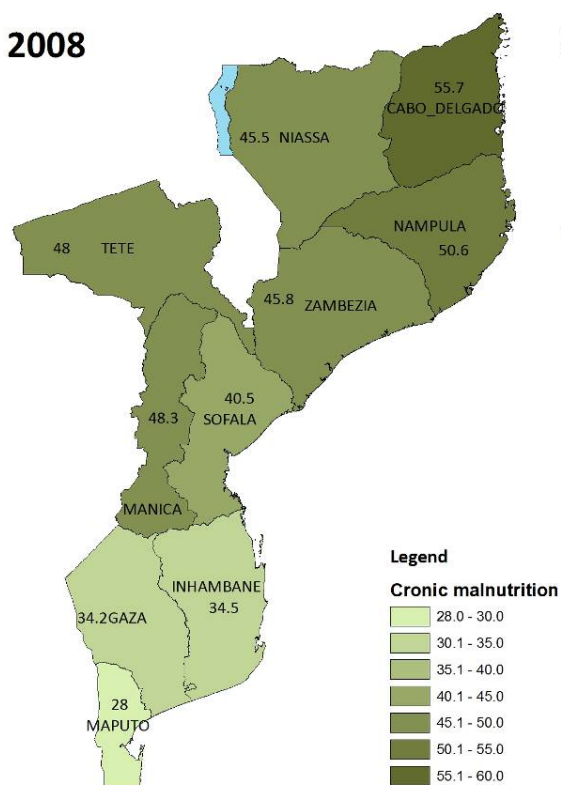
2008



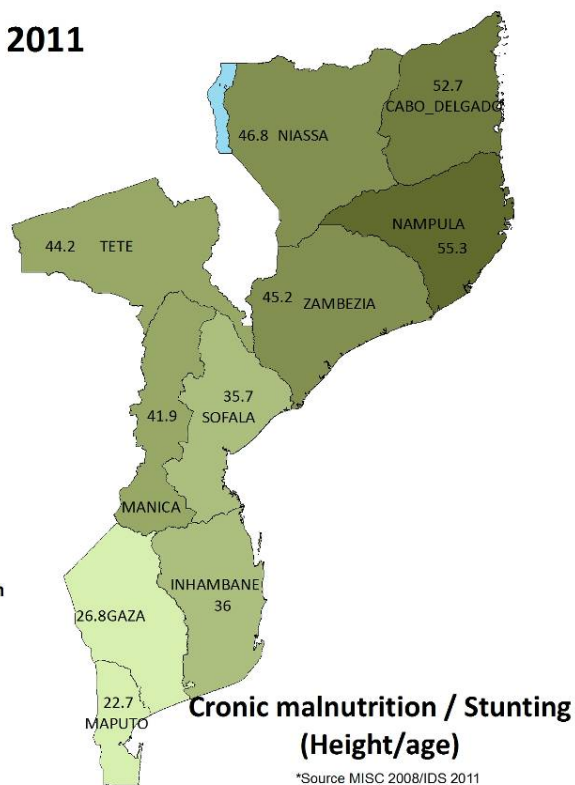
2011



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2011



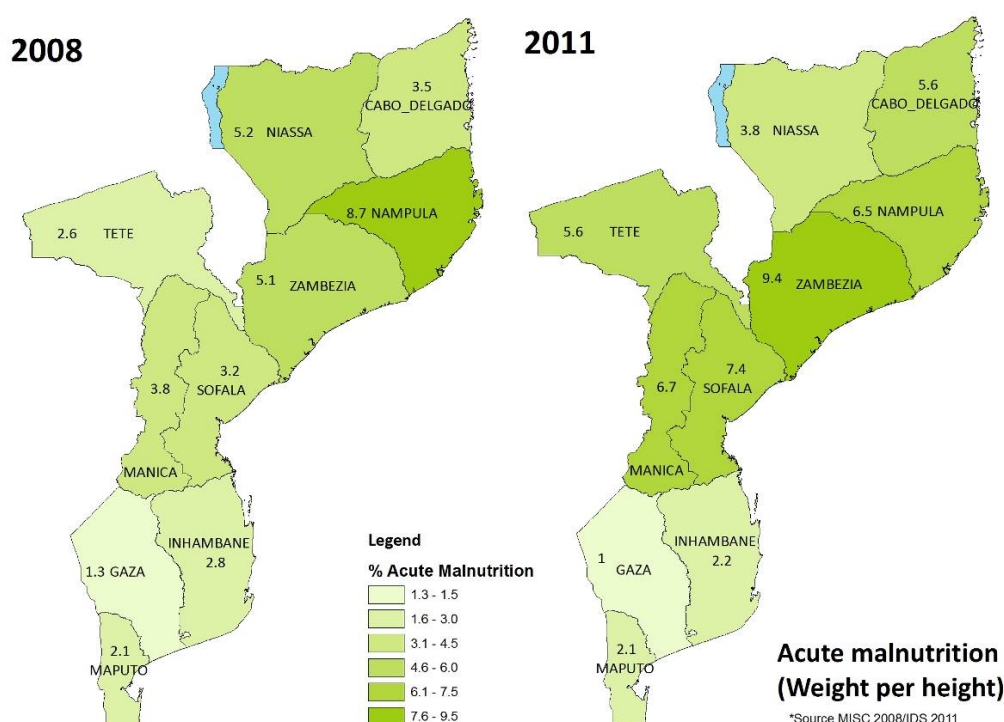


Figure 3 Nutrition indicators

Malnutrition indicators:

The above maps reflect the nutritional indicators published by the Mozambican Government on two different studies; MICS (multiple indicators) in 2008 and IDS (Social and Demographic survey) in 2011. Both use the same methodology for the calculation even though the samples may differ.

Underweight is decreasing all over the country even though in some provinces the figures are too similar to have any significance.

Stunting has decreased in 5 provinces but remained the same or even worse in the other five.

Acute malnutrition/wasting has decreased only in two provinces.

As a limitation on the design of the programme, the indicators were mainly measuring level of execution rather than impact. The nutritional data in the country depends on national surveys every 3-5 years; but changes to malnutrition indicators such as stunting or wasting can not be attributed to the intervention of this Joint programme. To reduce stunting, the interventions need to aim at the period covering pregnancy and the first 2 years of life. The only interventions that could affect malnutrition indicators such as diet diversification, exclusive breastfeeding or the national child health week did not have enough scope to measure significant changes. A possible indicator although not considered within the framework of this programme would be mortality on hospitalized children with severe acute malnutrition¹⁴ but there were no changes on mortality on the preliminary report for 2011. Also, the use of indicators every 3-5 years should take into consideration the climatic factors or the food security situation for the specific year, if the availability of food decreases, as it happens in a dry year, malnutrition indicators will fluctuate accordingly

Mortality (<5 years)	141 ⁰ / ₀₀	97 ⁰ / ₀₀
Mortality (<=1 year)	95 ⁰ / ₀₀	64 ⁰ / ₀₀
Low weight prevalence	18%	15%
Chronic malnutrition	44%	43%
Acute malnutrition	4%	6%
Vit A supplementation Children (< 5 years)	72%	

Source: :

MICS 08 IDS 11

Mortality: The reduction on children's mortality however is significant, in the last three years mortality rates have decreased one third out of the two thirds expected by the Millennium goals. And given that the PRN intervention and the supplementation with Vitamin A both have got a bigger effect on mortality, these lower figures reflect a positive impact from the JP and the MoH interventions.

¹⁴ Relatório de avaliação conjunta

465 **OUTPUT 3: System to promote improved diets and nutrition education**

Output 3.1 Urban vegetable gardens / nutrition education (FAO)

This was a new intervention and all activities had to start from scratch. As a consequence the recruitment of staff took over 6 month, which led to a delay in this intervention right from the start. Further delay was caused by determining selection criteria. Overall, this led to the fact that the first TOT took place a one year after the start. The urban gardens were eventually only planted April-May 2011, 7 months before the expected end of the project.

FAO did a TOT in horticulture and nutrition education for the initial 7 NGOs working in Maputo and Nampula.

The trainers, with support by FAO, trained activists that in their turn were in charge of training HH. Overall, 370 activists from 5 NGOs were trained, each to support on average 25HH (Nampula) and 50HH (Maputo). Typical activities consisted of a weekly workshop and household visits (5 per day).

The neighbourhoods selected had high population densities.

Targeted HH were HH which had access to water (for the gardens) and which had vulnerable families (with children <5) or people with chronic diseases.

CONSTRAINTS

- Due to the delays being a new programme, the initial contract with the implementing NGOs was for only a period of 6 months. It seemed very low for an initial programme with more than 2 years duration.
- Lack of monitoring. The quality of the implementation may have gained with more monitoring and on the job trainings to the implementing NGOs. For example, the project at field level had to introduce a session on communication to assist the activists on the delivery of community trainings (workshops, theatre) perceived through monitoring visits, since their capacity was very low but afterwards there was not enough monitoring to see how well the implementation worked and even though there was high acceptance for the component of meal preparation, there is no data/indicators to measure the number of people in fact putting the knowledge into practice.
- Team problems in Nampula were reflected in the low performance in the field, not only in terms of lower number of beneficiaries, but also in the logistics and lack of monitoring data.
- There were differences between the implementing NGOS which in turn reflected on the results; the financial support to activists or NGO staff; those activists with some small per diems were more motivated and had higher performances than those without.
- MINAG showed an interest in the programme, in fact there is a urban horticulture initiative developed by MINAG, but their direct participation was irregular on PMC meetings.
- In Nampula some of the areas selected did not comply with the selection criteria. Some of the neighbourhoods were not densely populated so the logistics were more difficult due to longer distances. And not all HH had water available, thus more HH desisted.

- 510
 - High number of Households per activist. However, in Maputo even though they claimed the number of beneficiaries was too high, every activist managed to visit 50HH, they even had some indirect households copying the methodology. In Nampula, every activist was supposed to follow 25 HH, due to longer distances, but in reality they only did 10 to 15 per activist.
- 515
 - Even though there seem to be a great interest on the combination of horticulture and nutrition education, the incentives given the beneficiaries, such as free seeds and agricultural implements, created a dependency on the longer term supply that risked future sustainability since there was no exit strategy provided, even though the mid term review already mentioned the need for an exit strategy as soon as possible.
- 520
 - The coordination at national and provincial level was very good but not so on the day to day in the field. The monitoring by the city council was very weak, thus unlikely to scale up at the end of the project.
- 525
 - In order to change attitudes and practices the nutrition education trainings should be directed as much to men as they were to women. However, it was the individual NGO or even the activists who decided over the importance of men participating. There are some cultural issues (pregnant women not eating eggs, otherwise the babies would be bold, or not eating chicken, women refusing to give peanuts to children...) of which men should be aware so as to allow a change of practices in the HH
- 530
 - Stigmatization of poverty caused lack of interest by some HH. Also in logistical terms, it would have been much easier for the activist to train people immediately close to their own HH. The KAP study did not show significant differences in terms of vulnerability and / or poverty between beneficiaries and not beneficiaries so the selection should have been based more on the right selection of neighbourhoods, with high population densities and high levels of poverty but not focusing on the individual HH.
- 535
 - The link with MoH should have been stronger, even though all trainings used material from the nutrition department and even though the staff in charge of the nutrition education component had previously worked for MoH; this was a nutrition education component within a programme led by MoH, the MoH should have overseen this activity. It would have also helped on the joint coordination with other interventions within the JP that was lacking for the FAO component.
- 540
 - The link to Health Centres may have been stronger if the link with MoH had been there. As it was, only one of the implementing NGOs selected families with children treated for MAM at the health centre. But it was only at the beginning with the initial selection, there was no linkage for the health centres to refer families to the urban/nutrition education component.
- 545
 - Another possible linkage would have been to include the Health Centres as beneficiaries of the horticulture component. Currently whenever the HC run out of external donors to provide products for the cooking demonstrations at the health

units, they stop the activity all together. Even in small health units there are small spaces ideal for urban horticulture, but only in those cases where there is full time staff/gardeners to manage them.

- Some of the NGOs, such as Kulima which have got other agricultural activities, could be in a position to provide seeds or seedlings at the end of the programme. But any follow up requires funds and possibly they will not continue their support to the activists, which brings into perspective the need for an exit strategy from the beginning of the programme. Activists and beneficiaries should have been aware not only of the end date but also of any mechanism to acquire seeds by themselves, either learning seed multiplication, or helping them to create associations to buy seeds together.
- Even though this intervention falls in line with the objectives of PES, for the training of vulnerable HH in good feeding practices (diet, processing, conservation and food hygiene), the current activities did not seem to be incorporated in the PES at national level.

RESULTS

By the end of the project there were model gardens in the HH of all activists, as well as 8,930 households with urban gardens equivalent to 59% of the expected 15,000 HH. But possibly the best result would be the number of indirect beneficiaries or neighbours that copied the system and learnt from example, in a number just under 1000 mainly in Maputo.

An estimated 26% of Households is already buying seeds and compost and thus are expected to continue with the urban gardens once the programme stops its support.

80 teachers took part on a TOT for the nutrition education component to be incorporated on the daily teachings. using the educational manual "Vamos Comer". The manual used was approved from the Ministry of Education but it is not yet part of the school curriculum. However, the school training takes place early in the morning before the normal classroom starts.

There was development of education materials for the other nutritional components. All of them disseminated to the schools and communities.

At the Maputo city council, the JP is on the way to provide a green house for seedlings. Hopefully this initiative will be able to supply communities or at least associations with horticultural seedlings. However, even though the city council is interested in continuing with the programme, there is no provision within this years plan for it. Even though the JP was to finalize in December last year, they did not apply for funds for those activities although they stated their wish to continue.

In Nampula the JP is funding a enclosure for the municipal nursery as a new scheme to provide for the government initiatives of "one leader one forest" and "one child one tree"

Agricultural techniques promoted:

Water cans out of plastic bottles, planting in different containers, bags, milk bottle... to save water, organic repellents, repellent plants, use of compost, planting in lines at correct distances, nurseries...,

Nutritional messages passed by workshops and cooking demonstrations:

Use of magic oven, Hygiene in food manipulation, exclusive breastfeeding, feeding of pregnant women, varied diets, enriched children's meals, conservation of food...

Output 3.2 Fruit tree planting programme (FAO)

Agriculture activities always take longer than expected. The actual distribution of fruit trees after the selection of suppliers and tendering only took place in July 2011, 5 months before the expected end of the project. The no cost extension helped to reinforce this intervention although not enough in the case of the schools.

The initiative in the schools was mainly a failure due to the lack of structure at the schools for their maintenance, like fences or guards.

CONSTRAINTS

- Lack of ownership by the communities around the schools. Most trees at the schools were stolen. Real community ownership would thwart any attempts of vandalism.
- Tree distribution at some schools took place 3 months before the school holidays. Most trees died for lack of water during that period. The distribution has to coincide with the beginning of the school calendar to ensure their viability during the holiday season when the care will diminish or alternatively in schools with paid help for the agriculture activities

RESULTS

The tree planting intervention, in line with "one child one tree" promoted by the government, reached 10 communities/schools as expected, thus a 100% achievement.

10% of all trees went to schools and the rest to the beneficiaries households. It is foreseen that there will be a good use of those trees since fruit trees are valued at the communities, but due to the time period of the JP, there will not be any quantitative result within this JP even though some papaya trees already produced the first fruits.

Output 3.3 Improved infant and young child feeding (IYCF) practices

of provinces implementing the MISAU Infant Feeding Policy and Strategy on the Promotion, Protection and Support of Breastfeeding (UNICEF)

The JP supported the training of health workers for the promotion of Baby Friendly Hospital Initiative with exclusive breastfeeding for the first six months of life as part of the 10 initiatives; there were 3 TOT, north, centre and south of the country. UNICEF, with funds from this JP, supported Maputo and Tete. and helped on the development of training material. This intervention is part of the initiative to become a "Baby Friendly Hospital" where UNICEF and other clinical partners are actively supporting other provinces.

In terms of Advocacy, UNICEF supported the "world breastfeeding week" in august 2011.

MoH is currently working on mothers support groups, training community volunteers in breastfeeding support. There is even a new package of materials for Maputo and Tete. The TOT covered 10 communities per province, and MoH also invited some NGOs per province. The idea would be for the trainings to be replicated but there is no monitoring planned within this JP.

CONSTRAINTS

- The TOT did not cover the whole country.
- Lack of funds for materials and trainings to continue with the training of other health staff at the hospitals. The one hospital visited by this evaluation had 3 trainers and had developed the policy but had not started the training of staff for lack of funds; they were applying to DPS for the printing of the policy in a large size to hang it on the hospital corridors.

RESULTS

The DHS 2011 reported 41% of children under 6 months of age were exclusively breastfed, up from 37% in the MICS 2008.

There are 9 out of 11 provinces working towards the Infant Feeding Policy, even though the policy is not yet approved. But most provinces have done promotion of breastfeeding via mass media, and/or trained hospital staff for the Baby Friendly Hospital Initiative, and/or trained community workers for community based IYCF counselling.

The Baby Friendly Hospital is a government initiative with the aim to change policies and practices. It is based on the implementation of ten points for a successful breastfeeding practices such as:

1. Having a hospital policy on breastfeeding known to all hospital workers
2. Training of all health workers on skills to implement the policy
3. Inform all pregnant women on the benefits of breastfeeding
4. Help mothers to start breastfeeding within half an hour of delivery
5. Show the mothers how to breastfeed and how to keep it up even in case of separation with the babies
6. Not giving any food or drink to new born apart from milk unless under doctor prescription
7. Mothers and babies to stay together 24h a day
8. Promote demand breastfeeding without restrictions
9. Ban the use of pacifiers
10. Help in the establishment of groups for the support of breastfeeding and refer mothers to these groups

of districts with nutritional surveillance in place (WHO)

As per QAD (the execution framework for indicators) for the health sector, the expected number of PSVN by 2012 was indicated as 38. Currently there are up to 40 PCVN in the country as shown in the map below. There are a minimum of 3 per province and up to 7 in Sofala Province. However, only half of them send data regularly to be compiled at national level. The initial idea was to get the information together with the weekly epidemiological newsletter, but the information flow is not yet standardised.

The first 30 children arriving at the Health unit per day are registered in terms of weight, height and age. The health technicians calculate by hand the indicators of underweight, stunting and acute malnutrition. The weekly forms are sent to the district focal point who sends them to DPS to be compiled and sent to Maputo

WHO was to reinforce the nutritional surveillance in the country. Up to date there were some computers bought for the provinces. The new software for nutritional surveillance "Antro", already adapted in Portuguese to be used in Mozambique, was being installed in the new computers for the provinces.

A total of 7 people were trained in a TOT for the use of this software to introduce growth monitoring. There is still a programme for these 7 trainers to train others together with WHO before the end of the JP next month. The training will target the provincial nutritionist, district focal point as well as 40 district technicians from the statistics

department that will be using the software. A total of 90 people are still supposed to be trained within this JP, in two trainings still to take place.

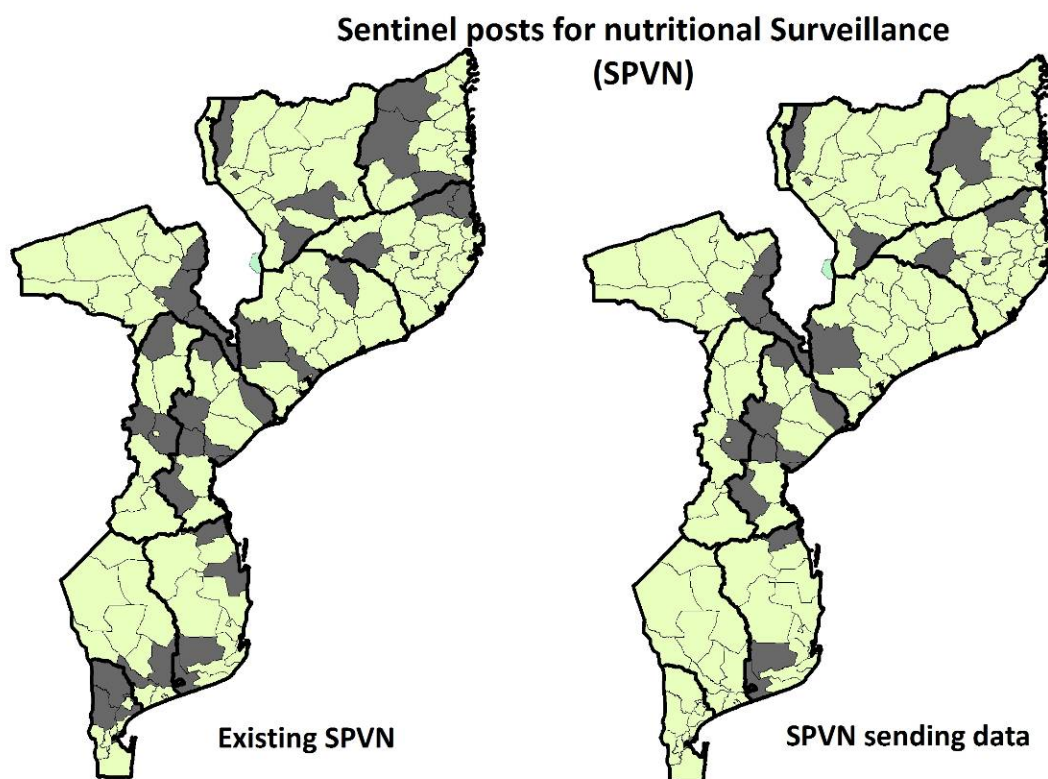


Figure 4 Nutritional surveillance coverage

The idea would be to have people supervising the system; it is not only to send data at central level but also to get some analysis done at provincial or district level.

Even though the poor contribution by WHO on the surveillance system has not hampered other outputs; it has hampered a possible impact evaluation. Nutritional indicators would still be dependent on national surveys such as MICS and IDS every 3 to 5 years but the option of getting a trend of the nutritional situation on a regular basis is still not there.

of districts implementing actions improving food safety and nutrition practices (WHO)

This component did not take place. There was also no information as to the transfer of funds for any other intervention.

During the mid term review in June 2011, one of the recommendations was for WHO to tie up this intervention with other agencies. The plan stipulated was to establish a partnership with FAO to integrate WHO food safety activity into pre-existing trainings on nutrition in Maputo and Nampula areas. However, by the time of this evaluation this intervention had not taken place, OMS was still considering the idea of linking it to trainings by FAO, but FAO's field activities have already ended.

11. Levels of Analysis:

695 As per TOR, all questions included in the TOR were addressed and answered by the
intervening agencies as below:

11.1. 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 and the Millennium Development Goals.**

700 The objectives of the development intervention were based on the identified priorities of
the Mozambique's poverty reduction Strategy (PARPA II) and the UNDAF. They
contributed toward the MDG 1, 4 and 5 by improving health, nutritional and education of
poor and vulnerable groups in Mozambique. Specific examples such as the urban
705 gardens, directed to eradicate extreme poverty and hunger; or the supplementation of
malnourished children and mothers in health posts to reduce child mortality and improve
maternal health. Most interventions were already part of the government plan; the JP
was focussed in strengthening/up scaling those interventions.

- a) **How much and in what ways did the joint programme contributed to solve the (socio-economical) needs and problems identified in the design phase?**

710 The treatment of severe and moderate acute malnutrition has been systematized with
the new protocols in all provinces with improved capacity of health workers for the
treatment of malnutrition.

715 The coverage with vitamin A supplements done during the "child health week" has
improved (100% or more as per administrative data and about 80% as per the post
coverage surveys; compared to about 50% in 2003 and 72% in 2008).

720 The promotion of breastfeeding has been strengthened and the capacity of health
workers (trainers), NGOs and community workers for infant and young child feeding
counselling has been improved.

725 Also, food insecurity of families with home gardens has improved and dependence on
markets been reduced, understanding of food and nutrition and linkages with the health
system improved.

- b) **To what extent this programme was designed, implemented, monitored and evaluated jointly?**

730 The design of the programme was a joint effort between the 4 UN agencies together with
MISAU and MINAG; the implementation was partly jointed (UNICEF-WFP-MISAU for the
Nutritional Rehabilitation Programme (PRN) and UNICEF-WHO had technical collaboration
on infant feeding interventions. However, FAO's intervention was completely
independent, even if there was coordination at national level.

735 Monitoring only happened jointly for the PRN (UNICEF-WFP); and the evaluation was
coordinated by the PMC but there was little coordination between agencies on the field.

740 In general, coordination at national level was maintained through the whole intervention
but coordination in the field seemed to be lacking, with the respective agencies
contacting DPS but not each other.

c) To what extent joint programming was the best option to respond to development challenges stated in the programme document?

745 Under nutrition is a multisectoral issue which requires multisectoral solutions. The underlying causes can be categorised as Food, Health and Care.

750 The combination of improving food security (Food), families' knowledge about food and nutrition and adequate infant and young child feeding practices (Care), and improved distribution of vitamin A supplements and deworming medicines (Health), coupled with improved nutritional surveillance in one programme is optimal. However not all activities within the JP were jointly designed which in turn reflected on the implementation, with not all interventions coming together at the same level.

755 d) To what extent the implementing partners participating in the joint programme had an added value to solve the development challenges stated in the programme document?

760 The partners work closely together with the Government of Mozambique, there was added value on the design and implementation¹⁵ of the nutritional component, but also the implementing agencies can support the Government to scale up existing interventions and strengthen Government capacity, which improves sustainability, and in turn can leverage funds from larger donors, and have the capacity to initiate innovative interventions.

765 e) To what extent did the joint programme have a useful and reliable M&E strategy that contributed to measure development results?

770 The JP M&E strategy was largely based on Government data. The MoH's capacity for data gathering and analysis is limited and only improved slightly over the course of the JP. The indicators used are either at the activity level, or at the impact level. The former is useful for process monitoring. The latter depends on national studies like the DHS/MICS.

775 The JP did not create a parallel monitoring system which in itself is positive but also, the support to the national surveillance system did not happen as expected, since the PSVN are still not working properly. .

780 Also, even within the MoH there is a problem of parallel systems as the data on the PRN are only partially being included in the regular health monitoring system. More precisely, only output data are included, the outcome data are being collected on paper in the health centres but until now there is no strategy from the MoH for evaluation of these data.

785 f) To what extent did the joint programme have a useful and reliable C&A strategy?

There was one Communication and Advocacy (C&A) strategy for all 3 MDG-F supported JPs in Mozambique. For this current programme it included a nutritional national seminar in 2010 as well as exchange visits for some of the FAO interventions to share lessons

¹⁵ Other clinical partners also participated and added value to the design and implementation of these interventions even if they did not form part of the JP

learnt. All of them took place within the framework of the programme. Furthermore, each agency used communication and advocacy for the relevant activities.

The nutrition agenda has been very visible over the last year, the prime minister has given the national nutrition council a much higher political weight, thus the UN agencies jointed together represented by the RC in a national nutrition workshop.

g) If the programme was revised, Did it reflect the changes that were needed?

There was a mid term evaluation that accounted for some of the revisions that took place in the programme. It mainly affected the FAO and WHO components given that most of the other interventions were already finalised or in via to finalise. Because of the delay on the FAO intervention in the JP, there was a reduction of some of the implementing partner NGOs that were not performing up to the level required, a reduction in the number of beneficiaries but with more focus on the remaining ones to improve quality of the intervention. Another point for the revision was the need for WHO to implement the support over the nutritional surveillance system that at the time of this evaluation has not yet taken place although it has been programmed for the last month of the JP.

11.2. Process level

Efficiency: Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results

a) To what extent did the joint programme's management model (i.e. instruments; economic, human and technical resources; organizational structure; information flows; decision-making in management) was efficient in comparison to the development results attained?

Basically, there was no JP management model but every agency managed their own interventions, thus the level of efficiency varied depending on the implementing agency, for UNICEF and WFP, the fact that the activities were managed as part of the Annual Work Plan signed with MoH, ensured that all JP activities were already part of the agencies support to the Government, managed by existing staff; however, it also meant that the workload was high at times, particularly with regards to reporting.

However, the management model was not entirely efficient regarding all the agencies; there was a problem with human/technical resources within the JP that never got solved and which hampered the achievement of certain results. WHO had problems with staff and even at the end of the programme there is no nutritionist to pursue the implementation of activities. The PMC and the coordinating agency were not in a position of power to implement those changes. The lack of a functioning NSC is felt most strongly in these situations.

b) To what extent was the implementation of a joint programme intervention (group of agencies) more efficient in comparison to what could have been through a single agency's intervention?

With regards to specific activities such as the PRN, the JP is indeed more efficient in comparison to a single agency's intervention, the collaboration between UNICEF and WFP increased efficiency in supporting MoH. However, for most other activities there was no

visible difference; in the neighbourhoods supported by FAO the collaboration between the agencies should have strengthened the linkages of the neighbourhoods with the PRN services but it was not there.

However, the four agencies established a regular national coordination mechanism which served to coordinate support to the development of the Multi-sectoral Action Plan for the Reduction of Chronic Under nutrition (PAMRDC) and the establishment of the UN Joint Initiative for Nutrition (REACH).

c) To what extent the governance of the fund at programme level (PMC) and at national level (NSC) contributed to efficiency and effectiveness of the joint programme? To what extent these governance structures were useful for development purposes, ownership, for working together as one? Did they enable management and delivery of outputs and results?

The PMC contributed to the monitoring and oversight of the JP within the UN agencies and jointly with the responsible Government institutions and ensured Government ownership. The PMC was led by MoH which contributed to the ownership of the implementation. However, the PMC did not have decision making power so could not intervene when certain activities were delayed or needed to be modified. The PMC meetings happened regularly with presence of most stakeholders.

The NSC did not exist as such during the course of this JP. The minister of MINEC did not seem to be available for regular meetings, thus for important decisions such as time extensions, the application was sent by the RC office to the three compulsory members of the NSC, the minister of MINEC, UN Resident coordinator and AECID coordinator to approve it. That way decisions were taken without meeting of the NSC members.

The other two Joint Programmes in Mozambique also worked in the same way without meetings of the National Steering committee. In this Joint Programme, the NSC should have met to deliberate on reallocating funds among agencies as suggested by the mid term evaluation but no agency requested the NSC to meet or suggested the relocation of funds. As such there were no controversies that made imperative a meeting of the NSC.

d) To what extent and in what ways did the joint programme increase or reduce efficiency in delivering outputs and attaining outcomes?

It did not reduce the efficiency and in some punctual situations it increased it, such as the PRN activities between UNICEF-WFP-MoH as mentioned above.

e) What type of work methodologies, financial instruments, and business practices have the implementing partners used to increase efficiency in delivering as one?

The only "Delivering as One" methodologies implemented were regular meetings for the PMC. And these meetings were mainly for sharing of information, administrative issues, request of funds or preparing the evaluations. There was no other joint methodology.

f) What type of (administrative, financial and managerial) obstacles did the joint programme face and to what extent have this affected its efficiency?

There were two main obstacles for the JP efficiency, one the human resources problem faced by WHO that has hampered, until now, the implementation of the nutritional

surveillance intervention and the second one the difference between start up of activities by the agencies. For some UN agencies the activities were already ongoing to some extent, they were scaling up on already existing activities but for others, mainly in the case of FAO, the activities were new and there was delay on all levels of implementation. Horticulture activities were only implemented during the last 12 months of the project. So the agencies were in different phases of implementation, which reduced efficiency, with no possibility of linkages between interventions.

Also, financial monitoring and reporting is different in each agency, which caused delays in the development of requests for disbursement and reporting.

g) To what extent and in what ways did the mid-term evaluation have an impact on the joint programme? Was it useful? Did the joint programme implement the improvement plan?

The mid term evaluation took place when the majority of interventions were almost finalized, since it was done about 18 months into the JP, the original duration of which was envisaged to be 27 months. It was useful for the activities that had progressed less, namely the FAO and WHO components. The improvement plan was followed and whenever appropriate implemented, mainly for FAO.

- Ownership in the process: Effective exercise of leadership by the country's national/local partners in development interventions

a) To what extent did the targeted population, citizens, participants, local and national authorities made the programme their own, taking an active role in it? What modes of participation (leadership) have driven the process?

For the UNICEF supported interventions, national and local (MoH) authorities took a very active role in implementation since the activities were implemented under MoH's responsibility. The targeted population, citizens and participants were actively involved in the National Health Weeks. The JP intervention finalised the NCHW in 2010 and MoH fully led the campaigns in 2011. The other activities are mostly implemented by MoH.

However, for the PRN programme, there is full leadership at national level but ownership at provincial and local level varies from place to place and needs still to be improved. At the centres where WFP is present the staff allocated the support to WFP rather than DPS due to the higher visible presence in the field.

The intervention by FAO was implemented by FAO staff with collaboration from the city councils. There was a constant coordination with the city councils at district level but not so much presence of the city councils on the field.

b) To what extent and in what ways has ownership or the lack of it, impacted in the efficiency and effectiveness of the joint programme?

For the UNICEF supported interventions, the strong Government ownership was the main factor determining the efficiency and effectiveness of the interventions, mainly the NCHW .

However, lack of ownership on local and/or provincial level in certain places has impacted the efficiency and effectiveness of the JP, specifically of the PRN, because for

example anthropometric evaluation, as well as registration and reporting of data, was not systematically or accurately done.

11.3. Results level

930 **Effectiveness: Extent to which the objectives of the development intervention have been achieved.**

a) To what extent did the joint programme contribute to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?

935 1. To what extent and in what ways did the joint programme contribute to the Millennium Development Goals at the local and national levels?

940 The JP made a key contribution to MDG1 (poverty and hunger eradication) at both the national and at local levels with urban gardens and nutrition training in two municipalities. It also contributed to MDG4 (reduce child mortality) by improving access to vitamin A supplementation and deworming and improving the treatment of Acute malnutrition (SAM and MAM).

945 2. To what extent and in what ways did the joint programme contribute to the goals set in the thematic window?

THEMATIC WINDOW GOALS

JP

Outcome Area 1 – Promotion of integrated approaches for alleviating child hunger and Under nutrition

Promote local food security (relying on local or traditional foods), nutrition and livelihoods strategies and integrate support to vulnerable households and communities

Scale up interventions and strategies, ranging from macro-economic policies to homestead food production, To improve quality and variety of diets, mainly for children under two years and vulnerable children. This also includes school feeding programmes which promote incorporation of locally produced foods in school meals

Scale up programmes that improve key feeding and care behaviours such as exclusive breastfeeding, timely and appropriate complementary feeding (with micronutrient supplementation where required)

Improve behaviours that can impact nutrition status: hand washing, parasite control, treatment of diarrhoea. Provide attention to food safety for poor consumers.

Implement therapeutic feeding programmes to reduce SAM with livelihood support and community nutrition programmes, particularly in countries and regions with high wasting rates.

Support supplementation programmes for vulnerable groups such as pregnant women and under-five children with key micronutrients where dietary means are insufficient

The urban gardens provided methodologies to incorporate a varied diet and had workshops on cooking demonstrations to improve children's meals

Nutritional education at the schools

Support to the IYCF for the promotion of exclusive breastfeeding the first 6 months

Nutritional workshops paired with the urban garden intervention

Partly covered with the workshops in nutrition provided by FAO, however the component by WHO on food safety did not take place.

The PRN covered this component at national level.

The NCHW provided key micronutrients such as Vitamin A with national coverage for children <5 years

Outcome Area 2 – Advocacy and mainstreaming of access to food and nutrition of children into relevant policies

THEMATIC WINDOW GOALS

JP

Develop joint advocacy campaigns to raise awareness and understanding of food and nutrition problems and the right to food of specific population groups and advocate for urgent attention to children and their families (in particular in the context of rising food prices)

The JP participated through the RC on the national nutritional workshop with a one week duration.

Also there were advocacy campaigns for the individual interventions like the NCHW or exclusive breastfeeding and participation on the development of the Multi sectoral Action Plan for the Reduction of Chronic undernutrition

Mainstream nutrition (in particular that of mother and children)

Done in support to MoH

Outcome Area 3 – Assessment, monitoring and evaluation

Strengthen existing information systems (in particular health and agriculture)

Support to the registration of malnutrition and to the SPVN even if still on the way

Ensure coherence and consistency, as well as ownership and alignment, across local, national and regional strategies, priorities, institutions and systems and relevant global initiatives (e.g. FIVIMS, SMART, REACH, MICS, DHS)

The four agencies established a regular national coordination mechanism which served to coordinate support to the development of the Multi-sectoral Action Plan for the Reduction of Chronic Under nutrition (PAMRDC) and the establishment of the UN Joint Initiative for Nutrition (REACH)

3. To what extent (policy, budgets, design, and implementation) and in what ways did the joint programme contribute to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?

950

The JP contributed to **ownership, inclusive partnerships** and **alignment** by supporting activities that were in the Government's plans and by having a PMC chaired by the Government. It contributed to **harmonisation** by doing fundraising jointly (4 agencies) and relying on the Government's monitoring system. It focused on **results** and **mutual accountability** was ensured by having a PMC in place.

955

4. To what extent and in what ways did the joint programme contribute to the goals of delivering as one at country level?

960

It contributed via joint planning, monitoring and reporting.

b) To what extent were joint programme's outputs and outcomes synergistic and coherent to produce development results? `What kinds of results were reached?

965

The JP only had one outcome on improved nutrition and food security for children, to which all the outputs contributed. As results, there was Good coordination between different agencies and clinical partners to support MoH programme. There was national ownership of the PRN and NCHW programmes with leadership of MoH; gradual improvement of ownership at provincial/local level. Capacitated health personnel for anthropometric evaluation and follow-up; treatment of malnutrition using entry and exit criteria, incorporation on school curriculum of nutrition training, improved technologies for vegetable production in urban settings.

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c) To what extent did the joint programme had an impact on the targeted citizens?

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Impact was not measured as such; the JP used the national average of indicators to monitor progress, thus nutritional data is only available at province and national level

every 3 to 5 years. And even though it can be assumed that children have benefitted from improved quality treatment for SAM and MAM and better coverage of Vitamin A as well as from better IYCF practices or less dependence on markets for their food security, as indicated on the MDG-F Thematic Window Terms of Reference - Children, Food Security and Nutrition: "Ultimately – underweight prevalence among under-fives will

be one of the key indicators to assess impact, as will complementary nutrition indicators such as stunting prevalence, anaemia prevalence as indicator of micronutrient deficiencies, and number of countries (or provinces or districts) with wasting rates above the emergency threshold of 10%."

Mortality (<5 years)	141 ⁰ / ₀₀	97 ⁰ / ₀₀
Mortality (<=1 year)	95 ⁰ / ₀₀	64 ⁰ / ₀₀
Low weight prevalence	18%	15%
Chronic malnutrition	44%	43%
Acute malnutrition	4%	6%
Vit A supplementation Children (< 5 years)	72%	

Source:: MICS 2008 IDS 2011

As such, the following indicators show a decrease in the % of children with underweight as well as a marked improvement on the mortality /1000 in the last 3 years that would indicate a good impact for the JP.

d) Have any good practices, success stories, lessons learned or transferable examples been identified? Please describe and document them.

UNICEF is in the process of documenting the activities related to the treatment of acute malnutrition, via a MDG-F supported knowledge management initiative. The experiences with these interventions were also presented, by the MoH, as a case study in a conference on community based management of acute malnutrition (CMAM) in Ethiopia in October 2011 and it will be published in the Emergency Nutrition Network's (ENN) newsletter. Both UNICEF and WFP supported the drafting of this document.

UNICEF has also documented the experience of the development of the PAMRDC in an internal knowledge management publication.

Even though the experience of urban and peri urban horticulture was not documented, there were a number of training manuals for schools, households and trainers available for the transfer of knowledge on the new technologies applied.

e) 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?

Data monitoring is the responsibility of the government and as such is not disaggregated. PRN interventions targeted all children under five; the urban gardening component targeted urban households, based on their high density and their lower opportunity to produce their own food

f) To what extent has the joint programme contributed to the advancement and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)

1025

The JP was implemented in a context of national ownership and in line with national plans and policies, as outlined in the programme document. The collaboration between the 4 agencies and between these and the Government facilitated the agencies' support to the development of the PAMRDC. The agencies also worked together (not all four but the relevant ones depending on the topic) for the finalization of the updated protocol for the treatment of acute malnutrition and the infant feeding policy.

1030

g) To what extent did the joint programme help to increase stakeholder/citizen dialogue and or engagement on development issues and policies?

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At a national level the JP increased dialogue with MoH on development issues and policies. And there was also citizen dialogue in the involvement on the National Health Weeks. It is also envisaged to have citizen dialogue in the community based counselling on infant and young child feeding, which is undertaken by local volunteers.

1040

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

a) To what extent the joint programme decision making bodies and implementing partners have undertaken the necessary decisions and course of actions to ensure the sustainability of the effects of the joint programme?

1045

There is a plan to develop the exit strategy during the last month of the JP. However, it should have been developed, mainly for FAO components, right on the design phase of the JP. All other interventions were just scaling up/strengthening of existing ones and as such were mainstreamed on the normal government interventions. For those, MoH is already in touch with other clinical partners for funding.

1050

i. To what extent did national and/or local institutions support the joint programme?

All nutritional interventions were incorporated in MoH plans. MoH staff at national, provincial, district and health centre level implemented the activities.

1055

In the case of urban component, the city councils also supported the JP.

ii. Did these institutions show technical capacity and leadership commitment to keep working with the programme or to scale it up?

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MoH is leading the implementation of the PRN, the National Health Weeks and the infant feeding promotion and support activities. Capacity has been strengthened at all levels throughout the JP, which is a prerequisite for continuing the activities. This capacity can still benefit from strengthening, which can be provided by UNICEF with other funds and with other donors to MoH, including the budget support donors, whose contributions are managed by MoH itself.

1065

In the case of the urban gardens component, there is technical capacity, government people attended all trainings, but there was no provision to apply for financial capacity by the city councils so as to keep working with the programme.

1070

iii. Have operating capacities been created and/or reinforced in national partners?

Yes. See above.

1075 iv. Did the partners have sufficient financial capacity to keep up the benefits produced by the programme?

1080 No. The MoH needs ongoing financial support to maintain the capacity and to further improve it. About half (check) of the MoH's budget is provided via sector budget support and the MoH also benefits from several vertical funding sources, so financial dependence on external support is high for the MoH as a whole.

The same happens for the City councils, however there was no provision to include the activities in this year plan and as such there will be a gap in funding at least until December 2012.

1085 b) To what extent will the joint programme be replicable or scaled up at national or local levels?

With the capacity built by the JP, the PRN can be further scaled up to all districts and health centres and the quality can continue to be strengthened and monitored.

The National Health Weeks have already been replicated by the MoH with funds from other donors (including other donors to UNICEF) in 2011.

1090 The infant feeding activities can also be replicated (promotional activities and BFHI) and scaled up (community based infant and young child feeding counselling).

The urban gardens are easily replicable at national level through visit exchange with other interested partners.

1095 c) To what extent did the joint programme align itself with the National Development Strategies and/or the UNDAF?

1100 The JP was completely aligned with national development strategies like the PRSP and sectoral (Health, Agriculture) plans and with the UNDAF (specifically with the Outcome *Improved health, nutritional and education status of poor and vulnerable groups by 2011*. Given that most interventions were already part of the government plan; the JP was focussed in strengthening/up scaling those interventions.

12. Conclusions / Lessons learnt

The JP performed well in its main outputs 1&2, with 90% and 100% achievement. This is of course a positive outcome, but taking into regard that the implementation was largely a continuation and replication of previous tried and tested interventions, it comes hardly as a surprise that the basic performance indicators have been met.

The third main output however, was a new approach (combining nutrition and horticulture), even though small scale and pilot in nature. There were constraints on management (significant delays) and insufficient monitoring, but overall, its targets were sound (sustainable approach) and should be easily replicable. Considering the innovative aspect the third output has more lessons learned than the first two combined, but unfortunately documentation of these could have been better and implementation was very inefficient due to the constraints on time and monitoring.

The general drive behind JP programs is to combine agencies and use the strength of each individual agent in a more efficient way by pulling together resources, capacity and administration. The current JP program has succeeded in a certain way to combine administration but most agencies did their activities fairly independent from each other (as was already identified in the mid term review). Working in the JP did have the advantage of regular meetings and keeping each other informed but this led to only limited (e.g. trainings) resource sharing with little added value or delivering as one. Therefore, it needs to be concluded that the JP has contributed little to the UN reform.

The strong individualistic implementation and the limited cross over, confirms the perception that in particular UNICEF, WFP and WHO formulated a JP as the means to secure funding.

13. Recommendations

The design process of the JP should be a collective effort from agencies, either with integrated interventions or looking for complementarities between the agencies and not the compilation of each agency's proposal. It should also have the same level of interventions, with joint indicators and an exit strategy right from the design level, mainly in the case of new interventions like FAO. The donor could play a leading role by demanding joint indicators and more resource sharing activities (this implies that the activities cannot be completely different in intervention type, scale and location).

The role /participation of the NSC and AECID should be unambiguous. The NSC should be a strong body able to demand accountability to the implementing agencies and to take decisions such as the transfer of funds from one agency to another as suggested in the mid term evaluation due to lack of implementation by any agency.

As the donor, AECID should have a clear presence through the monitoring, with the possibility of demanding accountability. Monitoring of JP should be part of their mandate from the design phase. AECID should not be informed of the concession of a JP via the intervening UN agencies. The application to the programme should pass by the OTC¹⁶ in country before it is submitted to MDG-f secretariat, to ensure a more active and rigorously monitoring by the OTC in all the phases.

¹⁶ Cooperation Technical office for AECID

1145 A proper monitoring system should have been in place, the JP was approved with process indicators rather than impact indicators. As for the monitoring of the program as such, there should have been a stronger support to the development of the nutritional surveillance system so as not to create parallel monitoring systems. Thus, the surveillance system would provide regular data to assess the nutritional trend of the country even if still depending on government studies for official data.

14. Annex I Agenda / List of interviews

Venue	DATE	Time	Person to meet	
Maputo	19-Apr	14:00	Ann Defraye, Nutrition Officer, WFP	WFP
	20-Apr	09:00	Maaïke Arts, Nutrition Specialist, UNICEF	UNICEF
	21-Apr			
	22-Apr			
Maputo	24-Apr	11:00	Dra. Edna Possolo, Head, Nutrition Department, MISAU	MISAU
	26-Apr	09:00	Daisy Trovoada. Programme officer WHO	WHO
		14:30	Felicidade Panguene, Program Officer -FAO Marina Pancas, UNJP/MOZ/097/SPA - FAO -Project Coordinator	FAO
	27-Apr	10:00	Meeting of Project Management Committee (PMC). Presentation of Inception report	MISAU
28-Apr-01 May -				
Maputo	02-May	09:00	Jaime Puyoles, Head of Cooperation, AECID Carlos Perez and Cristina, programme officers	AECID
	03-May	07:30	Field visit to Bairro do Zimpeto:	Zimpeto Neighbourhood
			Coordinator of OCB Associação dos Activistas de Educação para a Saúde, Mr. José Mabote;	
			Direct observation Urban gardens of Activists and HH beneficiaries.	
		10:30	Field visit to Bairro das Mahotas:	Mahotas Neighbourhood
			Coordinator of Kulima, Mr. Flavio Saraiva;	
			Direct observation of the Urban gardens of Activists and HH beneficiaries;	
			Interviews with beneficiaries	
	04-May	09:30	Ms. Jennifer Topping, UN Resident Coordinator	UN RC
05-06 May				
Nampula	07-May	7:30-9:45	Travel to Nampula	
		11:00	Provincial Health Director	DPS
		14:30	Vereador do Pelouro de Promoção Económica, Gestão de Marcados e Feiras. Sr. Raqui Paposeco.	City Council
		16:00	Coordinator of Kulima - Nampula, Mr Victor Sousa	Kulima - Office
	08-May	07:30	Escola Primária Namuatho B	Mutauanha neighborhood
		08:30	Field visit to Bairro do Napipine Sede, FAO staff Maria Piedade (nutritionist) and Sr Filipe (agronomist)	Napipine neighborhood Sede
			Coordinator of Solidariedade Zambezia/ Delegação Nampula, Mr Ecariano Conta;	
			Direct observation Urban gardens of Activists and HH beneficiaries.	
		10:30	Field visit to Bairro de Muahivire:	Muahivire neighborhood
			Meeting with the President of the Board of União Geral das Cooperativas Agrícolas de Nampula (UGCAN), Mr. Gregório Abudo or Mr. Daniel Abaco (Manager);	UGCAN
			Direct observation Urban gardens of Activists and HH beneficiaries.	
		14:00	Meeting with Director da Zonas Verdes, Sr. Ismael Castigo	Gabinete das Zonas verdes
	09-May	09:00	Meeting with Nutrition Technician. Sr Calide	DPS

Venue	DATE	Time	Person to meet	
		10:30	Visit to Centro de Saúde 25 de Setembro (Posto Sentinela)	Sentinel post
		12:35 14:20	Travel to Beira	
		15:30	Meeting at WFP Beira. Coordinator and programme technician Sr Fumane	WFP
Beira	10-May	08:30	Visit to Health Centre of Nhaconjo	Health Centre
		09:30	Visit to Health Centre of Manga Mascarenha	Health Centre
		10:30	Visit to Health Centre of Macurungo	Health Centre
		11:30	Visit to Central Hospital (Baby Friendly hospital)	Hospital
		12:30	Visit to Pontagea (Sentinel post)	Sentinel post
		14:00	Visit to JAM factory. Meeting with JAM director	JAM
		15:30	Meeting with Etelvina Pedro. Provincial nutrition technician	DPS Sofala
		18:00	Meeting with DPS director. Dra Marina	DPS Sofala
		21:05 22:40	Travel back to Maputo	
Maputo	11-May	08:00	Meeting with Dr. Mouzinho, National Director Public Health	MISAU
		14:00	Meeting with Vereador de salubridade da cidade de maputo	City Council
Maputo	14-May	11:00	Meeting with Sr Machava. Sentinel Posts	MISAU
		17:00	Meeting with Medicus Mundi/AECID	MM

LIST OF INTERVIEWS

- UN agencies in the JP: UNICEF, WFP, FAO, WHO
- Government: MISAU
- UN Resident Coordinator office
- Spanish Cooperation Agency (AECID)
- Provincial Health department (DSP)
- Health centres in the provinces of Nampula, Maputo and Gaza
- Sentinel posts
- NGO/CBO that participated in the implementation of the garden activities
- CSB production centre. JAM
- Selected schools / teachers
- City councils in Nampula and Maputo
- Direct observation Urban Gardens
- Ad random interviews with indirect and direct beneficiaries

15. Annex I TOR

TOR FOR FINAL EVALUATION OF JOINT PROGRAMME

CHILDREN, FOOD SECURITY AND NUTRITION

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 MDG-F supports joint programmes that seek replication of successful pilot experiences and impact in shaping public policies and improving peoples' life in 49 countries by accelerating progress towards the Millennium Development Goals and other key development goals.

The MDG-F 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, National Ownership and UN reform.

The MDG-F M&E Strategy

A result oriented monitoring and evaluation strategy is under implementation in order to track and measure the overall impact of this historic contribution to the MDGs and to multilateralism. The MDG-F M&E strategy is based on the principles and standards of UNEG and OEDC/DAC regarding evaluation quality and independence. The strategy builds on the information needs and interests of the different stakeholders while pursuing a balance between their accountability and learning purposes.

The strategy's main objectives are:

1. To support joint programmes to attain development results;
2. To determine the worth and merit of joint programmes and measure their contribution to the 3 MDG-F objectives, MDGS, Paris Declaration and Delivering as one; and
3. To obtain and compile evidence based knowledge and lessons learned to scale up and replicate successful development interventions.

Under the MDG-F M&E strategy and Programme Implementation Guidelines, each programme team is responsible for designing an M&E system, establishing baselines for (quantitative and qualitative) indicators and conducting a final evaluation with a summative focus.

The MDG-F Secretariat also commissioned mid-term evaluations for all joint programmes with a formative focus. Additionally, a total of nine-focus country evaluations (Ethiopia, Mauritania, Morocco, Timor-Leste, Philippines, Bosnia-Herzegovina, Brazil, Honduras and Ecuador) are planned to study more in depth the effects of joint programmes in a country context.

The Joint Programme on Children, Food Security and Nutrition in Mozambique

The Joint Programme on Children, Food Security and Nutrition is one of the Joint Programmes designed for Delivering as One by the United Nations in Mozambique. This JP was developed in response to the effect of rising food prices on already marginalized and vulnerable groups in Mozambique, as documented by the Government's Secretariat for Food and Nutrition Security (SETSAN) and by the Famine Early Warning Network. Rising food prices are pushing vulnerable households towards coping strategies that have irreversible impoverishing impacts on families and children, such as asset depletion, removing children from school and/or reducing children's daily caloric and nutrient intake.

In order to address the challenges of food security and nutrition, particularly relating to children in Mozambique, interventions are required that include both short term mitigating efforts, such as scaling up of the already existing MoH-WFP-UNICEF Tripartite Agreement to provide support for moderately malnourished children in district health facilities, to longer term sustainable interventions aimed at improving the nutritional knowledge and skills of the vulnerable households in urban and peri-urban areas on how to produce, prepare, and eat a nutritious diet. The Joint Programme Outcome is: improved health, nutritional and food security status for children by 2011.

The Joint Programme will support the following activities:

- A supplementary feeding programme implemented jointly with the MoH, WFP and UNICEF for moderately malnourished children
- Capacity building and supervision of health and NGO staff in 48 districts for supplementary feeding
- Management of severe acute malnutrition (including malnourished pregnant women) in inpatient (138 districts) and outpatient (86 districts) in partnership with MoH, UNICEF, WHO and NGOs
- Support to the National Child Health Week (a comprehensive package of preventative interventions including nationwide Vitamin A supplementation, deworming, vaccination, iodized oil supplementation and screening for malnutrition etc.)
- A small scale urban gardening programme in 10 densely populated neighbourhoods, designed to improve diets and self sufficiency of marginalized households in Maputo and Nampula
- Promotion and support for improved infant feeding practices, with emphasis on exclusive breastfeeding for the first 6 months,
- Promotion of good food safety behaviours.
- Strengthening the nutrition surveillance at national level

All activities are in support of the country's poverty reduction strategy (PARPA II) and the United Nations Development Assistance Framework (UNDAF) 2007-2011. The Joint Programme directly contributes to UNDAF outcome to improve health, nutritional and education status of poor and vulnerable groups in Mozambique by 2011, and contributes towards MDGs 1, 4 and 5. As a response to the problem of soaring food prices, it provides interventions which address the issues of food security and nutrition in a multi-sectoral manner, supporting activities to prevent malnutrition, as well as activities that treat it and mitigate the negative effects of the food crisis

In this context, this UN Joint Programme was developed, based on the identified priorities in Mozambique's poverty reduction strategy (PARPA II) and the United Nations Development Assistance Framework (UNDAF 2007 – 2011), in close consultation with the Ministry of Health and the and Ministry of Agriculture. The JP has been developed from a rights based approach and includes gender as a cross cutting issue for all interventions. For example, sex disaggregated data will be used wherever possible.

The total budget is USD 5.5 million, sub-divided as follows: WFP 1,978,430, UNICEF 1,805,090, FAO 1,590,662, WHO 125,818. The joint programme covers the period from October 2009 through June 2012.

The above budget is disbursed via the pass-through funding option.

The commissioner of the evaluation is seeking high-qualified consultants to conduct the final evaluation, of this joint programme

1. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDG-F. 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 will commission and finance a final independent evaluation.**

Final evaluations are **summative** in nature and seek to:

3. Measure to what extent the joint programme has fully implemented their activities, delivered outputs and attained outcomes and specifically measuring development results.
4. Generate substantive evidence based knowledge, on one or more of the MDG-F thematic windows by identifying best practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability).

As a result, the findings, conclusions and recommendations generated by these evaluations will be part of the thematic window Meta evaluation, the Secretariat is undertaking to synthesize the overall impact of the fund at national and international level.

2. SCOPE OF THE EVALUATION AND SPECIFIC OBJECTIVES

The final evaluation will focus on measuring development results and potential impacts generated by the **joint programme**, based on the scope and criteria included in this

terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period between four and six months.

The unit of analysis or object of study for this 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 final evaluation has the following **specific objectives**:

1. Measure to what extent the joint programme has contributed to solve the needs and problems identified in the design phase.
2. To measure joint programme's degree of implementation, efficiency and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised.
3. Measure to what extent the joint programme has attained development results to the targeted population, beneficiaries, participants whether individuals, communities, institutions, etc.
4. To measure the joint programme contribution to the objectives set in their respective specific thematic windows as well as the overall MDG fund objectives at local and national level. **(MDGs, Paris Declaration and Accra Principles and UN reform)**.
5. To identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the joint programme or some of its components.

3. EVALUATION QUESTIONS, LEVELS OF ANALYSIS AND EVALUATION CRITERIA

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 and the Millennium Development Goals.**
- h) How much and in what ways did the joint programme contributed to solve the (socio-economical) needs and problems identified in the design phase?
- i) To what extent this programme was designed, implemented, monitored and evaluated jointly? (see MDG-F joint programme guidelines.)
- j) To what extent joint programming was the best option to respond to development challenges stated in the programme document?
- k) To what extent the implementing partners participating in the joint programme had an added value to solve the development challenges stated in the programme document?

- l) To what extent did the joint programme have a useful and reliable M&E strategy that contributed to measure development results?
- m) To what extent did the joint programme have a useful and reliable C&A strategy?
- n) If the programme was revised, Did it reflect the changes that were needed?

Process level

- Efficiency: Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results

- h) To what extent did the joint programme's management model (i.e. instruments; economic, human and technical resources; organizational structure; information flows; decision-making in management) was efficient in comparison to the development results attained?
- i) To what extent was the implementation of a joint programme intervention (group of agencies) more efficient in comparison to what could have been through a single agency's intervention?
- j) To what extent the governance of the fund at programme level (PMC) and at national level (NSC) contributed to efficiency and effectiveness of the joint programme? To what extent these governance structures were useful for development purposes, ownership, for working together as one? Did they enable management and delivery of outputs and results?
- k) To what extent and in what ways did the joint programme increase or reduce efficiency in delivering outputs and attaining outcomes?
- l) What type of work methodologies, financial instruments, and business practices have the implementing partners used to increase efficiency in delivering as one?
- m) What type of (administrative, financial and managerial) obstacles did the joint programme face and to what extent have this affected its efficiency?
- n) To what extent and in what ways did the mid-term evaluation have an impact on the joint programme? Was it useful? Did the joint programme implement the improvement plan?

- Ownership in the process: Effective exercise of leadership by the country's national/local partners in development interventions

- a) To what extent did the targeted population, citizens, participants, local and national authorities made the programme their own, taking an active role in it? What modes of participation (leadership) have driven the process?
- b) To what extent and in what ways has ownership or the lack of it, impacted in the efficiency and effectiveness of the joint programme?

Results level

- Effectiveness: Extent to which the objectives of the development intervention have been achieved.

- h) To what extent did the joint programme contribute to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
- 5. To what extent and in what ways did the joint programme contribute to the Millennium Development Goals at the local and national levels?

6. To what extent and in what ways did the joint programme contribute to the goals set in the thematic window?
7. To what extent (policy, budgets, design, and implementation) and in what ways did the joint programme contribute to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
8. To what extent and in what ways did the joint programme contribute to the goals of delivering as one at country level?
 - i) To what extent were joint programme's outputs and outcomes synergistic and coherent to produce development results? What kinds of results were reached?
 - j) To what extent did the joint programme had an impact on the targeted citizens?
 - k) Have any good practices, success stories, lessons learned or transferable examples been identified? Please describe and document them.
 - l) 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?
 - m) To what extent has the joint programme contributed to the advancement and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
 - n) To what extent did the joint programme help to increase stakeholder/citizen dialogue and or engagement on development issues and policies?

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

- d) To what extent the joint programme decision making bodies and implementing partners have undertaken the necessary decisions and course of actions to ensure the sustainability of the effects of the joint programme?

At local and national level:

- i. To what extent did national and/or local institutions support the joint programme?
 - ii. Did these institutions show technical capacity and leadership commitment to keep working with the programme or to scale it up?
 - iii. Have operating capacities been created and/or reinforced in national partners?
 - iv. Did the partners have sufficient financial capacity to keep up the benefits produced by the programme?
- e) To what extent will the joint programme be replicable or scaled up at national or local levels?
- f) To what extent did the joint programme align itself with the National Development Strategies and/or the UNDAF?

4. METHODOLOGICAL APPROACH

This final evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR and the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyse all relevant information sources, such as reports, programme documents, internal review reports, programme files, strategic country development documents, mid-term

evaluations and any other documents that may provide evidence on which to form judgements. Consultants are also expected to use interviews, surveys or any other relevant quantitative and/or qualitative tool as a means to collect relevant data for the final evaluation. The evaluation team will make sure that the voices, opinions and information of targeted citizens/participants of the joint programme are taken into account.

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.

5. EVALUATION DELIVERABLES

The consultant is responsible for submitting the following deliverables to the commissioner and the manager of the evaluation:

☐ ☐ **Inception Report** (to be submitted within 15 days of the submission of all programme documentation to the evaluation team)

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 the outline stated in Annex 1.

☐ ☐ **Draft Final Report** (to be submitted within 20 days after the completion of the field visit, please send also to MDG-F Secretariat)

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 draft final report will be shared with the 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 10 days after reception of the draft final report with comments, please send also to MDG-F Secretariat)

The final report will be 20 to 30 pages in length. It will also contain an executive summary 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 sections established in Annex 2.

6. KEY ROLES AND RESPONSABILITIES IN THE EVALUATION PROCESS

There will be 3 main actors involved in the implementation of MDG-F final evaluations:

1. The **Resident Coordinator Office as commissioner** of the final evaluation will have the following functions:
 - Lead the evaluation process throughout the 3 main phases of a final evaluation (design, implementation and dissemination)
 - Convene the evaluation reference group
 - Lead the finalization of the evaluation ToR
 - Coordinate the selection and recruitment of the evaluation team by making sure the lead agency undertakes the necessary procurement processes and contractual arrangements required to hire the evaluation team
 - Ensure the evaluation products meet quality standards (in collaboration with the MDG-F Secretariat)
 - Provide clear specific advice and support to the evaluation manager and the evaluation team throughout the whole evaluation process
 - Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
 - Take responsibility for disseminating and learning across evaluations on the various joint programme areas as well as the liaison with the National Steering Committee
 - Safeguard the independence of the exercise, including the selection of the evaluation team
2. The **programme coordinator as evaluation manager** will have the following functions:
 - Contribute to the finalization of the evaluation TOR
 - Provide executive and coordination support to the reference group
 - Provide the evaluators with administrative support and required data
 - Liaise with and respond to the commissioners of evaluation
 - Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
 - Review the inception report and the draft evaluation report(s);
 - Ensure that adequate funding and human resources are allocated for the evaluation
3. The **Programme Management Committee** that will function as the **evaluation reference group**, this group will comprise the representatives of the major stakeholders in the joint programme
 - Review the draft evaluation report and ensure final draft meets the required quality standards.
 - Facilitating the participation of those involved in the evaluation design
 - Identifying information needs, defining objectives and delimiting the scope of the evaluation.
 - Providing input and participating in finalizing the evaluation 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

- Oversee progress and conduct of the evaluation the quality of the process and the products
 - Disseminating the results of the evaluation
4. **The MDG-F Secretariat** that will function as a **quality assurance member** of the evaluation in cooperation with the commissioner of the evaluation
- Review and provide advice on the quality the evaluation process as well as on the evaluation products (comments and suggestions on the adapted TOR, draft reports, final report of the evaluation) and options for improvement.

5. **The evaluation team** will conduct the evaluation study by:

Fulfilling the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and ethical guidelines; this includes developing an evaluation matrix as part of the inception report, drafting reports, and briefing the commissioner and stakeholders on the progress and key findings and recommendations, as needed.

7. EVALUATION PROCESS:TIMELINE

Evaluation Phase	Activities	Who	When
Design	Establish the evaluation reference group	CE*	done
Design	General final evaluation TOR adapted	ERG**	done
Implementation	Procurement and hiring the evaluation team	EM***	10/2-10/3
Implementation	Provide the evaluation team with inputs (documents, access to reports and archives); Briefing on joint programme	EM, ERG	15 April
Implementation	Delivery of inception report to the commissioner, the evaluation manager and the evaluation reference group	ET****	25 April
Implementation	Feedback of evaluation stakeholders to the evaluation team. Agenda drafted and agreed with evaluation team	CE, EM, ERG	10 May
Implementation	In country mission	ET, EM, CE, ERG	10 – 25 May
Implementation	Delivery of the draft report	ET	1 June
Implementation	Review of the evaluation draft report, feedback to evaluation team. Fact-checking revision by MDG-FS, to be done at the same time as the ERG (5 business days)	EM, CE, ERG MDG-FS*****	2-10 June
Implementation	Delivery of the final report	EM, CE, ERG, MDG-FS, ^NSC	15 June
Dissemination/ Improvement	Dissemination and use plan for the evaluation report designed and under implementation	EM, CE, ERG, NSC	15-30 June

*Commissioner of the evaluation (CE) **Evaluation Reference group (ERG)

***Evaluation manager (EM)

****Evaluation team (ET) *****MDG-F Secretariat (MDGF-S) ^National Steering Committee

Please note dates should be considered as indicative.

8. USE AND UTILITY OF THE EVALUATION

Final evaluations are summative exercises that are oriented to gather data and information to measure to what extent development results were attained. However, the utility of the evaluation process and the products goes far beyond what was said during the field visit by programme stakeholders or what the evaluation team wrote in the evaluation report.

The momentum created by the evaluations process (meetings with government, donors, beneficiaries, civil society, etc) it's the ideal opportunity to set an agenda on the future of the programme or some of their components (sustainability). It is also excellent platforms to communicate lessons learnt and convey key messages on good practices, share products that can be replicated or scale up in the country as well as at international level.

The commissioner of the evaluation, the reference group, the evaluation manager and any other stakeholders relevant for the joint programme will jointly design and implement a complete plan of dissemination of the evaluation findings, conclusions and recommendations with the aim to advocate for sustainability, replicability, scaling up or to share good practices and lessons learnt at local, national or/and international level.

9. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The final 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.

10. QUALIFICATIONS OF THE CONSULTANT/TEAM OF CONSULTANTS

Competencies :

- Conceptual and critical thinking as well as analytical skills
- Conversant in monitoring, evaluation and/or social research methodologies (qualitative/quantitative)
- Extensive knowledge and analytical skills based on studies, research, experience, or occupation in MDG-F one or more thematic areas
- Proficiency in English and Portuguese (written and spoken)

Knowledge on:

- MDGs, Development Effectiveness (Paris Declaration, Accra Agenda for Action) United Nations and other Multilateral Development Actors as well as bilateral donor processes and interventions.
- Evaluation experiences and knowledge within United Nations system will be considered an asset;
- Evaluation experiences and knowledge on countries where MDG-F operates will be considered an asset providing that the independence of the evaluator is not compromised
- Excellent communication skills
- Computer proficiency;

Qualifications

I. Academic Qualifications:

- A master degree or equivalent on international development, public policy, social science, engineering or related field is a requirement. Further education or a concentration in monitoring and/or evaluation would be an asset.

II. Years of experience:

A combination of 5 years of recognized expertise in:

- Conducting or managing evaluations, assessments, audits, research or review of development projects, programmes, countries or thematic areas and
- Having thematic expertise in, one of the MDG-F windows, international development programmes and or assessing or evaluating one or more of the MDG-F thematic areas; (youth and employment; economic and private sector development; environment and climate change; conflict prevention and peace building; cultural diversity and development, economic governance, children and nutrition, gender and women's empowerment).

11. ANNEXES

I. Outline of the inception report

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"

II. Outline of the draft and final evaluation reports

1. Cover Page
2. Executive Summary (include also Glossary page)
3. Introduction
 - o Background, goal and methodological approach
 - o Purpose of the evaluation
 - o Methodologies used in the evaluation
 - o Constraints and limitations on the study conducted
4. Description of the development interventions carried out
 - o Detailed description of the development intervention undertaken: description and judgement on implementation of outputs delivered (or not) and outcomes attained as well as how the programme worked in comparison to the theory of change developed for the programme.
5. Levels of Analysis: Evaluation criteria and questions (all questions included in the TOR must be addressed and answered)
6. Conclusions and lessons learned (prioritized, structured and clear)
7. Recommendations
8. Annexes

III. Documents to be reviewed

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
-