



FINAL EVALUATION

Albania

Thematic window
Children, Food Security and Nutrition

Programme Title:
Reducing child malnutrition in Albania

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.



MDG **i** **F**

MDG ACHIEVEMENT FUND

CHILDREN, FOOD SECURITY AND NUTRITION

MDG-F 2035

Reducing child malnutrition in Albania

**Final Evaluation of the Joint Programme:
“REDUCING CHILD MALNUTRITION IN ALBANIA”
(MDG-F 2035)**

FINAL REPORT

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A. EXECUTIVE SUMMARY

In December 2006, the United Nations Development Programme (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 Millennium Development Goals (MDGs) and other development goals through the United Nations system. Under the Millennium Development Goals Achievement Fund (MDG-F) M&E Strategy and Programme Implementation Guidelines, each programme team was responsible for designing an M&E system, establishing baselines for (quantitative and qualitative) indicators and conducting a final evaluation with a summative focus. In accordance with this guideline, the United Nations joint programme partners commissioned the final evaluation of the Joint Programme - “Reducing child malnutrition in Albania, (MDG-F 2035)”. The evaluation was undertaken from May 24 to July 31 by a two-member team of independent evaluators with an international team leader and national team member.

The unit of analysis was the JP MDG-F 2035, which in this context included the set of outcomes, outputs, activities and inputs that were detailed in the JP document and in associated modifications made during implementation. The overall purpose of this evaluation was to (a) Measure the extent to which the JP delivered its intended outputs and contribution to outcomes, and (b) Generate substantive evidence based knowledge, by identifying good practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability). The primary users of the evaluation include the JP partner UN agencies, national and local government partners, civil society organizations and beneficiary communities, the MDG Fund Secretariat as well as the wider UN development system organisations.

The evaluation was undertaken in four phases. The first phase consisted of review of background documents, JP files and reports; and culminated with drafting of the evaluation Inception Report which was shared with and revised to include comments from the JP partners. The second phase included primary data collection in Albania. Individual interviews and focus group discussions (FGDs) were conducted with about 100 individuals representing the JP partners, implementing partners, local government and direct beneficiaries in the target communities.

The Albania Demographic and Health Survey (ADHS 2008-09) indicated that infant mortality rate (IMR) was 18 deaths per 1,000 births, and the pattern of mortality during the first year of life also showed that almost two-thirds of infant deaths took place in the first month of life - the neonatal and post-neonatal mortality rates were 11 and 7 per 1,000 births, respectively. Compared to other countries in the Balkan region, Albania had higher IMR and U5MR. The ADHS also indicated that up to 61% of newborns were not exclusively breastfed. In the age groups 6-23 months, the report showed that only 19% were fed according to all three

recommended Infant and Young Child Feeding (IYCF) practices. Based on the ADHS findings, the JP targeted the regions of Kukes, Shkoder and peri-urban Tirana.

Improving nutrition has consistently been a part of Government's priorities. Policies and measures to address malnutrition have been incorporated in a wide number of legal acts and strategic documents, including (a) National Strategy for Development Integration (NSDI 2007-2013), (b) Inter-sectorial Social Inclusion Strategy 2007-2013, and (c) National Children's Strategy and Action Plan (2005-2010).

The JP was implemented by the Ministry of Health (MOH) as the lead national partner in partnership with the Ministry of Agriculture, Food and Consumer Protection (MOAFCP), specialized national institutions (Institute of Public Health, Institute of Statistics and Institute for Development of Education), regional authorities, and civil society organizations with support from the Food and Agriculture Organisation (FAO), the United Nations Children's Fund (UNICEF) and World Health Organisation (WHO). The total allocated programme budget was US\$4 million, of which UNICEF contributed 55% (\$2, 214,170); WHO contributed 25% (\$1,003,660, and FAO contributed 20% (\$782,170).

The JP aimed to contribute to three outcomes; (1) Increased awareness of nutrition as a national development priority at all levels, (2) Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels, and (3) Public health nutrition repositioned within the primary health care services.

Summary of key findings

Relevance

The major focus of the JP to strengthen policy and build national institutional and local level capacities for household food security and nutrition was well aligned with the policies of the Government of Albania. In a critical review of the national Food and Nutrition Action Plan (FNAP 2003-08), stakeholders noted that the policy environment placed more emphasis on food safety compared to nutrition, and its implementation was generally regarded as not very successful due to its lack of specific strategies and resources for addressing nutrition related outcomes.

Management and Implementation

The JP was approved in December 2009, and implementation started in January 2010 with an estimated end date of January 2013. A Programme Management Committee (PMC) co-chaired by the lead UN and Government partners (UNICEF and MOH) was established and met quarterly to provide oversight and guidance for the joint programme. The PMC, through the national coordinator (MOH) established Technical Working Groups (TWGs) charged with planning, implementing, monitoring and reporting of specific JP interventions. A mid-term

evaluation (MTE) was undertaken in November 2011. The JP addressed most of the recommendations of the MTE through an improvement plan, which was developed and shared with the MDG-F Secretariat. The improvement plan included a revision of the JP outcomes to better reflect principles of results-based management, as well as strengthening the output and outcome indicators.

In June 2010, five Ministries formally agreed to take joint inter-sectoral actions to improve nutrition in Albania.¹ As a direct consequence of this inter-sectoral collaboration; (a) the MOH appointed a national coordinator who was located at the Ministry facilities, (b) the line Ministries appointed focal points for coordination, (c) all formal JP meetings were convened by line Ministries, with official letters issued and signed by the MOH and MOAF&CP, and (d) the Government and UN partners undertook joint field trips for activity monitoring and meetings.

Effectiveness

All JP interventions reflected the key strategic areas that were globally recognised as best practices for addressing food security and nutrition at national level. The JP undertook a two-pronged strategy; the first was to facilitate a multi-sectoral approach to address food insecurity and malnutrition through establishment of a national coordination structure for food and nutrition at high government level, and the second strategy was to develop and implement an effective communication and advocacy strategy that would pave the way for the development and implementation of a national Food and Nutrition Action Plan.

The JP delivered significant outputs to contribute to the Outcome 1 including:

- (i) Assessment of the economic costs of malnutrition among children in Albania, which showed that the burden of malnutrition to the national economy was about US\$107 million per year, which represented about 0.7% of Gross Domestic Product (GDP).
- (ii) Baseline Nutrition and Food Security Survey (BNFSS), which measured the prevalence of anemia and the weight of iron deficiency anemia among Albanian children 6 months -14 years old and women 15-49 years old, assessed the level of knowledge, attitudes and practices (KAP) on infant and young child feeding practices (IYCF), and the food security status and diversity of the diet at household level in three pilot areas of the JP prefectures of Shkoder, Kukes and peri-urban Tirana.
- (iii) Qualitative study on the effects of gender issues and high food prices on household food security which was undertaken in 14 localities.
- (iv) Linguistic adaptation of the Albanian food and nutrition security scale (AFNSS).
- (v) Report on Data Inventory and Review of Food and Nutrition Security Data.
- (vi) Better Diets for Health: Monitoring Dietary Diversity in Albania; which developed a tool to measure the dietary diversity at household and individual level.

¹ MOH, MOAFCP, MOES, MOLSA&EO, MoF.

- (vii) Capacity development of national and local government for food and nutrition surveillance by managing crop assessment, application of food balance sheets methodology, understanding the impact of food prices on food insecurity, application of Food Security Scale adapted for Albania within the project, monitoring dietary diversity in Albania to improve national nutritional status.
- (viii) An assessment for the fortification of flour was undertaken culminating with recommendations on the mix of vitamins and micronutrients required in flour fortification.

Under Outcome 2, the JP partnered with a local NGO – Partnership for Development (PfD) – to develop and implement community-based models in the target JP areas. 15 communes were identified and PfD conducted participatory needs assessments in those communes. 14 of the target 15 communes had completed their food security and nutrition management plans, and one priority project was identified in each commune for implementation with 50% counterpart funding between the JP and the commune. 10 additional communes from the target areas were selected to develop capacities in planning and monitoring nutrition interventions; their training were completed in July 2012 and they were all in the process of developing their food security and nutrition management plans.

The JP also partnered with KASH (Agribusiness Council) to develop models aimed at improving access to food and consumption of micronutrient rich foods. The models demonstrated approaches to diversify crops, with emphasis on fruits and vegetables. The scale of interventions was not sufficiently large to demonstrate sustained access to food. In addition, the evaluation team observed that the demonstrations did not sufficiently target the participation of the most disadvantaged and poor families in the target communities. The JP acknowledged the difficulty of targeting the most vulnerable and poor households, noting that the main objective was not so much to address food insecurity and poverty, but to develop models for addressing food insecurity and malnutrition.

An analysis of cash transfer programmes from a child-rights perspective was undertaken to explore community perceptions on the use of Economic Aid. However, at the time of drafting this report, the recommendations were yet to be implemented.

With regards to developing capacities of health providers to conduct Growth Monitoring and Promotion and deliver nutrition counseling, the JP undertook a KAP survey of primary healthcare providers (PHCP) on anemia and IYCF feeding practices. Based on the findings of the survey, an integrated 12-day training module on growth monitoring and nutrition counseling was developed for PHCP. Revised growth monitoring charts for children under 5 years were developed and approved by the MOH for use in all health facilities. The new child health booklet (home based record) was also developed by IPH and MOH. Reports from regional public health departments indicated that 27,039 children under the age of 5 years and 435

primary health care providers had benefitted from these interventions. However, the evaluation team noted, based on information obtained in interviews and focus group discussions (FGD) that some of the health centers (Kamza and Paskuqan) had not yet completed the full training packages.

Communication for behavior change for improved IYCF practices was based on the communication strategy and plan developed at the beginning of the JP and officially approved by the MOH. The strategy had three main components; (1) training of health personnel in IYCF counseling through 12-day training sessions implemented by MOH and the regional public health departments, community based interpersonal communication by teams of Red Cross volunteers, peer counseling through mother support groups by IBFAN, and Maniacard supported interventions, including meeting the mothers tour and best mothers of the year competitions, (2) implementation of the mass media campaign “ New and better ways for IYCFG” implemented by Mania Card in close collaboration with MOH and IPH.

255 Red Cross volunteers in 15 communes and 75 villages were trained in simple counseling techniques using tools developed by MOH and IPH experts, including (i) guidelines on 16 key IYCF messages, and (ii) booklet on local recipes. However, the Red Cross interventions had only effectively started in March 2013.

The JP supported the development of a national curriculum for nutrition education in basic education. Resource materials for teachers and students in Grade 1 – 9 were developed and published. 200 training sessions for teachers and other educational staff were conducted in selected pilot schools, and the Institute for Education development (IZHA) estimated that more than 10,000 students and 1,000 teachers have benefitted in knowledge, attitudes and practical skills in food security and nutrition.

With regards to Outcome 3, an assessment of existing public health nutrition (PHN) curricula in the Faculties of Medicine and Nursing was undertaken by the Copenhagen Metropolitan College University. The improved syllabus on nutrition was approved and started implementation in the Faculty of Nursing in 2012. A draft syllabus for one-year post graduate training in the Faculty of Medicine had also been developed and approved by the Scientific Committee of the Faculty of Medicine and was in the process of approval.

Efficiency

The programme efficiency as measured by UN agency delivery rates (including direct costs for administration and cost sharing) was 98.4%. The interventions that were implemented were appropriate to achieve the overall objective to address the problems associated with mother and child malnutrition. However, the evaluators were of the opinion that the agricultural interventions were small and did not have sufficient time to effectively demonstrate change in improved access to food and nutrition. In addition, the individual farmers and households that

were selected to demonstrate the models were not sufficiently representative of the most vulnerable groups and food security challenged households.

The reporting frameworks for direct beneficiaries changed during the JP lifecycle, thus making it difficult to objectively assess the implementation efficiency on the basis of value for money in the context of direct beneficiaries.

Sustainability

Some of the JP outputs indicated that they were sustainable in the long run due to their very nature. For example, reform of education curricula was approved and the government had allocated funds for activities in the mid-term budget framework. However, there were other interventions and outputs that required further institutional support in order to be sustainable. These outputs included, for example, the flour fortification, which was not yet agreed between the Ministries of Health and Agriculture, the roll-out and implementation of the National FNAP, which was not yet signed (although the evaluation team was informed that it had been endorsed by the Ministry of Finance, which is an expression of commitment that the FNAP will receive budget support).

Conclusions

As an upper- middle income country, the Albania government had limited support in development assistance from bilateral and multilateral partners, therefore the JP approach to support development of national systems, policies and models for effective programmes to address food insecurity and malnutrition was not only strategic but also consistent with the dynamics of development assistance in the context of a middle income country.

One of the lessons emanating from the experience of the JP was the timeframe required to develop and institutionalize policy and coordination mechanisms for a multi-sectoral approach. With 4 sector ministries involved, the process to coordinate and agree specific policies took considerable time to conclude, including finalization of the national FNAP and the policy on flour fortification. Changing behaviours was also a process that required much time in order to realise the expected results.

The most vulnerable groups of the population were not very easy to reach or convince to participate in development projects. Programme interventions require specific pro-poor components to ensure equitable coverage. Interventions that do not contain a deliberate pro-poor dimension tend to benefit the less marginalized and increase the disparities between social groups.

The delays associated with development and implementation of policies arising from legal and institutional procedures also requires that programmes of limited timeframes should develop and integrate sustainability and exit strategy in their design. Without an effective

sustainability and exit strategy, there will always be a risk that some of the interventions will lose their momentum at the close of the programme.

Recommendations

Recommendation 1: The government should continue to prioritise food security and nutrition for children by supporting the implementation of the FNAP 2013-2020; and UN agencies should continue to engage central and local government authorities, including through participation in technical working groups in order to complete the roll-out and implementation of the FNAP.

Recommendation 2: UN agencies, including FAO and WHO should continue to engage the sector ministries of health and agriculture, by supporting further studies to provide additional scientific evidence to inform national policy on flour fortification.

Recommendation 3: The government should implement the recommendations of the pilot model to combine economic aid with nutrition services and food packages; and UNICEF should continue to engage the MOLSA&EO to support the roll-out and implementation of the model.

Recommendation 4: The government should develop models to ensure that the most vulnerable and disadvantaged communities and groups have adequate participation and representation in initiatives to improve access to food and nutrition.

Recommendation 5: UN agencies should support pro-poor government policies in order to ensure that the poor have equitable access to services and can also benefit directly from government programmes.

Recommendation 6: UN agencies should continue to engage and support civil society capacity for nutrition advocacy and participation in local development planning.

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B. ACRONYMS

ADHS	Albania Demographic Health Survey
AFNSS	Albanian Food and Nutrition Security Scale
BNFSS	Baseline Nutrition and Food Security Survey
CCME	Center for Continuous Medical Education
CFSN	Children, Food Security and Nutrition
CSO(s)	Civil Society Organisation(s)
EOHSP	European Observatory on Health Systems and Policies
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organisation
FGD(s)	Focus Group Discussion(s)
FNAP	Food and Nutrition Action Plan
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
INSTAT	Institute for Statistics
IPH	Institute of Public Health
IUHPE	International Union of Health Promotion and Education
IZHA	Institute for Development of Education
KASH	Agribusiness Council
MCH	Mother and Child Health
MDG(s)	Millennium Development Goal(s)
MDF-F	Millennium Development Goals Achievement Fund
M&E	Monitoring and Evaluation
MOAFCP	Ministry of Agriculture, Food and Consumer Protection
MOES	Ministry of Education and Science
MoF	Ministry of Finance
MOH	Ministry of Health
MOLSA&EO	Ministry of Labour, Social Assistance and Equal Opportunities
MOU	Memorandum of Understanding
MTE	Mid Term Evaluation
NCCME	National Center for Continuous Medical Education
NFA	National Food Authority
NSDI	National Strategy for Development and Integration
PfD	Partnership for Development

PHC	Primary Health Care
PHCP	Primary Healthcare Provider(s)
PHN	Public Health Nutrition
PMC	Programme Management Committee
TOR	Terms of Reference
TWG(s)	Technical Working Group(s)
U5MR	Under-5 (year old) Mortality Rate
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation

I. INTRODUCTION

1.1. Evaluation Context

1. In December 2006, the United Nations Development Programme (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 Millennium Development Goals (MDGs) and other development goals through the United Nations system. The Fund used a joint programme mode of intervention and operated through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies.

2. Under the Millennium Development Goals Achievement Fund (MDG-F) M&E Strategy and Programme Implementation Guidelines,² each programme team was responsible for designing an M&E system, establishing baselines for (quantitative and qualitative) indicators and conducting a final evaluation with a summative focus. In accordance with this guideline, the United Nations joint programme partners commissioned the final evaluation of the Joint Programme - “Reducing child malnutrition in Albania, (MDG-F 2035)”. The evaluation was undertaken from May 24 to July 26 by a two-member team of independent evaluators with an international team leader and national team member.

3. The evaluation focused on the joint programme (JP) outcomes as set out in the JP document and its subsequent revisions. The unit of analysis was the JP MDG-F 2035, which in this context included the set of outcomes, outputs, activities and inputs that were detailed in the JP document and in associated modifications made during implementation. This report contains six chapters. Chapter 1 introduces the evaluation, including a discussion on the mandate, purpose, scope, objectives and methodology of the evaluation. Chapter 2 contains an overview of historical trends and development challenges of child nutrition in Albania. It includes an explanation and description of how the theme was addressed by government, and how it was reflected in national policies and strategies, as well as activities of development partners. Chapter 3 describes the JP’s interventions in response to the development challenge. This chapter explains the overarching outcome model, the results frameworks and detailed explanation of the main JP components and activities. Chapter 4 contains the evaluation findings and provides an analysis of the **evidence** relating to the evaluation criteria. The analysis addressed the key evaluation questions as set out in the evaluation Terms of Reference (TOR). Chapter 5 contains the conclusions and lessons learned; while Chapter 6 provides the evaluators’ recommendations based on the evidence contained in chapter four.

² MDG-F; Monitoring and Evaluation System, “[Learning to Improve: Making Evidence work for Development](#)”.

1.2. Purpose, Scope and Objectives of the Evaluation

1.2.1. Purpose of the evaluation

4. In line with the instructions contained in the MDG-F M&E Strategy, a final evaluation seeks to track and measure the overall impact of the JP on the MDGs and its contribution to the 3 MDG-F objectives, MDGs, Paris Declaration and Delivering as one. The overall purpose of this evaluation was to (a) Measure the extent to which the JP delivered its intended outputs and contribution to outcomes³, and (b) Generate substantive evidence based knowledge, by identifying good practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability). The primary users of the evaluation include the JP partner UN agencies, national and local government partners, civil society organizations and beneficiary communities, the MDG Fund Secretariat as well as the wider UN development system organisations.

1.2.2. Scope of the evaluation

5. The scope of the evaluation was to ascertain how successfully the JP components and interventions contributed to the achievement of outcomes based on the five criteria laid out in the Organization for Economic Cooperation and Development – Development Assistance Committee (OECD-[DAC Principles for Evaluation of Development Assistance](#)),⁴ (Box 1).

Box 1: OECD-DAC Evaluation Criteria

Relevance: The extent to which the intervention is suited to the priorities and policies of the target group, recipient and donor.

Efficiency: An assessment of whether development aid uses the least costly resources possible in order to achieve the desired results.

Effectiveness: A measure of the extent to which a development intervention attains its objectives.

Impact: The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.

Sustainability: The probability that the benefits of an intervention are likely to continue after the programme cycle.

1.2.3. Specific objectives of the evaluation

6. The specific objectives of the final evaluation were to:

³ By definition, **outputs** are the products, capital goods and services which result from a development intervention; and **outcomes** are the likely or achieved short-term and medium term effects of an intervention's outputs.

⁴ The *DAC Principles for the Evaluation of Development Assistance*, OECD (1991), *Glossary of Terms Used in Evaluation*, in '[Methods and Procedures in Aid Evaluation](#)', OECD (1986), and the *Glossary of Evaluation and Results Based Management (RBM) Terms*, OECD (2000).

- a) Measure to what extent the JP contributed to solve the needs of target beneficiaries, as well as the challenges and bottlenecks affecting nutrition for children in Albania.
- b) Measure the JP's degree of implementation efficiency and quality of delivered outputs and outcomes, against what was originally planned or subsequently officially revised.
- c) Measure to what extent the JP attained expected development results to the targeted population, beneficiaries and participants, whether individuals, communities, or institutions.
- d) Measure the JP's contribution to the objectives set out for the thematic window on Children, Food Security and Nutrition (CFSN) as well as the overall MDG Fund objectives at local and national level.
- e) Identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration on Aid Effectiveness, Accra Principles and UN reform with the aim to support the sustainability of the JP or some of its components.
- f) Provide recommendations to inform future programming, upscaling and replication of the JP's interventions.

1.3. Evaluation Methodology

1.3.1. Overall approach

7. An initial desk review of official background documents, JP files and reports was conducted culminating with drafting of an Inception Report outlining the scope of work and evaluation design. The Evaluation Reference Group (ERG) and JP partners reviewed the Inception Report and provided comments resulting in the revised Inception Report. Based on the agreed plan and design, active data collection in Albania was carried out from June 10 to June 28, 2013.

8. The in-country data collection mission included individual interviews with the UN JP Partners and national government partners in Tirana, as well as individual interviews and focus group discussions (FGD) in the targeted prefectures of Kukes and Shkoder and the peri-urban Tirana municipalities of Kamez and Paskuqan. Additional documents were also made available and reviewed during the in-country mission. The list of documents reviewed is at Annex 1 to this report. At the end of the country mission, a presentation of preliminary findings, conclusions and recommendations was made to the ERG and Programme Management Committee (PMC), and their comments were incorporated in the draft report.

1.3.2. Data Collection and Analysis

9. Main sources of data included both secondary (document review) and primary (interviews and focus group discussions). Individual interviews were conducted in Tirana with partner UN agency staff and senior management; officials of participating national Government departments,

and civil society organisations. In the prefectures of Kukes and Shkoder, and the municipalities of Kamez and Paskuqan, individual interviews were conducted with officials of participating local government departments and civil society partners. FGDs were conducted with the frontline health workers, agriculture and education officers; as well as target beneficiaries, including mothers and farmers. The list of individuals interviewed is provided at Annex 2.

10. Quantitative analysis techniques were applied to assess JP performance related to quantitative targets and indicators; for example, decrease in malnutrition. However, mostly qualitative analysis was used to determine the JP's contribution to outcomes (Box 2).

Box 2: Data analysis criteria

Relevance:	Content analysis of JP interventions relative to national programmes, MDGs and United Nations Development Assistance Framework (UNDAF).
Efficiency:	Comparative and frame analysis ⁵ .
Effectiveness:	Matrix/logical analysis (based on stated output/outcome indicators and baseline data).
Sustainability:	Frame analysis based on triangulated information.

1.4. Limitations

11. First, there was insufficient time for active data collection, particularly with respect to visits at the local levels; but this was mitigated through triangulation of data at three levels – JP files and reports, implementing partners, and frontline beneficiaries. Second, some of the JP files and documents were in Albania language and the international team leader had to rely on the translation of the national team member.

II. THE DEVELOPMENT CHALLENGE

12. This chapter provides a general overview of historical trends and development challenges of malnutrition of children in Albania. It also examines how the theme was addressed by government, and how it was reflected in national policies and strategies. Information on the activities of other development partners is also provided, where available.

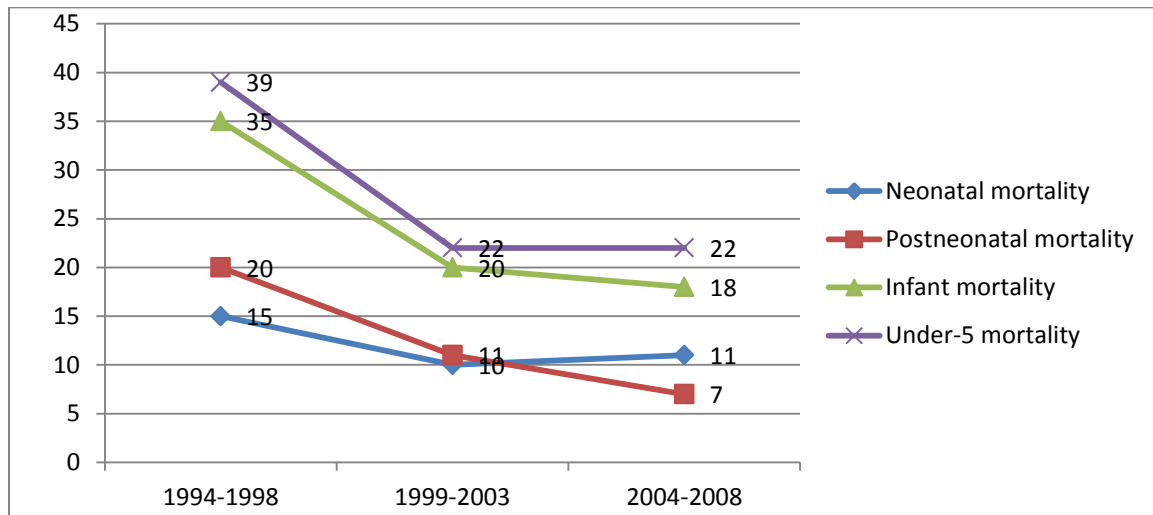
2.1. Trends in Infant and Child Mortality in Albania

13. Data from the Albania Demographic and Health Survey (ADHS 2008-09) indicated that infant and under-five mortality decreased over the period 1994-2008 (Figure 1). The data indicated that over the period 2004 – 2008, the under-five mortality rate (U5MR) was 22 deaths per 1,000 live

⁵ **Frame analysis** is a method based on qualitative interpretation of how people understand situations and activities.

births, (in other words, 1 in every 45 children born in Albania during that period died before reaching their fifth birthday). The infant mortality rate (IMR) was 18 deaths per 1,000 births, which means that most early childhood deaths took place in the first year of life. In addition, the pattern of mortality during the first year of life also showed that almost two-thirds of infant deaths took place in the first month of life (the neonatal and post-neonatal mortality rates were 11 and 7 per 1,000 births, respectively).

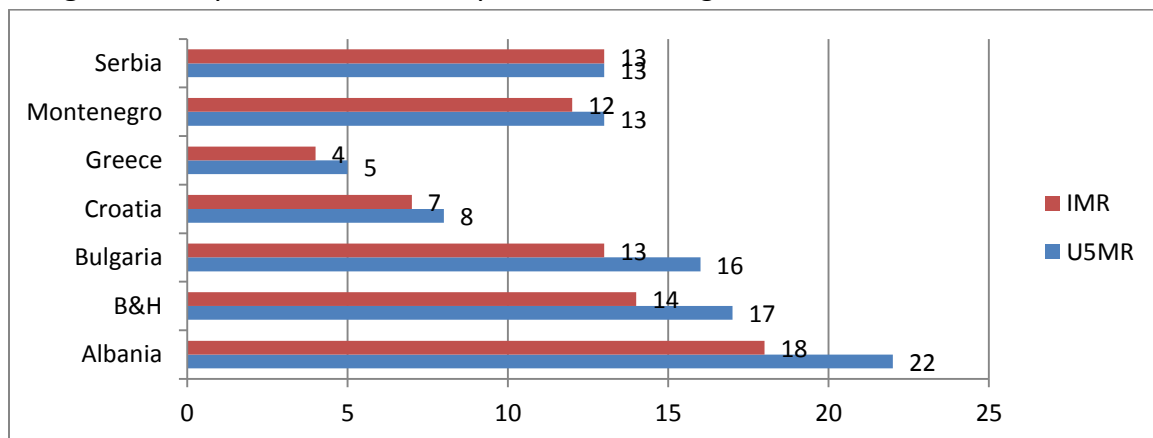
Figure 1: Early childhood mortality rates in Albania, 1994 -2008



Source: Based on data from Albania Demographic Health Survey 2008-09, page 115

14. Compared to other countries in the Balkan region, Albania had higher IMR and U5MR. While the infant mortality rate was 18 deaths per 1,000 births in Albania, it ranged from 4 to 16 deaths per 1,000 births in the other countries; and while U5MR was 22 deaths/1,000 births in Albania, it ranged from 5 to 19 in the other Balkan countries (Figure 2).

Figure 2: Early childhood mortality in the Balkan region



Source: Based on data from Albania Demographic Health Survey 2008-09, page 115

2.2. Child Nutrition and Feeding Practices

15. As noted above, most early childhood deaths in Albania took place in the first year of life; and almost two-thirds of infant deaths took place in the first month of life. The World Health Organisation (WHO) recommends that newborn babies be put to the breast immediately after birth or within one hour of birth to receive the nutrient-rich colostrum produced by the mother during the first three days after delivery. Colostrum is an important source of nutrition as well as maternal antibodies that protect against infections. In addition, exclusive breastfeeding is recommended for the first six months because Breastmilk is uncontaminated and contains all the nutrients needed by infants in this age group, including the mother's antibodies that are present in Breastmilk provide substantial immunity for the newborn. However, the ADHS (2008-09) indicated that up to 61% of newborns were not exclusively breastfed; with variety of other liquids fed to children 0-5 months (Box 3). In the age groups 6-23 months, the report showed that only 19% were fed according to all three recommended IYCF practices. For example, while a high percentage (80%) of breastfed children 0-23 months were fed the recommended complementary foods only 34% were fed the recommended minimum number of times per day according to age.

Exclusively breastfed	38.6%
Not breast-feeding	4.1%
Plain water only	18.7%
Non-milk liquids/juice	8.4%
Other milk	9%
Complementary foods	21.2%

Source: ADHS 2008-09; Table 11.2, page 157

16. In the JP areas, only 42% of children less than six months of age were exclusively breastfed.⁶ 60 % of children less than six months old were exclusive breastfed in Kukes and Shkoder, compared to 34% in Kamez and Paskuqan (Table 1). The data also showed a strong correlation between breastfeeding practices and the level of mothers' education and household incomes. Exclusive breastfeeding was practiced by mothers with a high education (38%), and mothers with a basic education (46%), and mothers with a university education (50%). There was also a negative correlation observed between exclusive breastfeeding and the economic level of households; the level of exclusive breastfeeding was higher (46%) in low-income families than in high income families (40%).

⁶ Joint programme Baseline nutrition and food security survey 2010: Final Report, page 70

Table 1: Proportion of children under six months of age by feeding status

	Not Breastfed (%)	Exclusively Breastfed (%)	Infant Formula (%)	Water (%)	Liquids other than milk (%)		Milk but not breast milk (%)	Complementary Food (%)
					Tea	Juice		
Male	45.0	42.9	11.4	34.3	14.3	8.6	14.3	5.7
Female	53.3	38.9	11.1	50.0	38.9	22.2	22.2	11.1
Kukes and Shkoder	45.0	60.0	0.0	33.3	6.7	6.7	13.3	0.0
Kamez and Paskuqan	53.3	34.2	15.8	42.1	28.9	15.8	18.4	10.5
Education level								
None	57.1	0.0	0.0	0.0	100.0	0.0	0.0	0.0
Basic	46.1	45.8	12.5	41.7	16.7	12.5	12.5	4.2
High	53.1	37.5	12.5	37.5	29.2	16.7	20.8	12.5
University	42.9	50.0	0.0	50.0	0.0	0.0	25.0	0.0
Income Level								
Low	43.6	46.2	7.7	38.5	30.8	23.1	15.4	7.7
High	50.8	40.0	12.5	40.0	20.0	10.0	17.5	7.7
Total	48.7	41.5	11.3	39.6	22.6	13.2	17.0	7.5

Source: Joint programme Baseline Survey 2010: Final Report; Table 6.2, page 72

2.3. Household Food Security in JP Areas

17. Based on the JP baseline data, food insecurity was more common in rural areas (47.7%) compared to urban areas (27.7%). A higher proportion of rural households in both Kukes and Shkoder experienced food shortages during the previous year (Kukes: 36.7% and Shkoder 32.0%); compared to urban households (Kukes: 29.6%, and Shkoder: 21.2%). Thirty-five per cent of Kukes households reported having had at least one month where food provisions were not sufficient to meet the family's needs; among those households, the average number of months with shortages was 2.7 months. In Shkoder, 27.5% of households reported having had at least one month where food provisions were not sufficient to meet the family's needs, and the average number of months with shortages was 3.6 months.

18. Twenty-two per cent of Kamez and Paskuqan households reported having had at least one month where food provisions were not sufficient to meet the family's needs, with the average number of months with shortages being 4.5 months.

2.4. Government Response and Strategies.

19. Improving nutrition has consistently been a part of Government's priorities. Policies and measures to address malnutrition have been incorporated in a wide number of legal acts and strategic documents (Box 4).⁷

⁷ Assessment of the Food and Nutrition Action Plan (2003-08); 2012.

Box 4: Malnutrition in main strategic documents

- ◆ In 1992, Albania signed the World Declaration and Plan of Action on Food and Nutrition;
- ◆ In September 2000, Member States of the WHO Regional Committee for Europe endorsed the document “Impact of Food and Nutrition in Public Health: The Need for a Policy Food and Nutrition Action Plan and WHO European Region for the years 2000-2005”;
- ◆ The National Strategy for Development Integration (NSDI 2007-2013) included malnutrition related indicators in its list of monitoring indicators: (i) the level of population in absolute poverty, and; (ii) the share of consumption of the poorest quintile of national consumption;
- ◆ The Albanian MDGs commitment included two targets: (i) halving between 1990 and 2015, the number of people suffering from hunger, as measured by the number of people who are below the minimum level of energy consumption, and (ii) monitoring of children under 5 years who are underweight, weak (weight for length) and short for age (height for age);
- ◆ The Inter-sectorial Social Inclusion Strategy 2007-2013, mentioned the impact on the health of children in poverty, inadequate nutrition and lack of access to health services, resulting in malnutrition and mortality.
- ◆ The National Children's Strategy and Action Plan (2005-2010), covered all aspects of life of children and included activities related to poverty, objectives for reducing infant and child mortality including improving maternal and child nutrition;

20. Based on the FNAP Assessment Report, the implementation of the FNAP (2003-08) experienced several difficulties and/or barriers, many of them linked to flaws in design of the plan, lack of institutional and infrastructure support, lack of institutional coordination and motivation, as well as insufficient institutional capacities. Among the key weaknesses of the FNAP (2003-08) that were identified included:

- a) The FNAP (2003-2008) did not elaborate specific activities and resources needed to implement its strategies and programmes;
- b) The plan focused primarily on food safety, nutrition, diet and aspects related to health but not specifically on food security;
- c) The institutional mechanisms for integrating food and nutrition had significant lack of capacity and resources to improve sectorial cooperation and coordination; and
- d) The lack of adequate indicators for monitoring and evaluation.

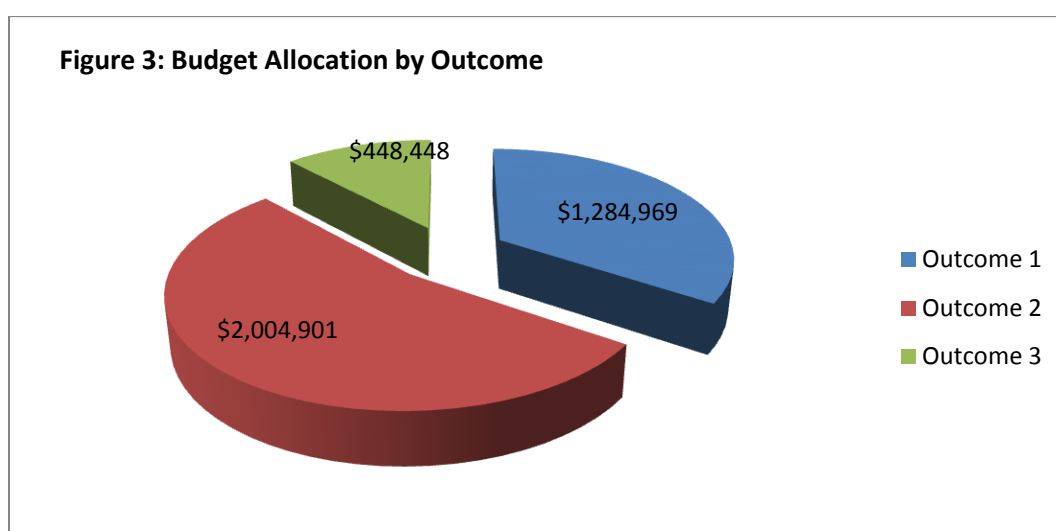
III. DESCRIPTION OF THE JOINT PROGRAMME

3.1. JP Partners and Budget

21. The JP was implemented by the Ministry of Health (MOH) as the lead national partner responsible for overall coordination, in partnership with the Ministry of Agriculture, Food and Consumer Protection (MOAFCP) and specialized national institutions (Institute of Public Health,

Institute of Statistics and Institute for Development of Education), regional authorities, and civil society organizations with support from the Food and Agriculture Organisation (FAO), the United Nations Children’s Fund (UNICEF) and WHO. The MOH was responsible for overall coordination, implementation, achievement of JP objectives and coordination with MOAFCP and other key stakeholders. The total allocated programme budget was US\$4 million, of which UNICEF contributed 55% (\$2, 214,170); WHO contributed 25% (\$1,003,660, and FAO contributed 20% (\$782,170).

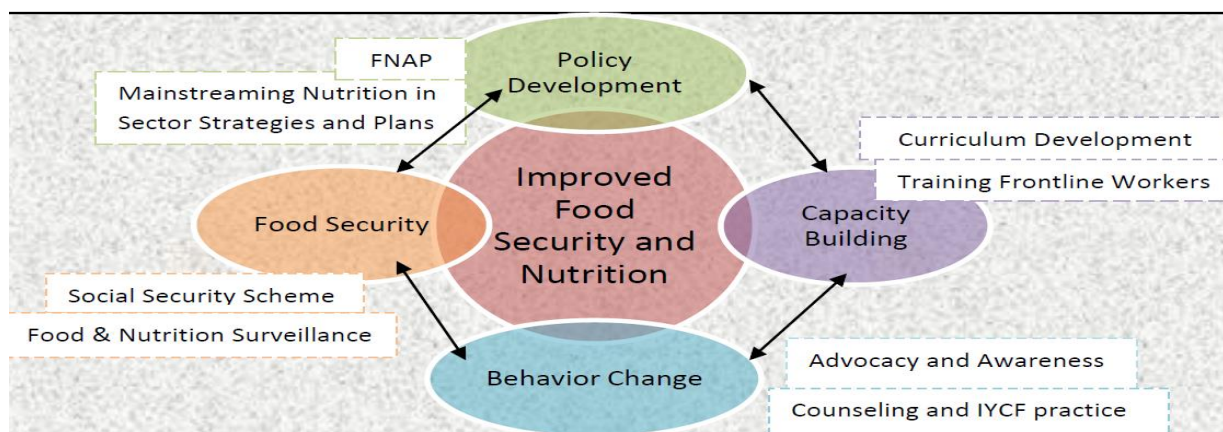
22. Excluding the direct costs estimated at 7% of total allocated budget, the total programme cost was \$3,738,318 of which 34.4% (\$1,284,969) was allocated to Outcome 1, and 53.6% was allocated to Outcome 2; while 12% (\$448,448) was allocated to Outcome 3 (Figure 3).



3.2. JP Logic Model

23. The JP Mid-Term Evaluation (MTE) noted that the problem of malnutrition was being addressed at two levels; (i) the national policy level aimed to create a conducive and enabling environment in which national and local actors could develop, fund and implement effective programmes to combat malnutrition, and (ii) local level interventions to build and strengthen awareness, local capacities and institutional mechanisms for addressing household food insecurity and malnutrition. The logic of the model was to build mutual accountability between the **duty-bearers** (national and local government authorities) and the **rights-holders** (individuals, households and communities) through participatory and collaborative decision-making and action. Figure 4 illustrates the inter-action between the policy and local-level interventions.

Figure 4: JP Logic Model



Source: JP Mid-Term Evaluation Report, 2012

3.3. JP Results Framework

24. The JP aimed to contribute to three outcomes (Table 2).

Table 2: Results Framework

Expected Outcome	Indicators	Baseline
Outcome 1: Increased awareness of nutrition as a national development priority at all levels.	A nutrition unit is established at the Institute of Public Health (IPH) in support of the national coordination mechanism.	No inter-sectoral coordination mechanism for integrated nutrition and food security policies and programmes exists at high level.
Outcome 2: Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels.	Community based intervention models developed and tested.	Weak cross-sectoral coordination capacities at all levels.
Outcome 3: Public health nutrition repositioned within the primary health care services.	Public health nutrition Curricula improved at bachelor and postgraduate Levels.	No modules currently exist.

3.4. JP interventions

25. As Albania had achieved upper middle income status, the overall JP objective was not to undertake interventions to impact directly on the food security and nutrition indicators; but rather

to develop and strengthen national systems, processes and institutions to enable the Government to develop and implement appropriate strategies and plans to address food security and nutrition.

26. The JP implemented 5 intervention components:

- a) Advocacy for mainstreaming of food security and nutrition into national policies.
- b) Building national capacities for evidence-based decision-making.
- c) Developing and piloting community-based interventions that can be upscaled and replicated through four sub-components:
 - i. Agriculture projects to increase and diversify productivity,
 - ii. Strengthening primary health care system, including growth monitoring and nutrition counseling and Communication for Behavior Change,
 - iii. Integrating nutrition education into the basic education system,
 - iv. Developing nutrition-responsive approaches to the social welfare system.
- d) Integrating nutrition into the pre-service training for health practitioners, and
- e) Strengthening the management and supervision capacity for the national public health delivery system.

IV. EVALUATION FINDINGS

4.1. Relevance

27. The major focus of the JP to strengthen policy and build local level capacities for household food security and nutrition was well aligned with the policies of the Government of Albania (Figure 5).

Figure 5: Albania Strategy Frameworks aligned to JP Interventions

Strategy Framework	Goals, Priorities and Strategies
National Strategy for Development and Integration 2007 -2013.	By 2013, the IMR will be reduced to 5/1,000 live births
The National Strategy for Health in Albania 2007-2013.	<ol style="list-style-type: none"> 1. Increase of access toward the effective health services, 2. Improvement of governance in the health system.
Agriculture and Food Sector Strategy 2007 – 2013.	To develop agriculture in a harmonised and diversified way so that the country would be able at any time to meet its food needs.
Inter-sectoral Rural Development Strategy 2007 – 2013.	To contribute to a fair development of all rural regions in Albania, and reduce poverty among rural population.

28. In December 2006, the MoH introduced the Reform of Primary Health Care (PHC) with the main goal of redirecting the PHC system into a single-source setting. The reform was based on the Decision of the Council of Ministers (No. 857), 20 December, 2006 'Financing of the Primary Health Care Services.' The implementation of the Reform of Primary Health Care started in January 2007. The main mission of the PHC system in Albania was to ensure that the population has the best possible health conditions, in accordance with the main goal of the MoH, 'Health for All'. PHC services at the community level represent the first level of access to health care.

Box 5. *"The project had the right synergy with other national health programmes, including (a) strengthening primary health care, (b) reduction of malnutrition, and (c) food safety.*

General Director of Public Health, MOH

29. Albania aimed to harmonize all food safety legislation and procedures with the European Union (EU) and with the Codex Alimentarius.⁸ During 2008, the existing food safety system was reformed based on the farm-to-fork approach. In the process of association with the EU, a new Law on Food was prepared based on European Regulation (EC) No.178/2002 on food law, the creation of a European Food Safety Authority and food safety. The new Law on Food was approved by Parliament on 28 January 2008. One of the main outcomes of the law was the creation of a National Food Authority (NFA).

30. Several stakeholders noted that the current policy environment placed more emphasis on food safety compared to nutrition. For example, there was a network for epidemiological surveillance and control of communicable diseases. Reports of communicable diseases were sent from all the districts to the Institute of Public Health (IPH) at national level, according to the Law on Prevention and Combating of Communicable Diseases. Reports on communicable diseases were analysed regularly and weekly, monthly and annual reports prepared for the MOH.

31. The implementation of the FNAP 2003-08 was generally regarded as not very successful due to its lack of specific strategies and resources for addressing nutrition related outcomes.⁹ Several other studies had also made similar conclusions (WHO, 2008), and notably recommended that; (i) a link should be created between food safety and nutrition, especially with regard to surveillance systems for food intake and health promotion activities in local settings such as schools, workplaces and health care services, and (ii) a competent food and nutrition commission should be established, to plan and implement an integrated food safety system covering the entire food chain, based on inter-ministerial cooperation and with other stakeholders. The mandate of the commission would be to deal with the entire food chain in an integrated manner, including (a)

⁸ The Codex Alimentarius Commission, established by FAO and WHO in 1963 developed harmonised international food standards, guidelines and codes of practice to protect the health of the consumers and ensure fair practices in the food trade.

⁹ Assessment of the National Food and Nutrition Action Plan 2003-2008

pursue risk-based approaches and authority to transfer resources to high-priority areas of concern, and (b) develop food safety, nutrition and food sector development goals and the strategies to achieve them.¹⁰

32. The JP was also well aligned with the priorities articulated in the Albania UNDAF 2012 -2016 (Figure 6).¹¹

Figure 6: Extracts from Albania UNDAF 2012 - 2016

Output 4.3.3. Prevention measures and Promotion of Public Health enhanced through multi-sectorial dialogue and community participation	Indicator 1: Percentage use of growth monitoring cards in mother visits to health centres.
	Indicator 3: % of families that have access to quality maternal, neonatal and child health services.

Source: The Government of Albania – United Nations Programme of Cooperation 2012-2016

33. The JP interventions were also strongly aligned to the overall objectives of the MDG-F thematic window on children, food security and nutrition (CFSN). The thematic window identified the key challenges and opportunities for the successful implementation of programmes to eliminate hunger and under-nutrition, including:¹²

- Rising food prices,
- Fragmentation of efforts and weak coordination at national level,
- Disparities and vulnerability,
- Gender inequality,
- School based approaches,
- Knowledge management for capacity building and planning,
- Protection and promotion of biodiversity and food safety, and
- Community-based management of malnutrition.

4.2. Management and Implementation

34. The JP was approved in December 2009, and implementation started in January 2010 with an estimated end date of January 2013. The first tranche of funds (\$872,915) was transferred in January 2010, followed by two subsequent transfers in February 2011 (\$1,490,519) and final transfer in 2012 of \$1,636,566. A no-cost extension was approved by the MDG-F Secretariat shifting the programme end date to June 2013.

¹⁰ WHO (2008) Strengthening food safety and nutrition policies in South Eastern Europe

¹¹ The Government of Albania – [United Nations](#) Programme of Cooperation 2012-2016 was signed on 24 October 2011.

¹² Terms of Reference: MDG Achievement Fund on Children, Food Security and Nutrition.

4.2.1. Management

35. As one of the pilot countries for Delivering as one, the JP was managed in the context of the One UN programme in Albania. Activities were implemented within the ambit of the standard planning and reporting cycle of the one UN programme along with those of other JPs. A Programme Management Committee (PMC) co-chaired by the lead UN and Government partners (UNICEF and MOH) was established and met quarterly to provide oversight and guidance for the joint programme.

36. Activity planning and implementation was undertaken jointly by relevant stakeholders. The PMC, through the national coordinator (MOH) established Technical Working Groups (TWGs) charged with planning, implementing, monitoring and reporting of specific JP interventions. For example, through the mechanism of the TWGs, preparation of the framework and training materials for the 12-day training sessions for primary healthcare providers was undertaken. This training was accredited by the Center for Continuous Medical Education (CCME).

37. The JP also reported specifically on activities that were undertaken jointly, including (i) joint procurement, (ii) baseline food and nutrition survey, (iii) joint analysis and review the FNAP 2003-08, (iii) community based needs assessment, (iv) data inventory and critical review of food and nutrition security data, (v) advocacy and capacity development workshops at local level, (vi) preparation of technical position paper on flour fortification with the recommended fortification levels, and (vii) study on effective use of the economic aid to improve health and nutrition status of children in poor families.¹³

38. The JP had experienced initial difficulties and challenges of coordination at various levels. The major challenges that had some effect on implementing efficiency included:

- a) Identification and contracting of relevant specialised institutions and experts for technical assistance took longer than initially planned, and
- b) Differences in programming and operational guidelines as well as internal approval mechanism within individual partner UN agencies.

39. A mid-term evaluation (MTE) was undertaken in November 2011 and several recommendations were made to improve the implementing performance of the joint programme. The JP management and partners addressed most of the recommendations of the MTE through an improvement plan, which was developed and shared with the MDG-F Secretariat. The improvement plan included a revision of the JP outcomes to better reflect principles of results-based management, as well as strengthening the output and outcome indicators. With regards to the MTE recommendation to develop a specific exit strategy, the JP noted in the improvement plan that *“a separate exit strategy for sustaining activities and mechanisms was considered unnecessary”*, arguing that implementation of JP outputs such as the FNAP, flour milling, etc.,

¹³ JP Monitoring Report for second semester of 2012 (July-December 2012).

provided the basis for sustainability. However, as it turned out, some of these outputs were either not yet officially approved or were yet to be implemented.¹⁴

4.2.2. Implementation

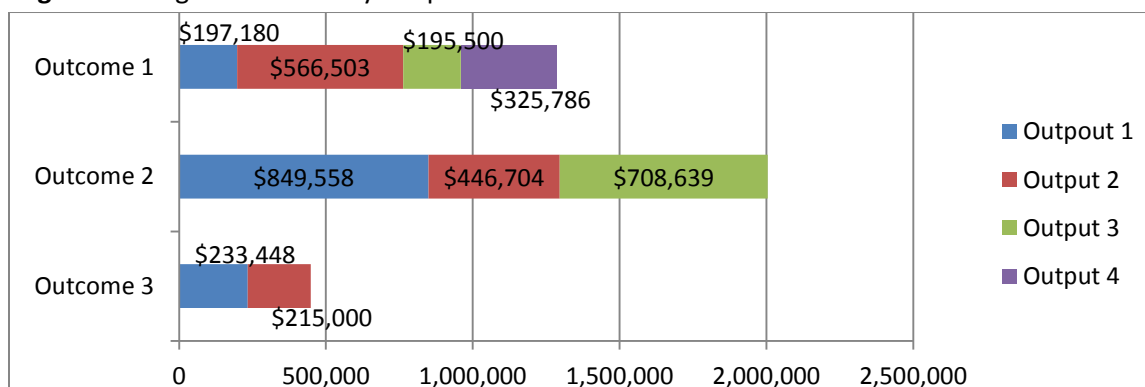
40. In June 2010, five Ministries formally agreed to take joint inter-sectoral actions to improve nutrition in Albania.¹⁵ The Ministries committed themselves to take joint action to improve the nutritional status of the Albania population in order to reach the MDGs and to establish a national, sustainable coordination mechanism at the highest level of decision-making. After the signature of the Memorandum of Understanding (MOU) on Food and Nutrition, focal persons were nominated in each of the five Ministries to coordinate the activities of the joint programme. This MOU enhanced sectoral collaboration, and was further cascaded to the regional and local levels through joint meetings with sector representatives, local government, civil society and private sector partners.

41. As a direct consequence of this inter-sectoral collaboration;

- ➔ The MOH appointed a national coordinator who was located at the Ministry facilities,
- ➔ All formal JP meetings were convened by line Ministries, with official letters issued and signed by the MOH and MOAF&CP.
- ➔ Government and UN partners undertook joint field trips for activity monitoring and meetings.
- ➔ Local coordination units on nutrition and food security were established at the local government level.

42. Although the JP budget was managed by partner UN agencies, the funds were downloaded directly to the Government partners for disbursement to implementing partners. The bulk of the budget (55%) was allocated towards developing local level capacities and community-based interventions (Figure 7).

Figure 7: Budget Allocation by Output



Source: JP Monitoring Report February 2013

¹⁴ The JP observed that an exit and sustainability plan was developed and shared with the MDG-F Secretariat after the MTE.

¹⁵ MOH, MOAF&CP, MOES, MOLSA&EO, MoF.

4.3. Effectiveness

43. As previously noted, the overarching objective of the JP was not so much to impact the food security and nutrition indicators at the household and individual levels, but rather to create the enabling environment for the government effectiveness in tackling the issues. In that regard, the most strategically significant accomplishments of the JP were in raising national awareness that food security and nutrition were cross-cutting issues that required a multi-sectoral approach, and developing a compendium of evidence and knowledge on malnutrition and food insecurity in the targeted areas.

44. All JP interventions reflected the key strategic areas that were globally recognised as best practices for addressing food security and nutrition at national level (Box 6). For example, it was the first time in Albania that some of the evidence on food insecurity and malnutrition was being generated, particularly with respect to data on the causes of anaemia, or the cost impact of malnutrition on the economy.

Box 6. Extracts from Right to Food and Nutrition Guidelines

5.2. States may wish to ensure the coordinated efforts of relevant government ministries, agencies and offices. They could establish national inter-sectoral coordination mechanisms to ensure the concerted implementation, monitoring and evaluation of policies, plans and programmes. States are encouraged to involve relevant communities in all aspects of planning and execution of activities in these areas.

6.1. States are encouraged to apply a multi-stakeholder approach to national food security to identify the roles of and involve all relevant stakeholders, encompassing civil society and the private sector, drawing together their know-how with a view to facilitating the efficient use of resources.

10.3 States are encouraged to involve all relevant stakeholders, in particular communities and local government, in the design, implementation, management, monitoring and evaluation of programmes to increase the production and consumption of healthy and nutritious foods, especially those that are rich in micronutrients. States may wish to promote gardens both at home and at school as a key element in combating micronutrient deficiencies and promoting healthy eating.

11.7 States should promote, and/or integrate into school curricula, human rights education, including civil, political, economic, social and cultural rights, which include the progressive realization of the right to adequate food.

12.3 States are encouraged to promote basic social programmes and expenditures, in particular those affecting the poor and the vulnerable segments of society, and to protect them from budget reductions, while increasing the quality and effectiveness of social expenditures. States should strive to ensure that budget cuts do not negatively affect access to adequate food among the poorest sections of society.

Source: FAO (2005); Adopted by the 127th Session of the FAO Council, November 2004

4.3.1. Contribution to Outcomes

Outcome 1: Increased awareness of nutrition as a national development priority at all levels.

45. The JP undertook a two-pronged strategy; the first was to facilitate a multi-sectoral approach to address food insecurity and malnutrition through establishment of a national coordination structure for food and nutrition at high government level. Five line ministries were identified as the primary custodians of government policy on food security and nutrition:

- The Ministry of Health manages and develops the policy, the organization and supervision of the health care system. The ministry has a major role in the development and implementation of strategies to improve health through interventions in the field of nutrition. It is also responsible for advocating the inclusion of specific interventions in other sectors that affect the improvement of the nutritional and health status of the population and to assess the health impact of interventions from other sectors.
- The Ministry of Agriculture, Food and Consumer Promotion. Through the MOAFCP the government policy was to monitor the quality and safety of agricultural and agro-processing products, by regulating the food industry, promoting technology development and import substitution. MAFCP also worked closely with the MOH to develop regulations for the quality and wholesomeness of a range of foods for sale, including imported foods for special dietary use by pregnant women, infants and young children, and had established standards for vitamin and mineral ingredients in food supplements.
- The Ministry of Labour, Social Assistance and Equal Opportunities. The quantity, quality and variety of foods available within households and in local markets were closely linked to food prices and household incomes. The MOLSAEO was therefore a key actor in the development and management of a social protection framework to provide a safety net for disadvantaged groups. Among families with few resources, it is especially important to increase their understanding of the food needs of each family member and their knowledge and skills in how best to distribute scarce food resources among the family.
- The Ministry of Education and Science. Effective nutrition education and imparting of practical skills in food, health and nutrition can often make a significant contribution to reducing hunger and malnutrition even without improvements in food supplies and incomes. This is reinforced by strengthened capacities of local institutions and providers so that they can sustainably continue to engage with their local populations.
- Institute for Statistics. The availability of timely and accurate data on food insecurity and malnutrition was a critical factor for the effectiveness of government policies and strategies. INSTAT could therefore play a key role in food and nutrition surveillance for nutritional status, food availability and consumption patterns, as well as monitoring food borne diseases in the country.

46. The second strategy was to develop and implement an effective communication and advocacy strategy that would pave the way for the development and implementation of a national Food and Nutrition Action Plan. Such advocacy would be targeted upstream at the policy level for duty-bearers, as well as downstream, for the individual, household and community levels to change their feeding practices and food consumption behaviours. Good communication and information were essential to achieve healthy lifestyles, food safety and a sustainable food supply in the population.

47. The JP delivered significant outputs to contribute to the outcome. A Memorandum of Understanding (MOU) on malnutrition was signed by the key line Ministries, including the Ministry of Finance, committing them to take joint inter-sectoral actions to improve food security and nutrition, and establish a national, sustainable coordinating mechanism at the highest level of decision-making. The MOU facilitated the establishing of Technical Working Groups (TWGs) to coordinate and oversee the implementation of JP interventions. Most significantly, the MOU also facilitated collaboration and coordination of sector departments at the local level, culminating with joint development of local food and nutrition action plans. The European Observatory on Health Systems and Policies (EOHSP), and the International Union of Health Promotion and Education (IUHPE) recognised this as a good practice and included a mini case study on Albania's experience in the book on "inter-sectoral governance structures to implement health policies".

48. Among some of the JP's significant outputs to support advocacy for nutrition was the assessment of the economic costs of malnutrition among children in Albania.¹⁶ The key findings of this study indicated that 30% of child deaths in Albania were linked to malnutrition; and at the current prevalence, the burden to the national economy was about US\$107 million per year, which represented about 0.7% of Gross Domestic Product (GDP). Based on these findings, an advocacy plan was developed, and the survey also gave urgency to the development of a national Food and Nutrition Action Plan (FNAP).

49. In April 2011, the process to develop the new national FNAP was started with a critical review and evaluation of the implementation of the FNAP 2003 – 2008. Four inter-ministerial sub-working groups were established; (i) food security, (ii) nutrition, (iii) food safety for quantitative evaluation and (iv) qualitative evaluation of the implementation of FNAP 2003-2008. The sub-working groups produced several reports (Box 7), which became the main inputs for the development of the FNAP 2013-2020. The final draft of the new FNAP was completed in February 2013, and was endorsed by the four sectoral line Ministries. At the time of drafting this report, the evaluation team was informed that the Ministry of Finance had also endorsed the FNAP 2013-16, which was due for signature by the five Ministers who were signatory to the MOU on Inter-sectoral Coordination on Nutrition.

¹⁶ Cost-benefit analysis report

Box 7: Key documents in support of the FNAP 2013 – 2016

- Analysis of nutrition situation; MOH perspective.
- Analysis of food security and food safety; MOAFCP perspective.
- Quantitative analysis of FNAP 2003 – 2008.
- Qualitative evaluation of FNAP 2003 – 2008.
- Assessment of the NFAP 2003 -2008 (Integrated Reort).

50. Figure 8 provides additional JP outputs that provided relevant data and information that was both relevant and critical to strengthening advocacy for nutrition as a national priority.

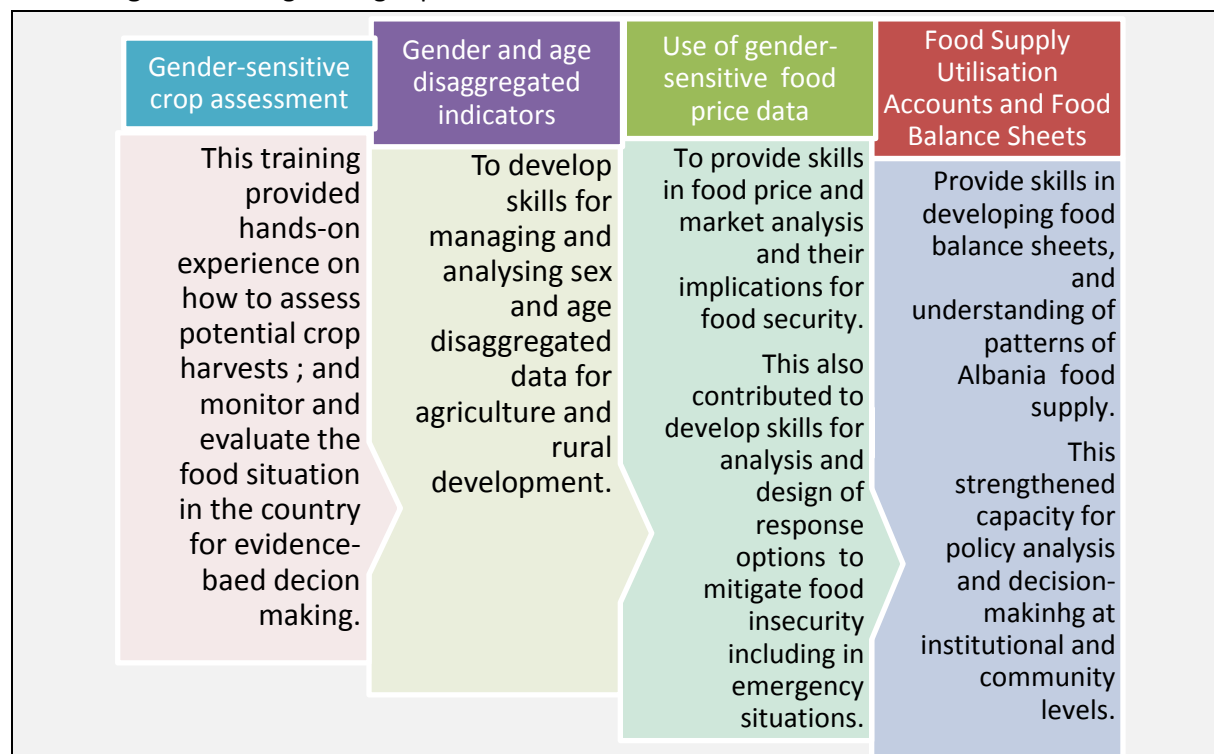
Figure 8: JP outputs that supported advocacy for nutrition

1.	Baseline Nutrition and Food Security Survey (BNFSS).	The BNFSS identified the main determinants of anaemia, knowledge, attitudes and practices (KAP) on infant and young child feeding practices (IYCF); as well as assessment of food and nutrition security, dietary diversity and food management practices by households in Albania. The survey was designed and implemented by 52 national experts, thereby contributing to national capacity for nutrition and food security data collection and analysis.
2.	Qualitative study on the effects of gender issues and high food prices on household food security	The study was undertaken in 14 localities, focusing on how nutrition was impacted by such factors as basic services, infrastructure, employment, incomes, food prices, vulnerability and feeding practices. The JP estimated that awareness of 360 national and local authorities was raised to consider gender issues in food security analysis.
3.	Linguistic adaptation of the Albanian food and nutrition security scale (AFNSS).	The scale was originally written in English, which did not effectively reflect the nuances and concepts necessary to effectively reflect Albania food and nutrition concepts. 340 national and district staff were trained in the use of the Albania food and nutrition security scale.
4.	Report on Data Inventory and Review of Food and Nutrition Security Data.	Data on food and nutrition security was not centrally located and managed. The study provided an integrated database of available data. 60 national level staff were trained in the collection and analysis of inter-sectoral data on food and nutrition security.
5.	Better Diets for Health: Monitoring Dietary Diversity in Albania.	A tool was developed to measure the dietary diversity at household and individual level. 120 national and local level staff were trained in the use of the standardised tool.
6.	Milling Industry Assessment.	An assessment for the fortification of flour was undertaken culminating with recommendations on the mix of vitamins and micronutrients required in flour fortification. A national alliance for flour fortification was established and a plan of action developed. However, at the time of drafting this report, the policy on flour fortification was yet to be agreed by the key sector ministries of health and agriculture.

7.	Cost benefit analysis of nutrition interventions	The report was prepared by national experts from MOH, IPH, Ministry of Agriculture, supported by an international expert, and consisted of an assessment of the economic cost of malnutrition among Albanian children and an estimated budget to support a set of integrated interventions to prevent malnutrition and its consequences.
8.	Childhood Obesity Surveillance Initiative	A survey was conducted by IPH in early 2013 as part of the child obesity surveillance system in Albania in the framework of the participation of Albania in the WHO COSI initiative in order to start measuring childhood obesity in a standardized way with other European country members of this initiative. This survey provided comparable data with other countries and aimed to collect, analyze, interpret and disseminate descriptive information to help monitor overweight among young children.

51. In order to give meaning to the advocacy for nutrition as a national priority, the JP also strengthened national capacities for nutrition data collection, analysis and decision-making. A number of training packages were developed and implemented to develop capacities of national and local level staff in food and nutrition surveillance and related activities (Figure 9). The trainings were attended by participants from national and district level personnel involved in agriculture extension services, statistics, crop production, livestock, fisheries, NGOs and other partners involved with the joint programme,

Figure 9: Strengthening capacities for food and nutrition surveillance



Outcome 2: Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels.

52. The JP strategy was to strengthen the capacities of local government authorities and civil society organizations to design, implement and monitor nutrition and food security interventions and to provide comprehensive information and education to consumers to promote healthy lifestyles, food safety and a sustainable food supply. Three outputs were planned to contribute towards this outcome (1) community based intervention models to address malnutrition and household food insecurity developed and tested; (2) capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling; and (3) communication for behaviour change strategy targeting families and communities for improved care and feeding practices for mothers and children.

53. The JP partnered with a local NGO – Partnership for Development (PfD) – to build capacities of local teams in situation assessment, planning, implementation and monitoring of food and nutrition interventions. 15 communes were identified and PfD conducted participatory needs assessments in those communes to identify (a) existing gaps among community-based partners to design, implement and monitor nutrition and food security interventions, and (b) to define community-based interventions for the commune. Based on the needs assessments, training modules were developed for the multi-sectoral teams on issues associated with nutrition and food security, and measuring dietary diversity. 230 representatives of local governments, health, agriculture, education and social protection sectors and representatives of civil society organizations benefited from these trainings.

54. Teams of 10-15 persons were trained in each commune and coached in the preparation of commune food and nutrition management plans (Box 8). At the time of drafting this report, 14 of the target 15 communes had completed their plans. The plans were officially approved by the respective commune councils, and coordination units were officially established to coordinate implementation of the plans. Each of the communes identified one priority project for implementation with 50% counterpart funding between the JP and the commune. In the FGDs at commune level, participants indicated that this was the first time they had developed food and nutrition plans. However, respondents also noted that the linkage and integration of the food and nutrition management plans within the overall commune development plan was an area that still needed to be addressed.

Box 8: Commune food and nutrition plans

- 14 plans developed and approved by communes councils. (Puka was still in process).
- 14 Coordination units established (except in Puka).
- 14 projects approved by the evaluation unit for implementation with 50% commune funding
- 10 additional communes in Kukës and Shkodra started to develop their own plans.

55. The JP also partnered with KASH (Agribusiness Council) to develop models aimed at improving access to food and consumption of micronutrient rich foods. The models demonstrated approaches to diversify crops, with emphasis on fruits and vegetables (Box 9). MOUs were signed between KASH and sectoral agencies in the local authorities to showcase transformative approaches for increasing and diversifying agricultural productivity. In the opinion of the evaluation team, the scale of interventions was not sufficiently large to demonstrate sustained access to food. In addition, the evaluation team observed that the demonstrations did not sufficiently target the participation of the most disadvantaged and poor families in the target communities. Participants in some of the FGDs were not aware why they had been chosen to receive the demonstration inputs, and also noted that there were poorer households in their communities who were more deserving of assistance.¹⁷

Box 9: Demonstration models to increase and diversify agricultural productivity

- MOUs signed between KASH, commune representatives, Agriculture directory, and health directory.
- 245 farmers / local households benefited from the implementation of agriculture based models.
- **Direct support for farmer's families:** (a) 40 families provided fruit trees, (b) 30 families provided chickens, and (c) 30 families provided lambs. In addition to providing agriculture inputs, farmers also benefitted through expert advice from the agriculture extension specialists on agriculture and livestock production, post harvesting and cooking techniques including information meetings on nutrition values of various agriculture products.
- Total 600 heads of chicken, 60 heads of small ruminants. 125 plots of surface 1000 m² are prepared for planting of fruit trees, vegetables. 50% of the planned beneficiary target was achieved.
- 40 demonstrations conducted and attended by 700 individual farmers
- 3 handbooks were produced on crop and animal management.

56. An analysis of cash transfer programmes from a child-rights perspective was undertaken to explore community perceptions on the use of Economic Aid.¹⁸ The assessment culminated with recommendations on providing food and nutrition packages to supplement Economic Aid.¹⁹ However, at the time of drafting this report, the recommendations were yet to be implemented.

57. With regards to developing capacities of health providers to conduct Growth Monitoring and Promotion and deliver nutrition counseling, the JP undertook a KAP survey of primary healthcare providers (PHCP) in nutrition and the prevention and treatment of anaemia. Based on the findings of the survey, a group of experts from the School of Medicine, MOH and IPH prepared an integrated 12-day training module on nutrition for PHCPs. The modules included training on

¹⁷ The JP commented that it was difficult to strike the balance between reaching the most poor and build a model with a certain degree of contribution from the beneficiaries. While the disadvantaged were targeted, there was a risk that the poorest could be tempted to consume the agriculture inputs rather than contribute to build a sustainable model.

¹⁸ Analysis of cash transfer programme from a child rights perspective.

¹⁹ Progress report on assessment of the feasibility of providing food and nutrition packages to supplement Economic Aid.

nutrition during pregnancy, IYCF, child growth assessment and monitoring of mother and child health (MCH) services. All the training sessions were accredited by the National Center for Continuous Medical Education (NCCME).

58. A revised growth chart was developed and approved by the MOH.²⁰ The JP estimated that about 27,039 children under the age of 5 years had benefitted from these interventions. The JP also developed a monitoring tool to assess the effective use of the new growth charts and changes in the practice of PHC providers. Based on two monitoring assessments undertaken by the JP in November 2012 and June 2013, the indications were that there was improved awareness and utilisation of growth charts among PHC providers (Table 3). The proportion of non-compliance with the new standards among PHC providers had decreased during the period between the two monitoring assessments.

Table 3: Change in PHC Provider Performance in use of Growth Charts

Problems related to quality of care	First monitoring round	Second monitoring round
Mothers lack standard document for child	18%	17%
Clinical chart not completed systematically with data from child measurements	No growth dots in child chart	21.6%
	No growth dots in mothers book	42.9%
	No weight in child chart	17.3%
	No BMI in child chart	27.6%
No documentation of child nutrition status	30.6%	20.8%
No documentation of advice given to mothers	30.6%	19.2%
No actual measurement of child weight during that visit	7%	5.3%
No actual measurement of child height during that visit	37.8%	22.3%
No appointment for next visit is made	30.3%	20.2%
No discussion on child breastfeeding was made	44.9%	28.7%
Difficulties in health center because of lack of equipment	32.2%	29.8%
Poor utilisation of health center by children under 5 years old	38.9%	38.7%
No system to report & monitor child malnutrition	70.1%	60.3%
No home care for child malnutrition	42.5%	29.8%

Source: JP monitoring reports

²⁰ Official order signed by Minister of Health for mandatory use of new child growth charts.

59. On communication for behavior change, the JP had partnered with the Albania Red Cross to provide counseling of mothers and direct caregivers on IYCF based on the Albanian experiences from the Integrated Management of Childhood Illnesses (IMCI). 255 Red Cross volunteers in 15 communes and 75 villages were trained in simple counseling techniques using tools developed by MOH and IPH experts, including (i) guidelines on 16 key IYCF messages, and (ii) booklet on local recipes. The JP estimated that about 2,380 beneficiaries were reached through 427 counseling sessions and 278 cooking sessions undertaken by the Red Cross volunteers. The evaluation team noted that the Red Cross interventions had only effectively started in March 2013.

60. Through the partnership with Mania Card, a private company specializing in communication, the JP undertook a communication campaign – “A new and better national baby-feeding campaign”, targeting women, new and future mothers, mothers-in-law, and grand mothers. The communication package was disseminated through various media, including 6 TV spots, 3 radio spots, 5 different posters and 4 leaflets, all containing a common logo, tagline and musical theme (Box 10). In addition, a national competition to nominate 10 mothers-of-the-year were undertaken in 2012 and 2013. The JP partners and other stakeholders noted that there was increased awareness on IYCF based on comparison of the quality of responses to the questions administered for the competition in the first and second years.

Box 10: Mania card

- 135,000 TV viewers reached in first round (July –Sep 2012): Kukes (16,000); Shkoder (114,000) and Puke (5,000).
- In 2nd round, 270,000 TV viewers reached from 15 spots per day between Nov – Dec 2012.
- 3 radio spots aired in 3 radio stations Jul-Sep 2012 (total 300 times).
- 2,000 postcards in 5 different models distributed in 270 locations
- 800 out of 2,000 mothers completed the mother-of-the-year competition forms.

61. In partnership with Institute for Development of Education (IZHA), the JP supported the development of a national curriculum for nutrition education in basic education. Resource materials for teachers and students in Grade 1 – 9 were developed and were under publication at the time of the final evaluation. The Curriculum Reform on the Basic Education - “healthy eating” included as separate curriculum lines in the subjects “Home Economics”, for classes 4,5 and 6; and “Technology”, for all compulsory education. The new curriculum was planned to be implemented starting in the 2014 school year.

62. 200 training sessions for teachers and other educational staff were conducted in selected pilot schools in Shkodër, Kukës, Tropojë, Pukë, Malësi e Madhe, Has, Tiranë District, Tiranë City, and Durrës. According to IZHA estimates, more than 10,000 students and 1,000 teachers have benefited in knowledge, attitudes and practical skills in the targeted districts.

Outcome 3: Public health nutrition repositioned within the primary healthcare services.

63. The JP strategy was to develop public health nutrition curriculum for health-related pre-service education and an advanced post graduate certificate programme.

64. An assessment of existing public health nutrition (PHN) curricula in the Faculties of Medicine and Nursing was undertaken with assistance of the Copenhagen Metropolitan College University. In 2011, the MOH established a working group of MOH and IPH staff, and academics from the Faculties of Medicine and Nursing to develop curricula for pre-service training. Following the capacity building activities with academic staff on competence based public health nutrition (PHN), curricula development and teaching process based in interactive approaches and case studies, the syllabus was approved by the Scientific Committee of the Faculty of Medicine as part of the third year curricula of the education program for medical doctors. The improved syllabus on PHN started implementation in the Faculty of Nursing in 2012. A draft syllabus for one- year post-graduate training in the Faculty of Medicine had also been developed and was in process of approval.

65. A review of the PHC supervision mechanism was also undertaken by a working group composed of MOH and IPH. The working group produced a report; “Review of supervision mechanisms of nutritional situation with focus on children and women”. The development and use of the tool for M&E of PHCP trained in child growth assessment and nutrition counseling by the M&E sector at the Public health departments in the regions provided a model that can be integrated into the national supportive supervision package for primary health care.

4.4. Efficiency

66. The programme efficiency as measured by UN agency delivery rates (including direct costs for administration and cost sharing) was 98.4% (Table 4).

Table 4: Delivery efficiency by UN agency

UN Agency	Cost	Planned (\$)	Committed (\$)	Disbursed (\$)	Delivery (%)
FAO	Programme Cost	731,000	724,879	706,379	96.6%
	Indirect Cost	51,170	49,000	49,000	
	Total	782,170	773,879	755,379	
UNICEF	Programme Cost	2,069,318	2,069,319	2,057,981	99.5%
	Indirect Cost	144,852	144,852	144,852	
	Total	2,214,170	2,214,170	2,203,833	
WHO	Programme Cost	938,000	938,000	912,688	97.5%
	Indirect Cost	65,660	65,660	65,660	
	Total	1,003,660	1,003,660	978,348	
Total		4,000,000	3,991,709	3,936,560	98.4%

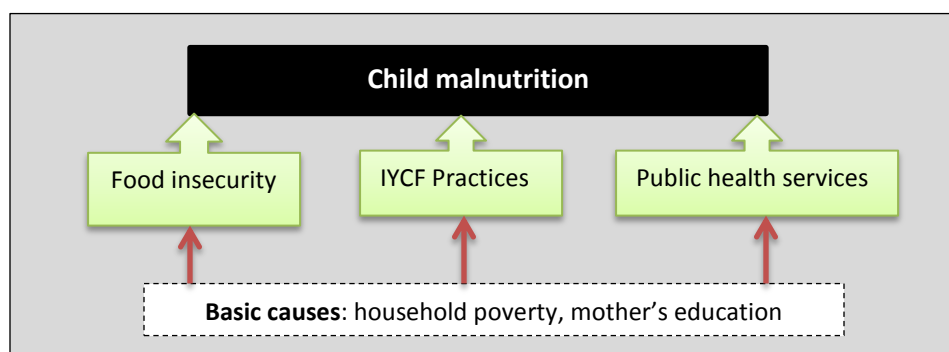
Source: JP Manager 28 June 2013.

4.4.1. Implementing efficiency

67. The assessment of a programme's efficiency involves two aspects – implementing efficiency and value for money. Implementing efficiency includes (a) determining whether the sub-programme objectives were appropriate to achieve the overall programme objective, (b) assessing whether the interventions that were selected had a high probability of resulting in the expected sub-programme objectives, and (c) whether the kind and amount of resources allocated were sufficient to support the performance of the planned activities.

68. The overall JP objective was to address the problems associated with mother and child malnutrition in Albania, by contributing to the development of national systems, policies and models that address the underlying causes of malnutrition (Figure 10).

Figure 10: Underlying causes of child malnutrition



69. The interventions that were implemented were appropriate to achieve the overall objective. In the first instance, the government could only be able to effectively address household poverty and food insecurity if there was an appropriate enabling environment that facilitated a multi-sectoral approach and evidence-based decision making. Secondly, as a basic service, nutrition is a devolved function, which required that local governments should play an active role in the planning and delivery of services; and finally, in order to achieve a sustainable outcome, individuals and communities should also be empowered with knowledge and skills to make appropriate choices and decisions with regards to their feeding practices.

70. However, one of the pre-requisites of effective demonstration models is that they should demonstrate both the process and results. The interventions to develop models aimed at improving access to food and consumption of micronutrient rich foods lacked sufficient scale and time frame to demonstrate substantive changes in in the situation of target beneficiaries. In addition, the individual families that were selected as direct beneficiaries did not always represent the most vulnerable groups. The Roma, for example constitute one of the most income-deprived groups and therefore were disproportionately affected by poverty, lack of education and food insecurity. In that regard, they were the group most unlikely to benefit from macro-policies on

increased agricultural productivity, reform of education curricula and better management and supervision of public health services. The interventions to re-package Economic Aid probably constituted the single most direct benefit to this community. However, despite the studies undertaken, the models were not implemented and tested. In fact, based on data from the JP monitoring report (February 2013), the JP had allocated a budget of \$360,336 towards implementing of activities including 'models for conditional cash transfers'. Out of this, \$142, 643 (40%) was delivered by end of December 2013.

71. Also, some of the interventions targeting behavior change through direct counseling of breastfeeding mothers and other care givers, specifically those activities that were undertaken by the Albanian Red Cross only started in March 2013, just 3 months before the official close of the joint programme.

72. With regards to value for money, the evaluation team was unable to identify an objective basis for measuring that specific aspect. Conceptually, value for money entails an assessment of whether the results achieved were commensurate with the resources utilised, or conversely, whether the same results could have been achieved with fewer resources. Based on data from the final reports of implementing partners, it was not sufficiently clear how the direct beneficiaries were being determined. For example, about 135,000 viewers were purportedly reached through direct communication media, including TV spots, radio and leaflets; but this figure was not disaggregated to indicate specific category of viewer nor was there an attempt to measure the impact of the message on viewers. The JP noted however that all key messages and formats of the communication products delivered through key communication channels were pre-tested with the target beneficiaries to ensure clarity, understanding, acceptance and relevance; and the broadcasting time of the TV and radio spots was selected to ensure highest viewership from the main target audience, including mothers and other direct care givers such as mothers-in-law and grandmothers.²¹

73. The reporting framework for beneficiaries had changed through the life of the JP,²² thus making it somewhat difficult to make an objective assessment of the JP performance on the basis of target beneficiaries. Based on the JP progress report of December 2010, the planned target beneficiaries were 34,000 men, 36,000 women, 17,000 boys and 17,000 girls (Table 5).

²¹ While acknowledging that pre-testing could ensure design of appropriate communication messages, this does not replace the need for post-facto assessment of effectiveness and impact of the communication.

²² The changes were made by the MDG-F Secretariat.

Table 5: Direct beneficiaries as per the progress report of December 2010

	Men	Men from ethnic groups	Women	Women from ethnic groups	Boys	Girls	National Institutions	Local Institutions
Target (a)	34,000	3,700	36,000	3,700	17,000	17,000	10	16
Reached (b) (Dec 2010)	110		910	30	600	600	9	16
(a) – (b)	33,890	3,700	35,090	3,670	16,400	16,400	1	0
% Difference	0.32		2.53	1.0	3.53	3.53	90.0	100

74. The descriptions of direct beneficiaries reported in the JP progress report of December 2012 were different, thus making it difficult to make a direct comparison (Table 6).

Table 6: Direct beneficiaries as per the progress report of December 2012

Beneficiary type	Targeted	Reached	Category of beneficiary	Type of service or goods delivered
Children <3 years	34,000	5,000	Breast feeding women	Promotion of exclusive breastfeeding
Children <3 years	34,000	22,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (hand washing, etc)
Men	34,000	20,000	Citizens/men	Behaviour Change Communication Initiatives (hand washing, etc)
Men	34,000	1,000	Citizens/men	Homestead food production and diversification
Men	34,000	1,000	Citizens/men	Other agricultural interventions
Women	36,000	5,000	Breast feeding women	Promotion of exclusive breastfeeding
Women	36,000	25,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (hand washing, etc)
Women	36,000	1,000	Ciudadanas/mujeres	Homestead food production and diversification

75. Based on the data in Tables 5 and 6, it could therefore be said that the JP had overall implementation efficiency of 76.9% (reached 80,000 beneficiaries out of planned 104,000 beneficiaries). However, this would be a flawed analysis in the sense that it looks at the results only from a numbers perspective. Grouping all the beneficiaries together naturally increases the efficiency; for example, under the beneficiary type of men, 34,000 were targeted out of which 22,000 were reached (65% efficiency). However, the real issue is whether the JP planned to reach all 34,000 men with all the planned interventions? In other words, if the JP planned to reach 34,000 men with 'homestead food production and diversification', then by reaching only 1,000 under that category, it achieved an efficiency rate of 2.9%. In the same way, since a total 36,000 women were targeted, if the plan was to reach all of them with each intervention, then it would

mean under the interventions for ‘promoting exclusive breastfeeding’, the JP had 13.8% efficiency (5,000/36,000). On the other hand, if the JP plan was just to reach 36,000 women arbitrarily with any intervention then clearly the programme design was flawed. Clearly, the efficiency of a programme therefore is also linked to the clarity of its design.

76. However, the JP had a better achievement for its institutional targets. For example, the JP had planned to build capacity of 16 institutions at local level to collect and analyse food security and nutrition data; and that target was achieved. The report further noted that the JP planned to build capacity of 30 milling companies in fortification of food with micronutrients. The JP reported that 20 companies were reached; however the milling companies had not started fortifying flour because the policies were not yet clear.²³

4.5. Sustainability

77. There are several dimensions that have direct influence on JP sustainability, and more importantly, they have a collective effect such that weakening of any one of them has the potential to jeopardize the sustainability of the entire project, in the long run.

4.5.1. Institutional stability

78. Intervention processes and results require continued and sustained government support, including adequate budgetary and institutional support. Some of the JP outputs had already been approved by the government and were supported by specific institutional mechanisms that provided the venue for sustainability. For example, the reform of basic education curricula to include nutrition was approved and planned for roll-out in 2014. The government mid-term budget framework had also allocated resources for the programme’s roll-out, including continued training of teachers and publication of resources. IZHA had undertaken training of trainers in order to ensure that the programme could be replicated in other districts where it was not piloted.

79. Most stakeholders also noted that the FNAP (2013-20) would have a sustainability effect on the JP processes and results. This will only be true assuming that the plan is provided with adequate resources and it is effectively implemented. Costing of this plan was conducted by Albanian budget experts and some of the activities of the new FNAP had already been incorporated into Mid-Term Budget Framework (MTBF) respectively of the MoH, MOAFCP, MOES and MOLSAEO. The MOU that was signed by the five Ministries could be an effective entry point to continue advocacy for government support and implementation of the FNAP.

80. However, there were other outputs that faced sustainability challenges due to lack of clear policies and institutional support. For example, the policy on flour fortification was yet to be agreed between the key sector Ministries of health and agriculture. Also, the MOH did not

²³ Information obtained indicated that the MOH and MOAFCP had not agreed on the policy for flour fortification.

consider it necessary to establish an integral Nutrition Coordination Unit, opting instead to adopt a focal person system. While there may be pros and cons with both approaches, global experience had shown that a dedicated Nutrition Coordination Unit was more effectively able to mainstream nutrition into other sectors by providing a central repository of nutrition data and platform to champion effective strategy formulation.²⁴

4.5.2. Continued flow of net benefits

81. Whether or not the project guarantees an acceptable level of financial and economic return to participants is critical to sustainability. The agricultural interventions undertaken by the JP at the community levels were small scale, and highly subsidized with virtually no input from participants. Given the challenges that the beneficiaries faced with food shortages and limited capacity to generate incomes, it was doubtful whether they would be able to continue the pilot models after exhaustion of the initial seed capital, which in most cases consisted of small allocation of vegetable gardening seeds, or as little as 20 chickens and stock-feed.

4.5.3. Continued community participation

82. The JP approach to engage community members and civil society organisations (CSOs) in developing the community-based interventions and in developing local food and nutrition management plans was a critical factor for sustainability. However, more institutional support from the local authorities would still be required to maintain the momentum, especially for high budget activities such as the media-based communication plan and mother-of-year competitions.

83. In addition, while the local food and nutrition management plans were developed with community participation, they still required to be integrated into the broader local development plans where they would be subject to further competition for resources with other priority areas such as basic services infrastructure and maintenance. Sustained advocacy by CSOs and other community-based organisations will be critical to ensure sustainability of the JP processes and results.

V. CONCLUSIONS AND LESSONS LEARNED

84. Although Albania has experienced growth over the last 2 – 3 decades to become officially classified as an upper middle income country, there still remained pockets of poverty with significant proportion of the population facing food insecurity and inadequate nutrition. One of the challenges associated with middle income countries is the reduction of official development assistance. This effectively lays the burden and responsibility for programme implementation on

²⁴ The JP noted that they the MOH had indicated that the establishment of the nutrition surveillance system at IPH, the indicator framework that was officially approved and the information flow models and software that were being developed, would be the administrative basis on which the nutrition coordination unit will function.

the shoulders of the government with limited support from both bilateral and multilateral development agencies. In this regard, the UN approach to support development of national systems, policies and models for effective programmes to address food insecurity and malnutrition was not only strategic but also consistent with the dynamics of development assistance in the context of a middle income country.

85. One of the lessons emanating from the experience of the JP was the timeframe required to develop and institutionalize policy and coordination mechanisms for a multi-sectoral approach. With no less than 4 key sector ministries involved, the process to coordinate and agree specific policies took quite some time to conclude. For example, the national FNAP was still pending final endorsement of the Ministry of Finance up to the last day of the official end of the joint programme. Similarly, the policy on flour fortification was still subject to negotiation between the key ministries of health and agriculture, who despite the studies undertaken by the JP, had divergent views on the appropriateness of flour fortification in Albania, given the dietary structure of the national food basket.

86. The implementation of the JP also further confirmed that behaviour change was not only a function of knowledge, but also entailed changing attitudes and perceptions, which are rooted in tradition and complex beliefs and practices. For example, even though frontline health workers, including doctors and nurses were getting similar training on nutrition counseling; some doctors were reluctant to allow nurses to provide growth counseling to mothers. In one health center, the evaluation team was informed that only the doctor was providing nutrition and growth counseling to mothers. In FGDs with mothers, they were unable to state unequivocally whether or not they adhered strictly to the counseling provided on IYCF due to influences from other family caregivers who were considered knowledgeable and experienced, such as for example grandmothers and mothers-in-law. Again, this underscores the need for sufficient timeframe when designing programmes associated with behaviour change.

87. It also emerged that the most vulnerable groups of the population were not very easy to reach or convince to participate in development projects. Given the challenges of food insecurity that the most poor households faced, it was quite conceivable that if they were the ones provided with capital inputs, for example for poultry farming, they may have been tempted to consume the inputs rather than grow them for demonstration purposes. However, the corollary was that the interventions also became exclusive to them. This exclusiveness tends to be self-perpetuating, with the most vulnerable groups continuing to be left out and thus further depressing the social indicators. The key lesson emanating from this was that inclusive programme interventions require specific pro-poor components to ensure equitable coverage. Interventions that do not contain a deliberate pro-poor dimension tend to benefit the less marginalized and increase the disparities between social groups. For example, given that the poor have less access to health facilities anyway, investments in health services that are not specifically pro-poor will improve health delivery for the advantaged groups but also widen the gap between the rich and poor. One

of the key lessons emerging that is also closely linked to this was that coherence and convergence of policies and strategies was a critical success factor in a multi-sectoral approach.

88. The delays associated with development and implementation of policies arising from legal and institutional procedures also requires that programmes of limited timeframes should develop and integrate sustainability and exit strategy in their design. Without an effective sustainability and exit strategy, there will always be a risk that some of the interventions will lose their momentum at the close of the programme. For example, given the seeming stalemate over the question of micronutrients and flour fortification, it was not clear how the dialogue would be continued post the joint programme intervention.

VI. RECOMMENDATIONS

89. The joint programme provided a basis for government programming and action to continue to effectively address child malnutrition in Albania. However, some of the outputs such as the national FNAP (2013-2020) and the local food and nutrition management plans were yet to be implemented. In addition, continued support was required for upscaling the models to increase and diversify agricultural productivity that were demonstrated by the JP. It is recommended that the partner UN agencies should continue to engage the government at all levels to implement these outputs.

Recommendation 1

90. The government should continue to prioritise food security and nutrition for children by supporting the implementation of the FNAP 2013-2020; and UN agencies should continue to engage central and local government authorities, including through participation in technical working groups in order to complete the roll-out and implementation of the FNAP.

Recommendation 2

91. UN agencies, including FAO and WHO should continue to engage the sector ministries of health and agriculture, by supporting further studies to provide additional scientific evidence to inform national policy on flour fortification.

Recommendation 3

92. The government should implement the recommendations of the pilot model to combine economic aid with nutrition services and food packages; and UNICEF should continue to engage the MOLSA&EO to support the roll-out and implementation of the model.

Recommendation 4

93. The government should develop models to ensure that the most vulnerable and disadvantaged communities and groups have adequate participation and representation in initiatives to improve access to food and nutrition.

Recommendation 5

94. UN agencies should support pro-poor government policies in order to ensure that the poor have equitable access to services and can also benefit directly from government programmes.

Recommendation 6

95. UN agencies should continue to engage and support civil society capacity for nutrition advocacy and participation in local development planning.

ANNEX 1. DOCUMENTS REVIEWED

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33. KASH reports. First phase. Second phase
34. Report on the framework of the program: The proposal for the conception of the curriculum package of a good nutrition education in the compulsory education. Following the collaborative agreement between IED and IPH 2013
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43. Key family practices for better infant and young child nutrition. Leaflet
44. Reducing malnutrition in children – Albania. Leaflet
45. Agriculture and nutrition security. Leaflet

ANNEX 2: INDIVIDUALS INTERVIEWED

UN AGENCIES:

1. PALM, Detlef	Country Representative	UNICEF
2. BUKLI, Mariana	Nutrition Specialist	UNICEF
3. GJETA, Zef	National Project Coordinator	FAO
4. MIHO, Vasil	Head of Office	WHO
5. DUPOUY, Eleonora	Food Security and Consumer Protection	FAO Regional Office
6. MERSINI, Ehadu	National Programme Officer	WHO

NATIONAL GOVERNMENT PARTNERS:

7. ABDURRAHMANI, Tidita	Director	IZHA
8. BEJTJA, Gazmend	General Director, Public Health	MOH
9. COMO Erol	PHC Sector Head	MOH
10. BURAZERI, Genc	Deputy Director	IPH
11. FURXHIU, Eriola	Focal Person	MOAFCP
12. CAKRAJ, Rudina	Focal Person	MOAFCP
13. SINA-MEZINI, Edlira	Specialist, Teaching Technology	IZHA
14. VUCANI, Tatjana	Education Policies Specialist	MOE
15. CEKA, Nedime	Chief, Reproductive Health	MOH
16. NIKA, Daniela	Focal Person	IPH
17. LAKRORI, Jeta	Chief, Lifestyle Sector	IPH

IMPLEMENTING PARTNERS:

18. JUBANI, Entoni,	Director	Mania Card
19. PAMBUKU, Armand	Director of Programs Department	Albania Red Cross
20. PAPA, Marsela	Project coordinator	Albania Red Cross
21. PREKU, Tom	Executive Director	PfD
22. FERIZAJ, Enver	President	Agribusiness Council
23. GASPRI, Gjon	Executive Director	Agribusiness Council
24. Dibra Mirela	Director	Center for Children Wellbeing

REGIONAL COUNTERPARTS:

25. GERBETI, Shefki	Vice Mayor Bushat Municipality	Shkoder Region
26. MANDIA, Mynire	Director Department of Agriculture	Shkoder Region
27. DEDAJ, Gjovalin	Head of Coordination Unit	Shkrel Municipality
28. RUSI, Eridana	Deputy Director of Health	Shkoder Region

29. SHESTANI, Irena	Director of Health Directory,	Shkoder Region
30. ZENELI, Fahrije	Head of Curricula	Kukes Region
31. OKA, Elton	Director of Health	Kukes District
32. SHEHU, Mirela	JP Focal Point	Kukes District
33. TOBLI, Shkelqime	Public Health specialist	Kukes Region
34. REXH		
35. MATI Arif	Director of Agriculture Directory	Kukes Region
36. PEKA, Mahmudije	Directory of Public Health	Has District (Kukes)
37. NEZAJ Naim	Director Public Health	Tropoje district, Kukes
38. TROSHANI, Ervin	Directory of Public Health	Malesi e Madhe District
39. CEJKU Qemal	Vice Mayor	Kamza Municipality
40. SELITA Skender	General Secretary	Paskuqan Commune

FGDs KAMZA/PASKUQAN/BABRRU

41. BALLA Vaje	Nurse/RC voluntary	
42. MEMA Entela	Mother	
43. MUSTAFA Anila	Mother	
44. HOXHA Vera	Mother	
45. HAXHILLARI Serie	Grandmother	
46. SINA Hasime	Grandmother	
47. MUSABELLIU Sonila	Mother	
48. BODURI Lulzime	Mother	
49. CITAKU Suela	Mother	
50. BUSHI Olsiana	Mother	
51. LALA Arjana	Mother	
52. CUPI Rajmonda	Mother	
53. DODA Hatixhe	Grandmother	
54. KOÇI Shpresa	Mother	
55. XHANGOLLI Esmeralda	Mother	
56. SKEJA Lutfie	Grandmother	
57. ZELA Meribana	Doctor	Kamza Health Center
58. PRENDI Vera	Nurse	
59. IDRIZI Dhurata	Nurse	
60. OSMANI Liljana	Nurse	
61. ZENELI Majlinda	Nurse	

62. DODA Ferit		Paskuqan 2
63. SKEJA Agim		Paskuqan 2
64. LITA Xhelil		Paskuqan 1
65. CELA Fiqiri		Babrru

FGDs SHKODER REGION:

66. MURRAJ, Qazim		Postribe
67. ZEKA, Cesk		Shkrel
68. KACORRI, Filip		Bushat
69. MATIA, Nikolin		Bushat
70. LACI, Naim		Puke
71. SUMA, Dedjona -	Director of Health	Center No 3
72. SMAJLI, Vjollca	Doctor	
73. LLAZANI, Uzana	Doctor	
74. SOPI, Marita	Doctor	
75. MJEDA, Lucjana	Nurse	
76. ORA, Aferdita	Nurse	

FGDs KUKES REGION:

77. VLLOCAJ, Valbona	Mother	
78. KERXHALIU, Lazime	Grandmother	
79. HAXHIU, Valbona	Mother	
80. ELEZI, Hume	Mother	
81. SHAHU, Sofia	Gandmother	
82. MEHMETI , Fiqirete	Mother	

ANNEX 3: EVALUATION TERMS OF REFERENCE

CONTEXT OF MDG ACHIEVEMENT FUND (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 50 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 130 joint programmes in 50 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs, National Ownership and UN reform.

“REDUCING MALNUTRITION IN CHILDREN IN ALBANIA” PROJECT BACKGROUND

In spite of considerable progress since 1990-ies, relatively low U5 mortality rates (22 per 1,000 – which is still high though compared to other countries in the region) and good exclusive breastfeeding rates in the first months of life, Albanian children face multiple nutrition problems including high rates of stunting and overweight, disparities in health and nutrition status and micronutrient deficiencies. According to Albanian DHS 2008-2009, the country is faced with the double burden of malnutrition: 19% of children under the age of 5 are stunted and at the same time 22 % are overweight. About 17% of children aged 6-59 months and 19% of women have some level of anaemia. Poverty, household food insecurity and poor infant and child feeding practices all contribute to malnutrition. Stunting indicates chronic malnutrition and is more common in mountainous rural regions (28%) than in urban areas of Tirana and Central region. Similarly, anaemia rates are considerably higher in rural areas than in urban areas; it is more common in children of mothers with no education and for lowest wealth quintile.

Household food insecurity levels are high in the North and pronounced in sub-urban areas of the capital, with 43% and 34% of the population, respectively, stated to the baseline food and nutrition survey in 2010 that they had difficulty in buying food for their families in the previous six months.

Taking into consideration the nutrition situation of women and children in Albania, a Joint Programme on Nutrition, funded by the MDGF-Spanish Government, was developed jointly by UNICEF, WHO, FAO and the Albanian Government to help place nutrition and food security higher on Government agenda and design interventions focusing directly to most marginalized population groups.

The Joint Programme “Reducing malnutrition in children in Albania” started in January 2010. Its duration was initially planned for 3 years, with 6 months extension until June 2013 granted afterwards. The Programme aims to implement multi-sectoral interventions in high risk rural and peri-urban communities, in combination with strengthening the national policy development, building of partnerships, systematic capacity development of health sector and that of food and agriculture experts in issues related to nutrition and household food security. Thus, the main outcomes of the Joint Programme address mother and child malnutrition at national and local levels are expected to consist in:

- Increased awareness of nutrition as a national development priority at all levels;
- Coordination and capacities to design, implement and monitor nutrition and food security interventions enhanced at all levels;
- Public health nutrition being repositioned within the system of primary health care services.

Interventions have been implemented in five districts of Northern Albania - in Kukes and Shkodra Prefectures - and in two peri-urban Municipalities of Tirana. These rural and peri-urban areas are highly affected by stunting, have large numbers of Roma population, and have high incidence of poverty and/or high unemployment.

With a contribution of 4,000,000 USD from the Government of Spain, the JP Nutrition is implemented by the Ministry of Health (MOH), Ministry of Agriculture, Food and Consumer Protection (MOAFCP), Institute for Statistics (INSTAT), Institute of Public Health (IPH), regional authorities, and civil society organizations, and private sector. The JP is supported by three participating UN agencies – Food and Agriculture Organization (FAO), United Nations Children’s Fund (UNICEF) as the lead Agency and World Health Organization (WHO).

The Joint Programme has established strategic partnerships with the Albanian Agribusiness Council, local Governments, academic institutions, CSOs operating in rural development and agriculture, the media and private sector (milling industry for flour fortification). The Joint Programme supports the priorities of the Government of Albania in the areas of health, agriculture, education, social protection and social inclusion.

Today the Joint Programme is in its final implementation stage. An important institutional framework for inter-sectoral collaboration was established with the MOU signed by five line ministries to address malnutrition and food insecurity issues. The national and local capacities were strengthened for evidence based decision making through implementation of several important surveys and research activities.

Development of the new food and nutrition action plan (FNAP) was based on in depth assessment and analysis of the implementation of the existing FNAP through a comprehensive participatory process involving line ministries, local authorities and civil society. National and local capacities were strengthened for data collection and utilization of data on food, health, and nutrition.

Interventions of the JP have contributed to improved knowledge, skills and participation of national, regional, district authorities and local governments in understanding food and nutrition situation, in design and formulation of community based plans to improve food and nutrition

security. During the second phase of JP implementation, stronger focus was placed on strengthening the role of the local governments in assessing the situation, planning and monitoring of food and nutrition interventions in their respective communities.

Behavior change communication was an important component of the JP and was based on a comprehensive strategy and plan. Interventions aimed at improving skills of health personnel for child growth monitoring and nutrition counseling and behavior change at community level for improved IYCF practices were implemented.

Community based interventions have developed models aimed to reduce food insecurity in target areas through increase of local production, use of local natural resources, improved post-harvest practices and models of food processing and preservation at household level.

In addition to interventions through health and agriculture sectors, improvement in the school curricula to integrate nutrition modules and planned interventions through the social protection sector are examples of the inter-sectoral approach employed in the JP Nutrition interventions.

National ownership and sustainability are the cornerstones of the approach of this JP and have been inherent and integral part of its design and implementation. The JP design is quite complex and combines components of research, national policy development, capacity development, communication for behavior change and intersectoral community based interventions. The activities of the Joint Programme have been structured in order to complement each other and are closely interlinked to prevent various components of the JP from running in parallel as separate sub-programmes. While this has long term benefits, it may increase planning and implementation time for specific activities.

The programme was based on national data available at the conception and formulation phase of the proposal with Demographic and Health Survey among the most important data sources, and the targeted interventions were based on a solid knowledge base created by Baseline Food and Nutrition Survey and other important research developed under the JP in the first implementation stage.

The process for implementation of the JP (participation, joint governance, shared ownership, coordination, convening inter-sectoral Technical Working Groups, etc.), provide to be slow and time-consuming, and by its nature requires more time for the completion of each activity.

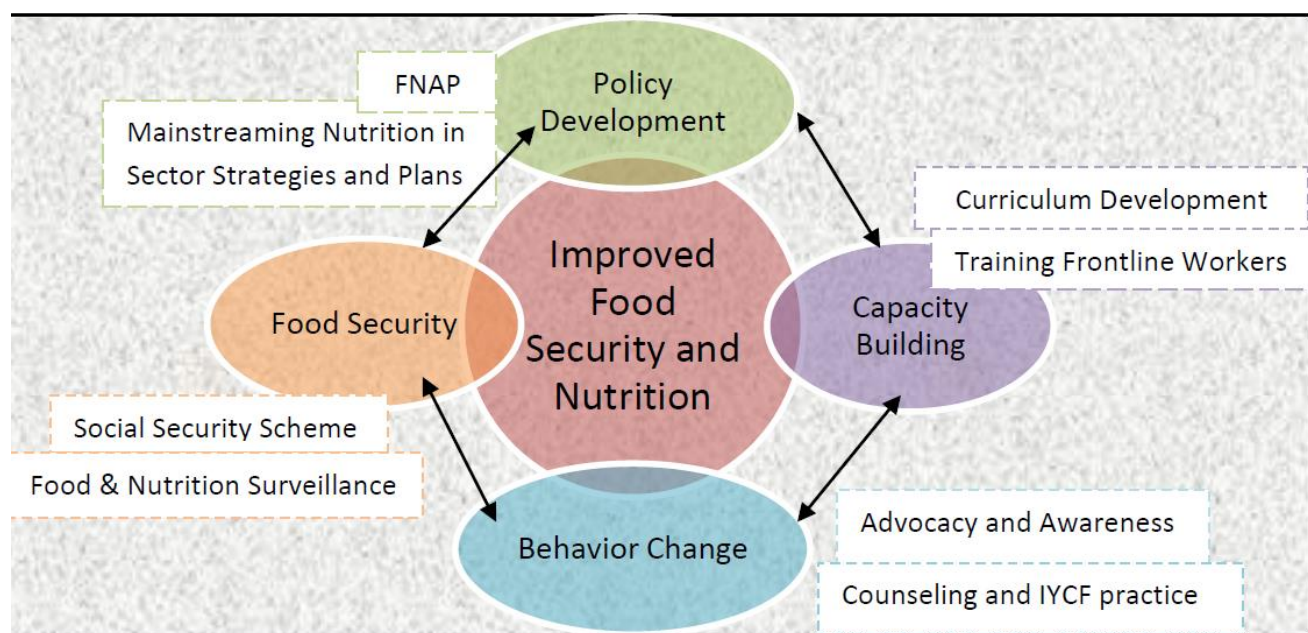
Targeted participants include staff from main sectors (health, agriculture, education, social sector) involved in capacity development activities, staff from local government units, mothers, grandmothers and mothers in law, fathers, families and communities involved in communication for behavior change activities.

Following the [Mid-Term Evaluation \(MTE\) of the Joint Programme in 2011](#), the M&E framework was revised based on the recommendations of the MTE and in consultation with all government and UN agency partners.

PROGRAMME LOGIC AND PLANNED OUTCOMES

The programme logic approached the problem of malnutrition from two main levels – policy and community levels. This was accepted as a sound model because the problem of malnutrition requires joint action by *duty-bearers*, with appropriate capacities and working in an enabling policy environment, as well as adequate awareness and practices by the *rights-holders* through their decisions at the individual household and community level. The inter-action between policy improvements and behavior change of individuals is illustrated in the below chart and explained in more detail in the narrative section, outcome by outcome.

Figure 2: Programme Theory of Change



Outcome 1: National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes

Outcome 1 was planned to enhance national capacities for developing, implementing and monitoring intersectoral actions to address problems of malnutrition and food insecurity. This was going to be achieved through the establishment of a national coordination structure for food and nutrition at high government level, to facilitate inter-sectoral collaboration and raise the profile of nutrition in the political and public arena. An advocacy strategy was aimed at raising awareness on food insecurity and malnutrition among key stakeholders. Support to formulation of the 3rd FNAP should help address the lack of emphasis in the previous policy document (2nd FNAP) on issues of food insecurity and malnutrition among vulnerable and at risk population groups. Specific data collection activities provided information related to gender-specific determinants of the nutritional status of the family. Additional data on the impact of high food prices on food security

of vulnerable population groups and on the causes of and potential solutions to major micronutrient deficiencies also contributed to this. The development of a National Food and Nutrition Surveillance system is aimed to ensure ongoing monitoring and early warning of food insecurity and malnutrition, and make evidence-based decisions on nutrition related policies and resource allocations.

Outcome 2 - Cross sectoral interventions addressing malnutrition are developed, tested and implemented in target areas

Outcome 2 aimed to strengthen the capacity of the local government (Health and Agriculture authorities) and civil society organizations to design, implement and monitor nutrition and food security interventions. Practical Intervention Models have been developed based on previous experiences and community needs assessment conducted in the early stages of the programme. Community Based interventions also included community IMCI; gardens of mother and children, and breastfeeding support groups for improved infant and young child feeding practices. Improved access to and consumption of micronutrient rich foods was planned to be achieved through establishment of school and community gardens. These would link small-scale food production with learning about nutrition and health. The intervention aimed at establishing a nutrition-friendly school and community environment, with an emphasis on clean water and sanitation. The gardens added nutritional value (micronutrients) and variety to local diets, promoted healthy eating habits, and improved the basic agricultural skills and nutrition knowledge of the local community. Depending on the local conditions, support was provided to establish vegetable gardens, fruit trees and small animal production.

Prevention of malnutrition and micronutrient deficiencies in high risk areas was planned to be addressed by providing sprinkles with MoH-approved supplements as an immediate relief action. This would be supported and sustained in the long term by food and nutrition education for improved dietary habits and dietary diversification. Modeling of conditional cash transfers for children linked to improved food and nutrition status is being explored, contributing to the development of social safety nets. Implementation of these models in Albania and integration into the social insurance scheme will require additional international expertise of successful models from other countries.

The programme developed the capacity of health providers in target areas to conduct growth monitoring and nutrition counseling. Capacity building of health providers in growth monitoring and training of multisectoral teams in design implementation and monitoring of food and nutrition interventions was in line with recommendations envisaged by the food and nutrition action plan. A communication strategy for behavior change targeting family and communities for improved care and feeding practices for mother and children was designed. A KAP survey in the early stages of the programme helped identify current dietary and feeding practices, household level food distribution and other factors influencing maternal and child nutrition. The results of this survey fed into the development of a comprehensive communication strategy with clear messages, identified target audiences and effective communication channels. A variety of food and nutrition education materials was developed and delivered to identify target audience. Implementation in target areas provided models for scaling up in other regions of the country. Lessons learned from

interventions in target areas are expected to feed into policy development and action at national level to improve nutrition outcomes.

Outcome 3 - National capacities strengthened to deliver nutrition service to the public

Outcome 3 is linked to the development of a public health nutrition (PHN) curriculum for inclusion in the health-related pre-service education and an advanced post graduate certificate programme. This is believed to contribute to the sustainability of the overall programme results, while simultaneously raising the profile of a PHN among healthcare professionals. The participation of public health professionals in specialized nutrition courses was encouraged to sustain the outcomes. Other activities sought to identify and address obstacles in the delivery and supervision of nutrition interventions through PHC services. The performance of supervisors was analyzed, guiding recommendations to the MoH to improve the supervision system. Important outcomes of this component are nutrition education programmes for families and institutions in the capital and rural areas.

Under three broad Outcomes, a number of more specific Outputs have been developed:

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

??**Output 1.2:** Technical support for strengthening data collection and utilization of data on food, health and nutrition.

??**Output 1.3:** Development of 3rd National Food and Nutrition Action Plan.

??**Output 1.4:** Strengthening of national food and nutrition surveillance system.

??**Output 2.1:** Develop, test and implement community based intervention models to address malnutrition and household food insecurity.

??**Output 2.2:** Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling.

??**Output 2.3:** Development of communication for behavior change targeting families and communities for improved care and feeding practices for mothers and children.

??**Output 3.1:** Curriculum for public health nutrition developed, tested and introduced in pre-service training.

??**Output 3.2:** Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition.

PROGRAMME COMPONENTS AND STAKEHOLDER RESPONSIBILITIES

Outcome 1: National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes

Output 1.1. – Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy, decision makers and the general public

WHO supported this output in close coordination with FAO and UNICEF to ensure integrated approach and high level advocacy and awareness raising interventions. Key government actors are the Ministry of Health (MoH) and Ministry of Agriculture, which coordinated with other interested line ministries and provided direct support to the high level coordination structure.

Outputs 1.2. Technical support for strengthening data collection and utilization of data on food, health and nutrition

Outputs 1.3. Development of the 3rd National Food and Nutrition Action Plan

The Ministry of Health and Ministry of Agriculture are leading the policy formulation process. WHO, FAO and UNICEF supported this component ensuring that the knowledge base established for policy development process and national food and nutrition action plan is realistic and implementable (specific studies conducted as agreed by participating UN agencies with one agency leading and other agencies providing inputs according to their areas of expertise). Specialized institutions such as INSTAT, IPH (institute of Public Health) ISUV (Institute of Food Safety and Veterinary Research), consumer associations and civil society representatives including AAC (Albanian Agribusiness Council) and other umbrella organizations are among the contributors to the outputs.

Output 1.4: A strengthened national food and nutrition surveillance system

UNICEF closely coordinated with FAO and WHO in areas of food security and planning and implementation of child growth monitoring process. MoH, Ministry of Agriculture and local authorities in target areas are responsible for design and implementation of the system that will provide data on nutritional status and food security of population and especially deprived population groups for policy formulation and for prompting quick actions to address malnutrition. MOH and IPH have a significant role in preparing the training package and conduct the actual capacity development with service providers and other identified community structures. Regional health, food and agriculture authorities are to implement the system in target areas.

Outcome 2 - Cross sectoral interventions addressing malnutrition are developed, tested and implemented in target areas

Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food insecurity

Local authorities and communities in target areas, with the support of UNICEF, coordinated interventions in this component. UNICEF assisted to fine tune existing models and design new ones, in close cooperation with FAO and WHO, for promoting household food security and best practices related to reduction of malnutrition. Procurement of drugs for supplementation was managed by UNICEF. Local health, food and agriculture authorities, and existing Child Rights Units/Child Protection Units (social work) are among the partners, together with civil society organizations working in this area.

Output 2.2. Capacity building of service providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling

UNICEF supported capacity building activities in target areas, with technical and normative guidance from WHO on new growth monitoring charts and the design of integrated nutrition training modules. FAO provided technical inputs in assessing knowledge gaps and design components of the training package related to food security and consumer education. MoH and IPH took active part in finalizing the training modules and conducting training programmes. The plan is to institutionalize future trainings through continuous medical education and other sustainable mechanisms using existing government structures.

Output 2.3. Development of communication materials for improved care and feeding practices targeting mothers, families and communities.

UNICEF led the communication for behavior change component of the communication strategy for this Joint Programme. Messages were tailored by target audience identifying best communication channels and dissemination. WHO and FAO provided inputs in designing the communication materials. The health promotion units of the MoH and IPH led the communication initiative in close cooperation with Ministry of Agriculture and civil society.

Outcome 3 - National capacities strengthened to deliver nutrition service to the public

Output 3.1. Curriculum for public health nutrition training developed, tested and promoted in pre-service training

The Ministry of Health led the development of public health nutrition curricula, together with the National Center for Continuous Medical Education, the medical faculty, and the nursing academy. **WHO** supported this process, FAO provided technical assistance and UNICEF assisted with capacity building and procurement of supplies.

Output 3.2. Improved supervision mechanisms for nutrition interventions

WHO led the revision and preparation of guidelines for the supervision system, and worked closely with UNICEF to support the integration of the revised supervision system into existing PHC structures. This includes the strengthening of the role of MCH inspectors. The MoH worked closely with IPH, Health Insurance Institute (HII) and local health authorities to ensure adequate service delivery.

During the design of the Joint Programme, UNICEF and WHO (two agencies with office presence in Albania) engaged with a broad array of partners. These included official health, agriculture and local administrations, the scientific community, the food and nutrition enterprise sector (e.g. Albanian Agribusiness Council, milling, salt and other processors of common foods), NGOs working on food, health and nutrition, and consumer-interest groups. The Joint Programme builds on an assessment and analysis, supporting the formulation by government of a multisector policy and strategy for investments aimed at improving the nutrition status of disadvantaged populations. The assessment was strongly dependent on the engagement of national and local actors, and that was the case for the execution of the proposed programme. In the selected rural communities, UNICEF has already been collaborating with local NGOs on community based interventions - such as C-

IMCI (community IMCI), or the establishment of kindergardens as alternative pre-school interventions.

The programme also provided opportunities to leverage technical resources from the agro-industry, NGOs, educators, and the media – many of which were encouraged by the prospect of collaborating with the UN and the government of Albania in giving children in Albania a better start in life. Based on the experience of managing the universal salt iodization strategy, the MoH was well placed to assume leadership of this multi-sector coalition. The Institute of Public Health (IPH) in Tirana supports the Government in the assessment, design and evaluation of public health programs. The need for more specialized and in-depth research on food and nutrition programming can be addressed in collaboration with various departments in the Medical or Agricultural University.

OVERALL GOAL OF THE EVALUATION

A result oriented monitoring and evaluation (M&E) strategy is under implementation by the MDG Fund in order to track and measure the overall impact of its 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.
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, Colombia, Honduras and Ecuador) are planned to study more in depth the effects of joint programmes in a country context.

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:

1. Measure to what extent the joint programme has fully implemented their activities, delivered outputs and attained outcomes and specifically measuring development results.
2. 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.

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 these 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. Measure the 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. 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.
5. 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.

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.**
- a) To what extent was the design and strategy of the development intervention relevant (assess including link to MDGs, UNDAF and national priorities, stakeholder participation, national ownership design process)?
- b) How much and in what ways did the joint programme contribute to solve the (socio-economical) needs and problems identified in the design phase?
- c) To what extent was this programme designed, implemented, monitored and evaluated jointly? (see MDG-F joint programme guidelines.)
- d) To what extent was joint programming the best option to respond to development challenges stated in the programme document?
- e) 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?
- f) To what extent did the joint programme have a useful and reliable M&E strategy that contributed to measure development results?
- g) To what extent did the joint programme have a useful and reliable C&A strategy?
- h) If the programme was revised, did it reflect the changes that were needed? Did the JP follow the mid-term evaluation recommendations on the programme design?

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

- e) What type of work methodologies, financial instruments, and business practices have the implementing partners used to increase efficiency in delivering as one?
- f) What was the progress of the JP in financial terms, indicating amounts committed and disbursed (total amounts & as percentage of total) by agency? Where there are large discrepancies between agencies, these should be analyzed.
- g) What type of (administrative, financial and managerial) obstacles did the joint programme face and to what extent have this affected its efficiency?
- h) 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.**
 - 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? (detailed analysis of: 1) planned activities and outputs, 2) achievement of results).
 - b) To what extent and in what ways did the joint programme contribute:
 1. To the Millennium Development Goals at the local and national levels?
 2. To the goals set in the thematic window?
 3. To the Paris Declaration, in particular the principle of national ownership? (consider JP's policy, budgets, design, and implementation)
 4. To the goals of delivering as one at country level?
 - c) To what extent were joint programme's outputs and outcomes synergistic and coherent to produce development results? What kinds of results were reached?
 - d) To what extent did the joint programme had an impact on the targeted citizens?
 - e) Have any good practices, success stories, lessons learned or transferable examples been identified? Please describe and document them.
 - f) What type 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?
 - g) 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.)

- h) To what extent did the joint programme help to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
 - i) To what extent and in what ways did the mid-term evaluation recommendations contribute to the JP's achievement of development results?
- **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?
 - b) At local and national level:
 - 1. To what extent did national and/or local institutions support the joint programme?
 - 2. Did these institutions show technical capacity and leadership commitment to keep working with the programme or to scale it up?
 - 3. Have operating capacities been created and/or reinforced in national partners?
 - 4. Did the partners have sufficient financial capacity to keep up the benefits produced by the programme?
 - c) To what extent will the joint programme be replicable or scaled up at national or local levels?
 - d) To what extent did the joint programme align itself with the National Development Strategies and/or the UNDAF?

METHODOLOGICAL APPROACH

This final evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TORs and the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyze 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.

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 2 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 2 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 establish in Annex 2.**

EVALUATION REPORT QUALITY STANDARDS

The following UNEG standards should be taken into account when writing all evaluation reports²⁵:

1. The **final report should be logically structured, containing evidence-based findings, conclusions, lessons and recommendations** and should be free of information that is not relevant to the overall analysis (S-3.16).

NOTE: Using evidence implies making a statement based on valid and reliable facts, documents, surveys, triangulation of informants' views or any other appropriate means or techniques that contribute to create the internal validity of the evaluation. It is not enough to just state an informed opinion or reproduce an informant's take on a specific issue.

2. **A reader of an evaluation report must be able to understand:** the purpose of the evaluation; exactly what was evaluated; how the evaluation was designed and conducted;

²⁵ See UNEG Guidance Document "Standards for Evaluation in the UN System", UNEG/FN/Standards (2005).
http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=22

what evidence was found; what conclusions were drawn; what recommendations were made; what lessons were distilled. (S-3.16)

3. In all cases, evaluators should strive to **present results as clearly and simply as possible** so that clients and other stakeholders can easily understand the evaluation process and results.(S-3.16)
4. **The level of participation of stakeholders in the evaluation** should be described, including the rationale for selecting that particular level. (S-4.10)
5. **The Executive Summary should “stand alone”**, providing a synopsis of the substantive elements of the evaluation. The level of information should provide the uninitiated reader with a clear understanding of what was found and recommended and what was learned from the evaluation. (see Outline in Annex 2 for more details). (S-4.2)
6. **The joint programme being evaluated should be clearly described** (as short as possible while ensuring that all pertinent information is provided). It should include the purpose, logic model, expected results chain and intended impact, its implementation strategy and key assumptions. Additional important elements include: the importance, scope and scale of the joint programme; a description of the recipients/ intended beneficiaries and stakeholders; and budget figures. (S-4.3)
7. The **role and contributions of the UN organizations and other stakeholders** to the joint programme being evaluated should be clearly described (who is involved, roles and contributions, participation, leadership). (S-4.4)
8. **In presenting the findings, inputs, outputs, and outcomes/ impacts should be measured to the extent possible (or an appropriate rationale given as to why not)**. The report should make a logical distinction in the **findings, showing the progression from implementation to results with an appropriate measurement** (use benchmarks when available) and analysis of the results chain (and unintended effects), or a rationale as to why an analysis of results was not provided. Findings regarding inputs for the completion of activities or process achievements should be distinguished clearly from outputs, outcomes. (S-4.12)
9. Additionally, reports should **not segregate findings by data source**. (S-4.12)
10. **Conclusions need to be substantiated by findings** consistent with data collected and methodology, and represent insights into identification and/ or solutions of important problems or issues. (S-4.15)
11. **Recommendations should be firmly based on evidence and analysis**, be relevant and realistic, with priorities for action made clear. (S-4.16)
12. **Lessons, when presented, should be generalized beyond the immediate subject being evaluated** to indicate what wider relevance they might have. (S-4.17)

KEY ROLES AND RESPONSIBILITIES 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 will function as the evaluation reference group.

This group will comprise the representatives of the major stakeholders in the joint programme and will:

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** will function as a **quality assurance member** of the evaluation, in cooperation with the commissioner of the evaluation, and will have the following functions:

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