End-term Evaluation of the EU-UNICEF Joint Nutrition Action, Uganda 2017-2022

Product 3 –Final Report

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FOREWORD

This external evaluation was conducted between March and August 2023 by Plan Eval, an independent evaluation practice. It was commissioned by UNICEF Uganda Country Office under the management of Jonathan Gamusi and supported by Carole Tronchet Pradhan, Evaluation Section, UNICEF Eastern and Southern Africa Regional Office (ESARO).

The external evaluation team was composed of

i) A Team Leader (Aloys Nzigamasabo), who carried out in-person key informant interviews, focus groups during the field mission and coordinated the preparation of the final deliverables.
ii) A Co-Team Leader (Sara Sangiuliano), who joined the evaluation team during the draft report revision to provide additional expertise on the assessment of nutrition programmes.
iii) A Nutrition Policy Expert (Bernard Omech), based in Kampala, who participated in the inception phase during the formulation of the data collection method, as well as field preparations. Mr. Omech collected qualitative data through key informant interviews and FGDs, worked on the systematisation of data collection and on the writing of draft of final report.
iv) A Nutrition Governance Expert (Cecilia Muxi), who was responsible for interviews with officers at the management level. She worked on the systematisation of data collection and on the draft report.
v) An evaluator (Hur Hasnain), who provided feedback to the consultants.

Fieldwork was based on an Inception Report partly written by Alison Farnham, then Nutrition Governance Expert.

Compliance to timelines, team management and conformity to the terms of reference was managed by Project Manager Laís Faleiros.

Additional revision this report was provided by Fabrizio Rigout, Senior Associate at Plan Eval.

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AVSI	Association des Volontaires pour le Service International
CDO	Community Development Officer
CHEW	Community Health Extension Workers
DDP	District Development Plan
DINU	Development Initiative for Northern Uganda
DLG	District Local Government
DNAP	District Nutrition Action Plan
DNCC	District Nutrition Coordination Committees
DNP	District Nutrition Plan
ESARO	Eastern and Southern Africa Regional Office
ETE	End Term Evaluation
EU	European Union
FAL	Functional Adult Literacy
FGD	Focus Group Discussion
FSNA	Food Security and Nutrition Assessment
GoU	Government of Uganda
HACT	Harmonised Approach to Cash Transfers
IEU	Independent Evaluation Unit

IIRR	International Institute of Rural Reconstruction
JNA	Joint Nutrition Action
KII	Key Informant Interview
KRA	Key Result Area
MAAIF	Ministry of Agriculture Animal Industries and Fisheries
MDA(s)	Ministries, Departments and Agencies
MEAL	Monitoring, Evaluation, Accountability and Learning
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender, Labour, and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MSNCC	Multi-Sectoral Nutrition Coordination Committee
MTE	Mid-Term Evaluation
MUAC	Mid-Upper Arm Circumference
NACS	Nutrition Advocacy and Communication Strategy
NCA	Nutrition Causal Analysis
NCC	Nutrition Coordination Committees
NCD(s)	Non-Communicable Diseases
NDP	National Development Plan
NER	Nutrition Expenditure Review
NGO	Non-Government Organisation
NIPN	National Information Platform on Nutrition
OPM	Office of the Prime Minister
PD	Programme Document
PDC	Parish Development Committee
SDG(s)	Sustainable Development Goals
SNCC	Sub-country Nutrition Coordination Committees
SOP	Standard Operating Procedures
SUN	Scaling Up Nutrition Movement
ToC	Theory of Change
ToR	Terms of Reference

TOT	Training of Trainers
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UGX	Uganda Shillings
UNAP	Uganda Nutrition Action Plan
UNICEF	United Nations Children's Fund
VHT(s)	Village Health Team(s)
WFP	World Food Programme
WHA	World Health Assembly

1. Executive Summary

The End-Term Evaluation of "EU-UNICEF Uganda Joint Nutrition Action - Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multi-sectoral Response under the broader framework of the Development Initiative in Northern Uganda (DINU)", hereafter JNA[1], aims to assess the extent to which JNA has been relevant, effective, efficient, coherent, and sustainable in improving nutrition governance in Uganda. It also aims to provide insights and recommendations for project improvement and informed decision-making.

This executive summary includes evaluation purpose, scope, methods, findings, conclusions, lessons learned and recommendations.

The evaluation was conducted over a period spanning March to August 2023 by means of interviews and focus groups with 40 stakeholders. These included Government of Uganda, institutions engaged in development cooperation, academia, officials involved in implementation and frontline service providers.

Uganda has made strides in reducing child mortality and wasting rates, which are on target. But, it faces one of the world's highest stunting prevalence rates, affecting one-third of children under five. Factors contributing to high under-nutrition levels include inadequate diets, infectious diseases like malaria and pneumonia, deficient healthcare, sub-optimal childcare and feeding practices, and limited access to clean water, sanitation and hygiene.

In this challenging context, JNA aimed to provide a comprehensive, integrated response to malnutrition by involving multiple sectors, including health, education, agriculture, water and sanitation, human resources, and grassroots groups. This multi-sectoral approach aimed to build institutional capacity at various levels and generate research evidence, including papers and case studies, to support policy. JNA's ultimate goal was to enhance nutrition governance in 15 districts of Northen Uganda with a focus on improving the nutrition of women and children.

Purpose and scope

This **end-term evaluation is summative, looking retrospectively at JNA's achievements**. The general objectives are to assess accomplishments against expected results, identify challenges, and to draw lessons and recommendations for future design of comparable interventions.

To fulfil the objectives of the evaluation, the team proceeded by

1. Determining the extent to which JNA achieved targets associated with three output areas outlined in the logical framework and how so.
2. Identifying the existence of activities reflecting the six pillars of nutrition governance and judging their quality.

[1] The terms "Action" and "Partnership" are on occasion used as synonyms for JNA to avoid repetition.

3. Describing JNA's relationship with Uganda Nutrition Action Plan I and II and DINU programmes as well as sectoral strategic plans, national development plans, Uganda Vision 2040, and the global nutrition plan of actions to assess the quality of their interaction.

Methods

The evaluation engaged 40 stakeholders in qualitative interviews, of which 14 were women. There were 10 key informants at programme (national) level and another 15 at implementation (district) level. Fifteen frontline workers took part in two focus groups. District and frontline stakeholders were interviewed in person and programme officers remotely via videoconference. The evaluation team complemented primary data collection with a thorough review of published documents and analysis of programme monitoring indicators.

Findings[2]

Effectiveness: Most of the activities over the five-year period of implementation have been carried out and the majority of outputs planned under three key results areas have been delivered. Even though **the project faced challenges such as centralised decision-making regarding resource allocation,** a remarkably high level of common understanding has been reached among the institutional stakeholders. Relative to the poor level of nutrition governance in the country in place before JNA, **significant progress has been obtained through** establishment of coordination mechanisms, development of action plans, and **integration of nutrition into national political agendas**.

The delivery of strategic documents at both national and sub-national government levels has shed light on the causes of malnutrition and gaps requiring improvement and support.

They include the following: Nutrition Stakeholder Mapping, Nutrition Capacity Assessment Report, Nutrition Gender Analysis, Standard Operation Procedures, Nutrition Advocacy and Communication Strategy II, Nutrition Expenditure Review, National Nutrition Investment Case, Nutrition Causal Analysis, Food Security and Nutrition Assessment, Nutrition Governance Assessment, Research on Nutrition Agriculture Linkages, Gender Analysis Study, Monitoring and Evaluation tools, plus District nutrition action plans, District-specific advocacy briefs, among others.

These studies have engaged ministries formerly not involved in nutritional interventions, and revitalised governmental discussions around nutrition in budgeting, the central role of women in food production and preparation, and the link between agriculture and nutrition.

By integrating interventions into existing government structures, JNA contributed to initiatives being ingrained within the systems and processes in place. Nonetheless, **systems for nutrition information production and management by district nutrition coordination committees require further development**; data usage at sub-national level is still incipient.

[2] The colour-coded "traffic light" icons reflect programme performance in a given dimension (green for good, yellow for satisfactory and red for poor). See Section 6 - Conclusions and lessons learned for details.

Prior to project implementation, gender-sensitive nutrition activities were assessed, and a **gender-sensitive capacity-building action plan** including a women's empowerment component was developed as a consequence. Approximately **70% of the activities were geared towards empowering women, particularly in the areas of nutrition and income generation**.

Despite the various positive effects produced, the government has neither committed to finalising strategic sectoral policy documents focused on nutrition, nor to reforms that encourage the implementation of multi-sectoral approaches. If nutrition policy is not institutionalised, the gains obtained thus far would be threatened, and a positive impact would be far less likely. A key assumption made during the JNA planning and documented in the programme proposal included the enactment of a new National Nutrition Policy. However, a **successor to the Uganda Food and Nutrition Policy of 2003 is still being drafted, which leaves gaps on how funding for nutrition action** should be channelled.

At the local level, **Nutrition Coordination Committees (NCC), although empowered, show a shortage of staff and low motivation among members** who work on a voluntary basis. The influence capacity of local actors remains insufficient to push the central level to increase resource allocation. These factors reduce delivery effectiveness at the frontline and should be addressed.

- *Efficiency:* The JNA faced delays due to COVID-19 and a slow start of activities, with de facto implementation beginning in 2019. The delayed preparatory work led to Phase 1 and Phase 2 running concurrently in different districts. The programme implemented virtually all of its activities while remaining within budget (**93.7% utilisation**), **although its distribution shows a certain imbalance in favour of operational expenses to the detriment of direct investment**.

Bureaucracy and administrative delays within government organisations hindered the timely implementation of certain processes and activities. For example, the introduction of tools such as the Integrated Financial Management System and controls (cash limits), caused some delays in accessing UNICEF funds, as well as the implementation of planned district-level activities.

Mitigation measures applied in collaboration with the Office of the Prime Minister (OPM), the Ministry of Finance and the districts have successfully made up for time lost in the beginning of implementation. The recruitment of an expert assigned to the OPM and the setting up of structures as stipulated in the UNAP have enabled the JNA to perform more efficiently.

- *Relevance:* JNA was focused specifically in engaging institutional actors from key sectors relevant to improve the nutrition status of vulnerable communities given that, prior to the intervention, indicators of early childhood growth had shown little improvement. Given that scenario, JNA has been designed to **contribute to the agendas of National Development Plan III (NDPIII) and of the Sustainable Development Goals (SDGs) in Uganda Vision 2040**, considering the importance that has been given to increasing nutrition-related investments and the governmental budget allocated to this sector.

- *Coherence:* JNA demonstrated strong **alignment with SDGs 2 and 9, the Scaling Up Nutrition (SUN) initiative,** Uganda's Vision 2040, the NDP III and the UNAP II. **UNICEF's coordination** and alignment with national strategies have been **instrumental in emphasising the significance of**

nutrition for the population's well-being. The intervention was integrated into the broader development framework, promoting synergies with initiatives related to health, protection, food security, value chains, and agriculture. Coordination efforts among implementing partners have led to the identification of complementary actions. JNA strengthened the understanding of nutrition policy through a comprehensive approach aligned with government initiatives.

Collaboration with other development partners has leveraged synergies to strengthen nutrition governance. Partnerships have been formed in areas where UNICEF has limited expertise, such as nutrition-sensitive agriculture, with organisations like Food and Agriculture Organisation (FAO) and World Food Programme (WFP).

Therefore, **UNICEF's adaptability is demonstrated by harnessing expertise from the international cooperation environment,** advocating for nutrition policy and **providing fast, ad-hoc solutions to fill resource gaps** has been essential to the success of the programme.

The alignment with the SDGs has led to the identification targets to address nutrition challenges, integrated into the Monitoring and Evaluation Framework for nutrition programmes. A Nutrition Workshop was organised to create synergies among partners and align reporting indicators.

Sustainability: The direct involvement of Office of the Prime Minister and the sectoral ministries, alignment with national policies and strategies, partnerships with NGOs and the UN system, and capacity-building are all factors that are conducive to long-term viability of the transformations JNA introduces. At the institutional level, those efforts have made it possible to broaden the advocacy agenda.

The introduction of **discussion forums for nutrition within the government** is another important element of institutional sustainability. The approach has not only strengthened coordination capacity but also enabled greater participation at the local level, thus promoting ownership.

The buy-in of **district leaders has proven essential for the sustainability of nutrition practices** such as promoting dietary diversity, increasing the consumption of animal protein, and addressing micro-nutrient deficiencies with a potential to drive behaviour change in the long term.

Nonetheless, both district and community levels remain deprived of important resources to ensure that the benefits produced are maintained. NCC members would like to receive more training and means to manage data collection and measurement of nutrition indicators, as well as being incorporated as paid administrative staff. **Right-holders show important fragilities, without adequate capacity to cope with the negative effects of climate change, low agricultural production, market instability, or the availability of resources and means to launch productive activities**. Such external factors can adversely affect maintenance of the benefits obtained by JNA and imperil households whose nutritional resilience has not been sufficiently strengthened.

UNICEF's leadership was necessary for the entire duration of the programme. **Should the intervention be replicated, UNICEF must be willing to play the part of catalyst** rather than wait for government institutions to take a leadership role. (Duty bearer: UNICEF during programme implementation).

Lessons learned

- *Effective policy change requires central government sanction.* Incorporating the topic of nutrition into the policy planning instruments of ministries required a super-ordinate programme "owner" with administrative powers—in this case, the Office of the Prime Minister. **Placing programme coordination in the cabinet of the head of government is therefore highly likely to increase the effectiveness of similar interventions**. *(Duty-bearers: UNICEF, national governments during programme design)*
- *Production and publication of nutrition spending data triggers government accountability.* A large measure of programme effectiveness was attributed to **evidence-based awareness-raising actions involving the tracking of official spending on nutrition**. Monitoring such data is key to planning and budgeting any programme modelled after the JNA. *(Duty-bearers: national governments, research institutions during implementation, UNICEF during programme design)*
- ***Follow-up funds for service delivery must be in place so that capacity built is not lost.*** The participation in committees empowered agents and frontline service providers, but their sustained engagement requires adequate financial support. The likelihood of impact of JNA-like interventions will be higher, if funds for the frontline are assured so that capacity-building activities are immediately translated into service delivery. *(Duty-bearers: national governments and donors during programme implementation, UNICEF and donors during programme design)*

RECOMMENDATIONS:

1. Institutionalise MSNCC with Secure Member Status:

- Formalise the Multi-Sectoral Nutrition Coordination Committee (MSNCC) through institutionalisation, ensuring a more secure status for its members, by providing a formal collaboration.
- Explore sustainable remuneration models and consider implementing fixed-tenure or temporary integration of committee members into the administration to strengthen commitment and continuity.

2. Invest in Technical Trainings for NCC Members and Nutrition Focal Points

- Develop specialised technical trainings for NCC members and nutrition focal points to deepen their understanding of key aspects.
- Engage district local governments in training sessions for heads of departments at the division level, emphasising technical aspects of nutrition to standardise behavioural change messaging.
- Foster collaboration with civil society organisations to establish strategic partnerships with local governments, enriching the training programmes with diverse perspectives and enhance discussions during NCC and technical planning meeting.

3. **Build Capacity for Community Members:**

- Design a comprehensive capacity-building plan for community members to enhance screening and referral skills.
- Focus on empowering farmers, particularly women, through the organisation training in food systems-appropriate cultivation techniques to cope with effects of climate change.
- Develop specialised modules for youth, assisting to initiate nutrition value chain-related businesses.

4. **Organise a Stakeholder Nutrition Consultative Meeting:**

- Facilitate a second Stakeholder Nutrition Consultative Meeting to strengthen collaboration and alignment in nutrition programme implementation.
- Emphasise the importance of resource mobilisation, encouraging active participation and commitment from stakeholders.

5. **Consolidate Partnership with Ministry of Education**

- To advance nutrition education within primary schools and to integrate nutrition into the curricula of technical vocational training programmes.

- Support the academia and universities to develop practical training modules tailored to nutritionists, agronomists, rural engineers and health workers.

2. Background

2.1. Introduction

This report is the final deliverable of the external end-term evaluation (ETE) of the *"EU-UNICEF Uganda Joint Nutrition Action - Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multi-sectoral Response under the broader framework of the Development Initiative in Northern Uganda (DINU)"*, an intervention implemented between December 2017 and June 2022. For ease of reading, the Joint Nutrition Action is referred to hereafter as JNA, "the Partnership" or "the Action", interchangeably.

The JNA was a capacity-building intervention whose end-goal is "to contribute to improved nutrition outcomes of women and children in Northern Uganda by strengthening nutrition governance for scaling up nutrition". It sought to do so mainly by sponsoring studies and publications and providing training and advice for government institutions to manage nutrition-related interventions. The capacity-building activities were carried out at central, district and local governments. The Action did not seek to benefit right-holders directly, but rather reach them indirectly via nutrition interventions stemming from improved service delivery. The right-holders are children under two years of age and pregnant and lactating women living in the participant districts.

The JNA's duty bearers, budget and areas of implementation are summarised in the text box below.

JNA at a glance

Project Duration: 54 months (4.5 years), including a 6-month no-cost extension.

Start date: 22/12/2017 | End date: 21/06/2022.

Funding: EU funds: € 5.000.000 + UNICEF contribution: € 1.000.000 = total € 6.000.000

Duty bearers: The right-holders (end-recipients) of the JNA are children under 2 and pregnant and lactating women, initially those living in the focus districts and later those nationwide benefitting from the improved capacities in nutrition policy at a national level.

Office of the Prime Minister, Ministry of Health, Ministry of Education and Sports, Ministry of Agriculture, Ministry of Gender, Labor and Social Development, Ministry of Local Government, Ministry of Trade, District and Local Governments (15 Districts).

Areas of implementation: 4 Sub-regions in northern Uganda: Karamoja, Acholi, Lango and West Nile.

15 Districts: Abim, Adjumani, Amudat, Kaabong, Koboko, Kole, Moroto, Moyo, Napak, Nebbi, Omoro, Otuke, Pader, Yumbe and Zombo.

Right holders: Children under two years of age and pregnant and lactating women living in the participant districts.

The general objective of the evaluation is to give an objective assessment of accomplishments against the expected results and activities outlined in the JNA's results framework, identify challenges, and draw lessons and recommendations for future design of comparable projects. Its specific objectives are described at length in Section 3 - Purpose, objectives and scope of the evaluation.

The evaluation was conducted from March to August 2023 engaging 40 stakeholders (14 women and 26 men) relevant for the intervention. There were 10 key informants at the programme (national) level interviewed; another 15 at the implementation (district) level. A group of 15 frontline workers took part in two focus groups. Interviewee profiles are described in Section 4.3 below.

This report is structured into seven sections: (1) an executive summary; (2) a background, laying out the nutrition context in the country, which served as a reference for JNA; (3) a section detailing the object of the evaluation, its purpose, objectives and scope; (4) a discussion of the evaluation approach, design and methods applied, including ethics; (5) findings against evaluation criteria and questions, followed by (6) conclusions and lessons learned and (7) recommendations.

Assessments of how gender and human rights, including child rights, were incorporated into programme design and implementation, are made throughout the document, particularly in Section 0-

Effectiveness. In the annexes, the reader will find supporting documentation such as the logical framework, evaluation matrix, terms of reference, data collection tools and a list of stakeholders.

2.2. Global context

Child under-nutrition continues to be a significant global public health concern. The international community has responded to this challenge by agreeing to a United Nations-endorsed Decade of Action for Nutrition (2016-2025). There are proven, effective nutrition interventions for improving the nutritional status of at-risk populations, as outlined in the Lancet Series on Nutrition (2013 and 2021). There is also a growing understanding of the need to attend to certain aspects of governance to ensure the successful implementation of policies and programmes (Baker et al. 2018). Indeed, the Lancet series identified "building an enabling environment" as one of the key aspects for improved nutrition outcomes. This includes improving coordination, accountability, leadership, capacity investment and resource mobilisation. Further, the multi-faceted nature of nutrition, with multi-layered determinants spanning different sectors, has been increasingly recognised, spawning movements such as the Scaling Up Nutrition (SUN) Movement in 2010. Recognising both the need to build and support an enabling environment for nutrition and the requirement of concerted efforts from each of the sectors, a strong system of governance is clearly required.

The 2030 Agenda for Sustainable Development places strong emphasis on integrated approaches and has particular relevance for addressing the determinants of malnutrition. To galvanize global, regional, and country efforts and support the achievement of nutrition targets, there have been alliances, movements, initiatives, and calls to action launched by the international community, which includes Uganda. These include, but are not limited to, the SUN Movement, the World Health Assembly (WHA) global nutrition targets, diet-related Non-Communicable Diseases (NCD) targets, the Zero Hunger Challenge, the Second International Conference on Nutrition (ICN2)'s Rome Declaration on Nutrition and Framework for Action and the United Nations Decade of Action on Nutrition.

UNICEF's support to nutrition governance aims to strengthen the enabling environment and improve systemic and organisational capacity at the national and district levels for multi-sectoral coordination, planning, monitoring and evaluation. This includes increasing the ability of the government to effectively engage external development partners, civil society, and the private sector.

In 2017, the UNICEF Uganda Country Office signed a Delegation Agreement with the EU to strengthen nutrition governance through a multi-sectoral response and to contribute to improved nutrition outcomes for women and children in northern Uganda between 2017 and 2022 under the DINU. DINU is a Programme supervised by the OPM[3] aiming at consolidating stability in the North of the country, eradicating poverty and under-nutrition, and strengthening the foundation for sustainable and inclusive socio-economic development.

2.3. Country context

Uganda is ranked 166 out of 191 in UNDP's 2021 Human Development Index (HDI), putting it in the category of low human development[4].

Despite notable progress in poverty reduction in the last three decades, poverty rates in the country remain high, with information from the Uganda Bureau of Statistics showing that approximately 10.1 million people live below the national poverty line of $1.25 a day[5] (population 45.7 M). Slightly less than a quarter (23%) of Ugandan children are identified as 'poor', or living in households that are below the poverty line, and in some of the poorest and most densely populated regions of the country, three-quarters or more of children are multi-dimensionally poor[6].

The Ugandan Finance Ministry notes that poverty (defined as the proportion of the population living below the national poverty line) stood at 18% before the COVID-19 pandemic. This figure rose to 28% during 2020. The concentration of poverty remains higher in northern and eastern Uganda, and high birth rates continue to impede poverty reduction as GDP growth is cancelled out by the rapidly increasing population.

Along with poverty and high rates of unemployment in the formal sector, an additional burden is Uganda's refugee population. The latter reached a total of 1.4 million in 2020, making the country the largest refugee host in Africa and the third largest in the world. The continued influx increasingly strains host communities and poses a challenge for the delivery of services[7].

[3] Office the Prime Minister -Uganda. Development Initiative for Northern Uganda accessed from https://opm.go.ug/dinu/

[4]https://www.undp.org/uganda/press-releases/uganda-launch-2021/2022-human-development-report#:~:text=Meanwhile%2C%20GNI%20per%20capita%20in,of%20191%20countries%20and%20territories.

[5] Bertelsmann Stiftung, BTI 2022 Country Report — Uganda. Gütersloh: Bertelsmann Stiftung, 2022.

[6] Situation Analysis of Children in Uganda, 2019. GoU and UNICEF.

[7] The Joint Nutrition Action is being implemented in four refugee-hosting districts, namely Koboko, Yumbe, Moyo and Adjumani.

Uganda is on course for the target for wasting, with 3.6% of children under five years of age affected, which is lower than the average for the Africa region (6.0%)[8]. Additionally, Uganda has made good progress reducing child mortality, with the under-five mortality rate going down from 90 per 1,000 live births in 2011 to 64 per 1,000 live births in 2016 (UDHS, 2016). However, with one third of children under five stunted in growth, Uganda is among the 20 countries worldwide with the highest prevalence of malnutrition.

Uganda's high levels of under-nutrition, especially among children, are due to inadequate diets and the country's high prevalence of infectious diseases such as malaria, pneumonia, and diarrhoea. Additionally, weaknesses in health care provision, poor childcare and feeding practices, and a lack of access to clean water, sanitation and hygiene contribute to poor nutritional outcomes.

Despite the efforts made especially by women—who are, according Ugandan cultural and social schemes, responsible for providing their families with nutritious food, fuel and safe water resources and play a key role in providing care and proper nutrition for their children—the improvement in the nutritional status of children still does not appear significant. One of the causes that makes these efforts insufficient is related to the existence of major disparities and inequities in accessing resources, goods, services and opportunities detected especially in the agricultural sector. A significant number of women are employed in agriculture, the majority of whom are exposed to a variety of discrimination on working conditions and wages. The role and important contribution of women in the agricultural sector is inadequately recognised, contributing to increase in their vulnerability. They are already affected by the effects of climate change on resources that are becoming scarce following weather extremes.

Uganda's Comprehensive National Development Planning Framework[9] emphasises the major role of women in agricultural production; that women should be empowered to participate as equal partners in development. In fact, gender and nutrition are being considered relevant to national policies as demonstrated by the UNAP 2018-2025 and the National Nutrition Policy. However, it is noted that gender and nutrition are not systematically integrated in key political action plans such as climate change and into food security policies. It is still difficult to track explicit sector allocations combining the support to gender and nutrition.

2.4. Nutrition governance in Uganda

The 1995 Constitution of the Republic of Uganda expresses the government's commitment to food security and nutrition. The GoU commitment to address malnutrition remains high on the development agenda, as reflected in the third National Development Plan (NDP III). The NDP III includes the following targets: increase per capita income to US$1,361 by 2025 from US$864 in 2017/18; increase life expectancy at birth to 70 years from 63.3; reduce the poverty rate to 15.5 % from 21 %; increase the proportion of food-secure households from 69% (per baseline in 2017/18) to 89.84 % in 2025; and reduce the prevalence of stunting in children under five from 28.9 % to 19 % by 2025.

[8] Global Nutrition Report, 2022. Nutrition Profile, Uganda.

[9] http://www.npa.go.ug/cndpf/

In 2011, Uganda joined the SUN Movement, which garners efforts to accelerate the achievement of nutrition outcomes by bringing people into a common space for action, ensuring coherent legal and policy frameworks, a common results framework, and tracking financing and resource mobilisation.

Additionally, the GoU has committed to United Nations' Decade of Action on Nutrition (2016-2025) to realise Global Nutrition Targets and Diet-related Non-Communicable Disease Targets for 2025 and, subsequently, the realisation of Sustainable Development Goals (SDGs) by 2030. Uganda has integrated SDGs into its National Development Planning frameworks. Food and nutrition security are positioned in the Uganda Vision 2040 and the NDP II, which are the overarching planning frameworks for the country. Uganda's Vision 2040 describes long-term policy objectives and envisions a society transformed from a predominantly peasant and low-income country to a competitive and upper middle-income nation.

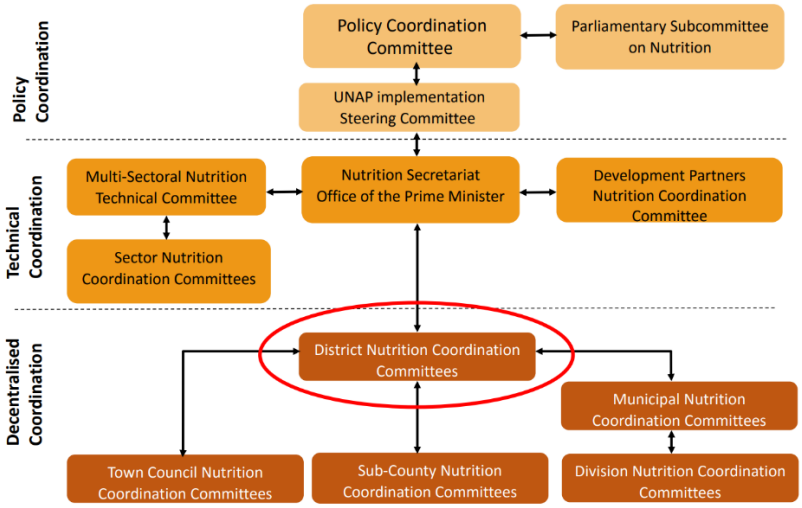
SUN membership, along with the recognition of a lack of an institutionalised coordinating mechanism for nutrition within the public sector, led to the development of Uganda Nutrition Action Plan I (UNAP I, 2011-16). UNAP I was developed to strengthen the coordination structure that would enable policy and programming, joint planning by sectors, engagement of partners, civil society, academia, and the private sector, and to advocate for resource allocation for nutrition.

The UNAP highlights that improved nutrition governance will enhance performance on key nutrition indicators, streamline budget allocation, and channel efforts to address the high rates of malnutrition among women and children in Uganda. UNAP II (2020/21-2024/25)[10], which was passed in 2020, was developed to build upon gains made under UNAP I and continues to emphasise strengthening the coordination mechanism for nutrition at all levels. Systematic increases in coverage of priority nutrition actions and allocations for nutrition in districts, which were less prominent in UNAP I, are addressed in UNAP II. UNAP II is the common results framework for nutrition governance, nutrition-specific and nutrition-sensitive interventions and indicators aligned to NDP II, Vision 2040, SDGs, the Six Pillars of the United Nations Decade of Action, and SUN frameworks, and process such as the SUN-MEAL, the SUN processes, and the Theory of Change.

Figure 1 outlines the nutrition coordination framework in Uganda. The Nutrition Coordination Committees (NCCs) are the structures through which the action of horizontal integration is targeted, with sectoral and district NCCs established to operationalise UNAP.

[10] https://scalingupnutrition.org/sites/default/files/2022-06/national-nutrition-plan-uganda.pdf

Figure 1 - Uganda Nutrition Coordination Framework[11]



2.5. Overview of the intervention

The DINU is a multi-sectoral Programme supported by European Union aimed at improving livelihoods in 41 districts in five sub-regions: Acholi, Karamoja, Lango, Teso and West Nile, for a duration of six years (2017-2023)[12].

Part of the DINU, the JNA aimed to build on the recent global evidence by supporting interventions that aim at improving intersectoral coordination, vertical coordination, sustainable funding, enhanced commitment, leadership, monitoring and evaluation, and advocacy.

The JNA sought to contribute to operationalisation of UNAP II as well as the NDP II. The Action was focused on supporting the achievement of DINU objective 3 ("Strengthen capacity, gender-responsive good governance core mandate, general broad mandate and the rule of law at the level of local government authorities and empower communities to participate in improved local service delivery") as well as result 3.4 ("Capacities of local government to deliver services to communities strengthened"). The overall goal was "to contribute to improved nutrition outcomes for women and children in Northern Uganda by strengthening nutrition governance for scaling up nutrition." The specific goals of JNA are reflected in three output areas:

Output 1. Improved capacity of multi-sectoral nutrition coordination structures at the district level to coordinate, plan, cost, monitor and mobilise resources for nutrition actions.

Output 2. Improved capacity of sectors - Health, Agriculture, Education, Water and Sanitation, and Gender and Social Development - to plan, budget, implement at scale and monitor nutrition-specific and nutrition-sensitive interventions at district level.

[11] http://www.fantaproject.org/sites/default/files/MSN-GOV.pdf

[12] Office the Prime Minister. Development Initiative for Northern Uganda accessed from https://opm.go.ug/dinu/

Output 3. Enhanced capacity of district governments to inform their programming based on data collection and analysis. [13]

Funding for the programme was provided by European Union (€ 5 million) and UNICEF (€ 1 million). There were no financial contributions from other stakeholders or donors.

2.6. Logic of the intervention

JNA used three results chains to monitor and manage the programme: a logical framework derived from DINU; an initial theory of change nested in DINU's; and a revised, self-standing ToC. A description of these tools is provided here below while critique of their structure and use appears under Section 5.2 (Relevance) in Findings.

Logical framework

The intervention logic presented in the Partnership proposal document[14] is inserted in the Logical Framework (log frame) of the DINU, whose overall objective is to consolidate stability in northern Uganda, eradicate poverty and under-nutrition, and strengthen the foundation for sustainable and inclusive socio-economic development. The log frame is featured on Section 9.7 below. The intervention logic features outputs for the actions of the Partnership and outcomes and impacts insofar as the GoU is concerned. The Partnership's outputs are classified in three Key Results Areas (KRAs):

- KRA1 refers to improved capacity of multi-sectoral nutrition coordination structures at district level to coordinate, plan, cost, monitor and mobilise resources for nutrition actions;
- KRA2 concerns improved capacities of key sectors to identify, plan, budget, implement at scale and monitor nutrition specific and nutrition, sensitive interventions at district level;
- KRA3 focuses on enhanced knowledge base for nutrition advocacy and programming.

The JNA logical framework was informed by the wider DINU theory of change developed earlier and incorporated for the Action Plan in 2017. During the project implementation, a more specific and detailed ToC was developed and included in the project final report.

Theories of change

A ToC for JNA was included in the original programme document proposal, nested within the existing DINU ToC (orange boxes in **Error! Reference source not found.**). This ToC reflects KRAs 1 through 3 featured in the logical framework, renamed as outputs.

The narrative of this initial ToC is as follows: improving coordination structures at the administrative level closest to communities, while at the same time working with sectors in the central government to improve their policy coordination capacity and expanding the knowledge base through the funding

[13] UNICEF. Partnership for Improved Nutrition in Uganda- Strengthening Nutrition Governance for Multi-sectoral Responses. November, 2017.

[14] EU -UNICEF. Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multi-sectoral Response - 2017.12.08.

of new research and the publication of reports. This way, JNA will strengthen the capacity of local government to deliver services, contributing to achievement of one of DINU's nine expected results.

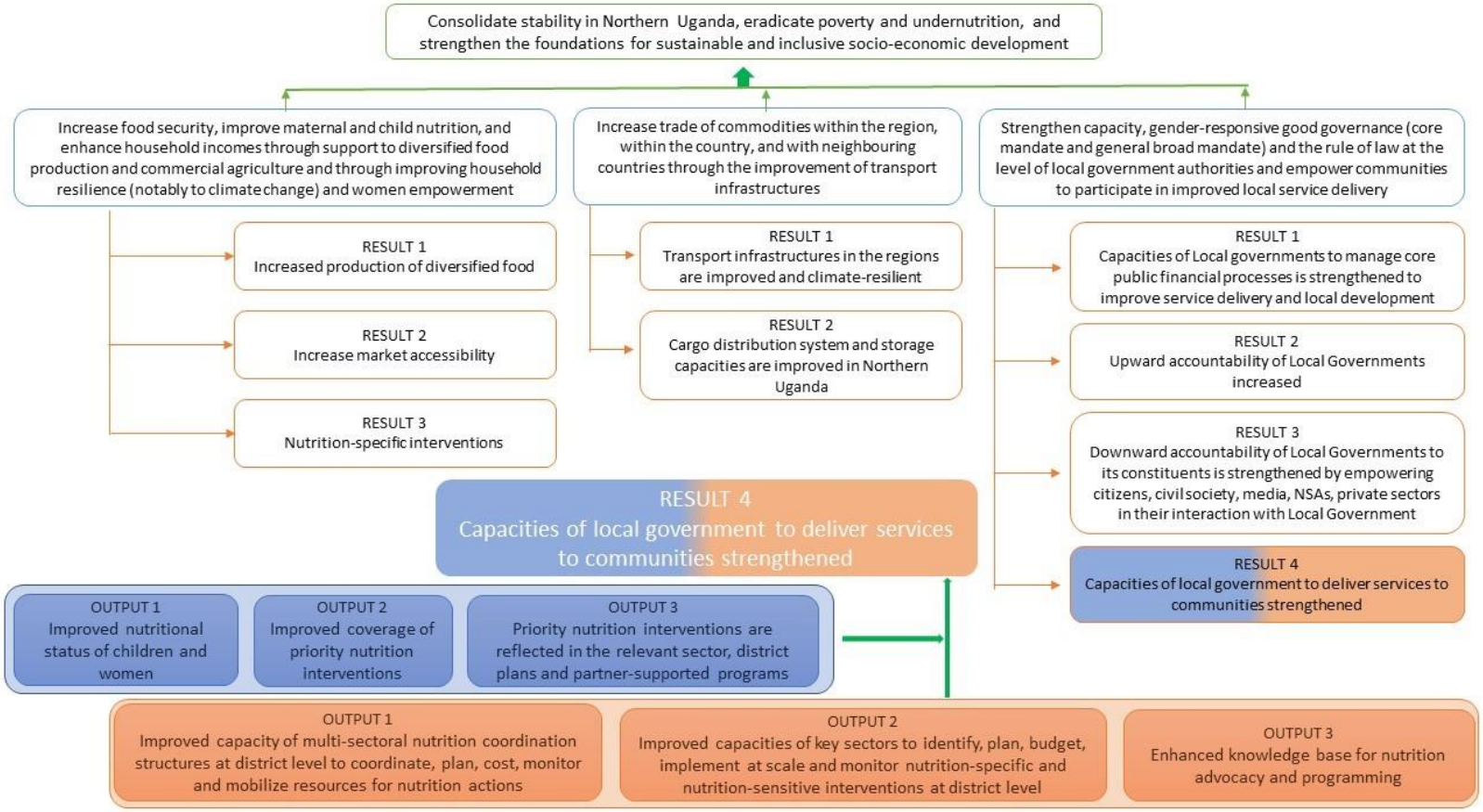
Based on the mid-term evaluation, UNICEF set out to revise the ToC to provide a better understanding of causal mechanisms of the immediate and underlying causes of under-nutrition in Northern Uganda (**Error! Reference source not found.**).[15] The updated ToC focused on both a vision to be reached and several needs (at institutional, social and community levels) to be addressed. The revised ToC highlighted key assumptions and implementation strategies, focused on strengthening coordination of intervention among sectors and partners.

UNICEF reconstructed it based on an analysis of the relationship between objectives and expected results, on the one hand, and planned actions, on the other. Factors of intermediate change in addressing the intervention packages are expected to produce significant improvements and effects on JNA's result areas and, at a broader level, on the DINU specific and general objectives.

Despite the effort to improve the original ToC [the first version showing the difference among outputs expected at the public central governmental – blue ones – and at local district level – orange ones – and how their delivery feed into the result 4 achievement, which encompasses all and allows it to attain JNA's general outcome and objective] the revised ToC was never used as an M&E or management tool. In programme documents, the first and only time it appears is in the End of Project Report. There is no narrative ToC to be found. Therefore, in this evaluation only the original ToC and log frame, which were effectively used for monitoring and management, are being appraised.

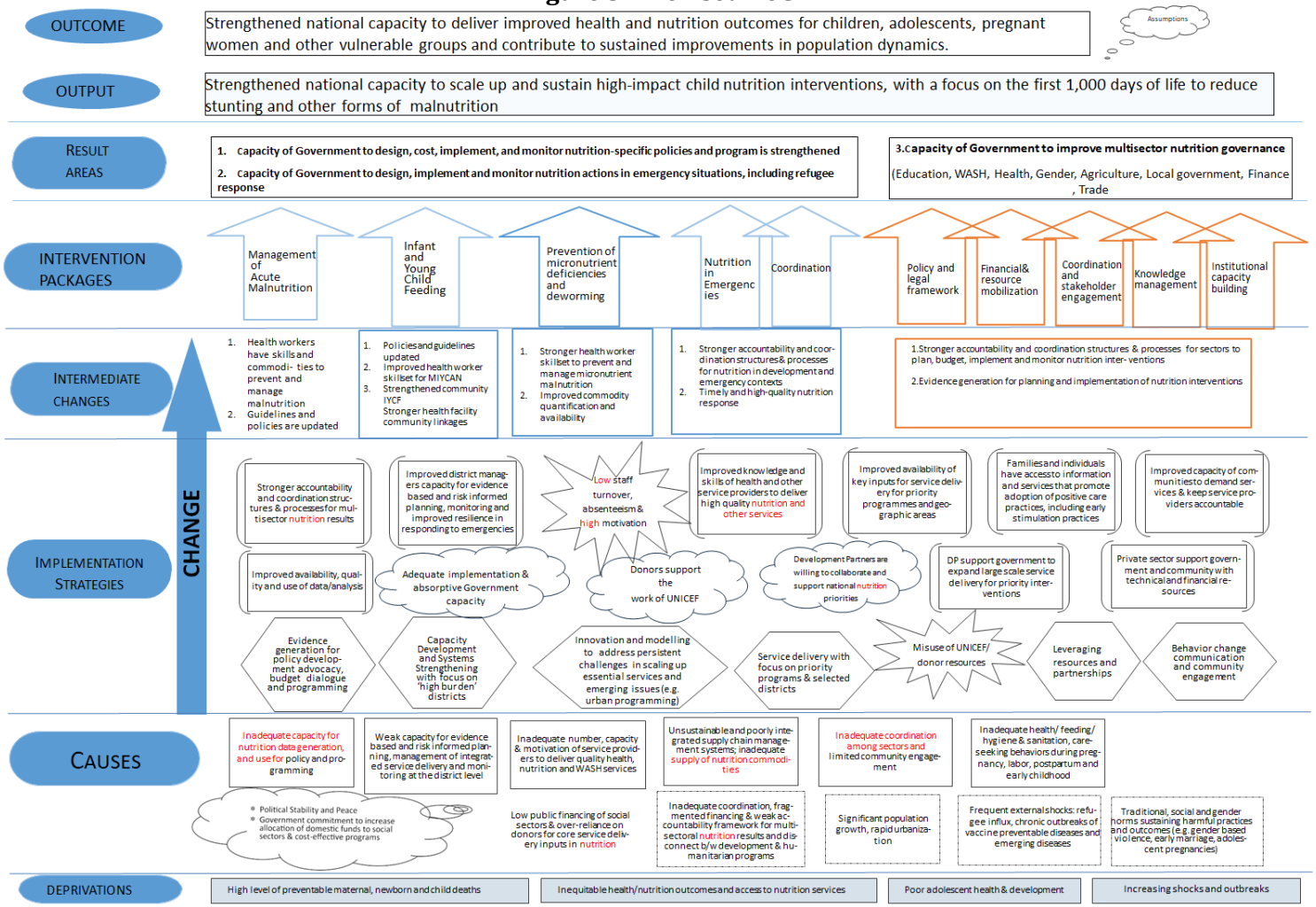
[15] UNICEF. End of Project Report -Partnership for Improved Nutrition in Uganda: Strengthening Nutrition Governance for a Multi-Sectoral Response. (22 December 2017-June 2022)

Figure 2 - Original JNA ToC (orange) nested in DINU ToC



Source: UNICEF. Partnership for Improved Nutrition in Uganda- Strengthening Nutrition Governance for Multi-sectoral Responses. November, 2017

Figure 3 - Revised ToC



Source: End of Project Report. Reporting period: 22 December 2017–20 June 202

2.7. Stakeholders

For implementation, the Partnership reached out to the following stakeholder groups (duty-bearers):

- Policy and Decision Makers: The engagement of policy and decision makers at Ministerial level was sought with the rationale that they wield substantial influence in shaping and implementing policies and strategies that directly affect the initiative's goals;
- Government: The success of the Uganda Nutrition Action Plan, at both the national and district levels, relied on the active involvement of critical sectors in health, agriculture, education, gender, labour and social development, water, finance, and local government. Their collaboration was considered essential to address nutritional challenges holistically;
- Development Partners: UN agencies, civil society organisations and donors. Their contributions were expected to bolster the effort and enhance its reach and impact;
- Academic and Research Institutions were expected to play a key role in informing evidence-based decision-making and providing insights into the initiative's effectiveness.

There were 489 sector-specific staff identified as key actors. This projection assumed that 7 sectors from the District NCCs would require 3 staff members per sector for each of the 15 districts, along with an additional 8 staff member per Ministry. The Partnership also aimed to involve 6.540 frontline service providers. This projection assumed that 40% of various groups, including 150 Community Development Officers (CDOs), 7.800 Village Health Teams (VHTs) per 15 districts, 300 Agricultural Extension Officers (AEOs) per 15 districts, 900 Female Agricultural Linkage Agents (FAL) per 15 districts, and 7.200 Primary Care Drug Sellers (PCDs) per 15 districts, would participate[16].

2.8. Geographical Scope

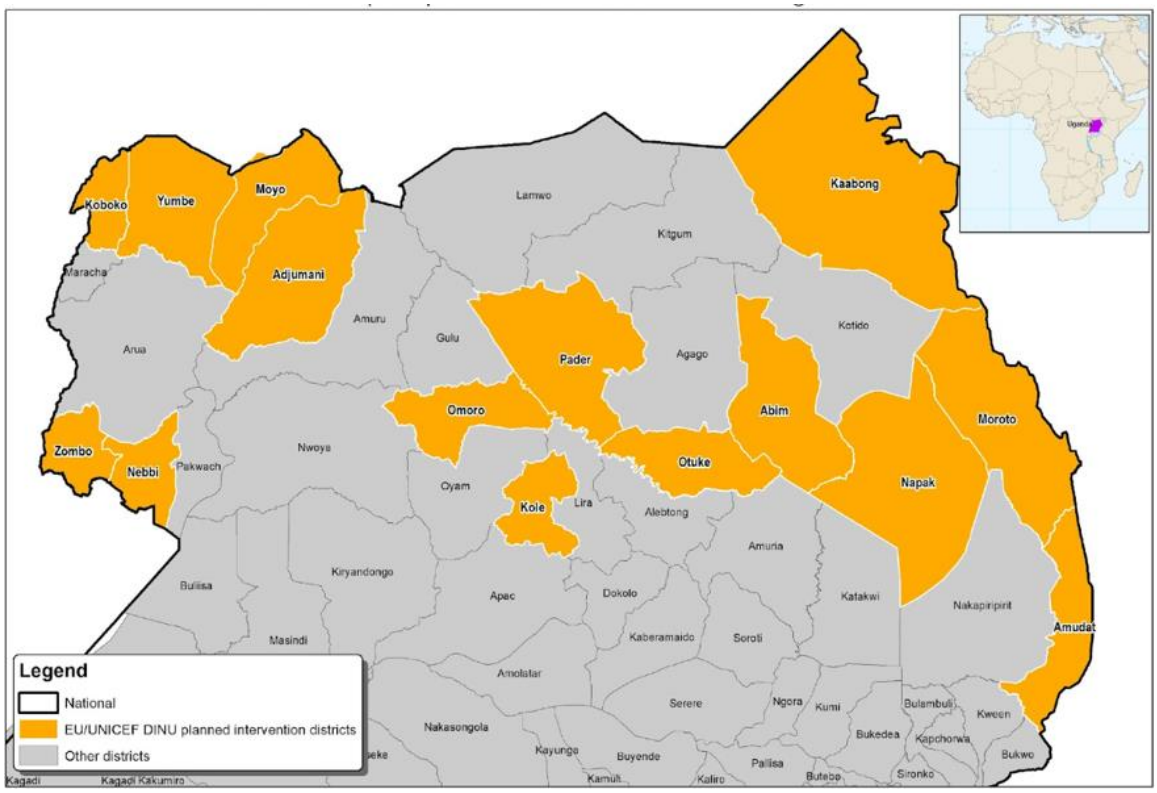
The JNA was implemented at two levels: at the local government, across 15 districts in the Karamoja, Acholi, Lango and West Nile sub-regions and, at the national level, through the relevant MDAs. The implementation strategy was divided into two phases: Phase 1 encompassed 11 districts (Abim, Adjumani, Amudat, Kaabong, Koboko, Moroto, Moyo, Napak, Nebbi, Pader and Yumbe), while Phase 2 included four districts (Kole, Omoro, Otuke and Zombo). Despite the official start date being in 2017, implementation of practical activities effectively commenced in 2019 due to delays in finalising preparatory work. As a result, Phase 1 and Phase 2 activities were carried out simultaneously across the districts.

An equity-based approach was applied using UNICEF's Monitoring Results for Equity System (MoRES), which supports the operationalisation of a human-rights based approach to programming. The Partnership directly addresses equity in geographic terms, as its target districts are among the ones with the highest chronic under-nutrition (stunting) levels in the country, indicating the need

[16] Community Development Officers (CDOs), Functional Adult Literacy groups (FAL), Parish Development Committees (PDCs), Village Health Teams (VHTs).

to support nutrition governance as part of the enabling. Equity considerations, such as poverty prevalence and livelihood styles, have been made in the initial DINU selection of participating districts. Karamoja, Acholi and West Nile are among the poorest regions in the country, are densely populated and have a large proportion of children[17].

Figure 4 - Map of Uganda with JNA priority districts



Source: Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multi-sectoral Response - November 2017

3. Purpose, objectives and scope of the evaluation

3.1. Purpose

This end-term evaluation is intended to be summative in nature, looking retrospectively at the JNA's achievements. Its purpose is to provide an independent assessment of achievements against the

[17] https://www.unicef.org/uganda/media/5181/file/Situation%20Analysis%20of%20Children%20in%20Uganda%202019-FINAL.pdf

planned results and activities set out in the JNA Results Framework (see Section 9.7), generate evidence, and draw lessons to inform the design of future initiatives as well as their scaling up. The evaluation provides recommendations that are specifically focused on JNA, with wider policy recommendations on nutrition governance.

Given the recent completion of the intervention, impact measurement on right-holders is not possible. The evaluation does, however, discuss how JNA outcomes are likely to contribute, or are already contributing to, the envisaged impact.

The evaluation aims to effectively capture lessons learned and will contribute to having those lessons known, owned, shared, and used by the following primary users:

- UNICEF, specifically the CO as coordinating instance and evaluation commissioner, ESARO as evaluation advisors, and HQ as donors and knowledge disseminators
- The EU, as main donor and possible scale-up partner

Government of Uganda, in particular Ministry of Health (MoH), Ministry of Gender, Labour, and Social Development (MGLSD), Ministry of Education and Sports (MoES), Ministry of Agriculture Animal Industries and Fisheries (MAAIF) and Ministry of Water and Environment (MWE), as main duty-bearer

Knowledge produced in this evaluation will also be of use to the following stakeholders

- Academic institutions: Makerere University School of Public Health, Bukalasa Agricultural College and Mulago Health Tutor's College
- Members of the steering committee (ministries, directorates of the targeted regions)
- Members of the technical committees
- Civil Society Organisations operating in the nutrition sector

A validation seminar is foreseen to discuss, revise and refine the recommendations in this report.

3.2. Objectives

The ToR lays out specific evaluation objectives as follows:

1. To assess the extent to which planned results of the action (purpose, outcomes and outputs) have been achieved or are likely to be achieved across all the intervention districts.
2. To understand what action components worked well, where, why and under what circumstances.
3. To assess the extent to which Programme actions were relevant, consistent and appropriate in relation to the nutrition requirements of beneficiaries and country policies and strategies for nutrition in Uganda.
4. To assess the prospects of continuity of benefits and outcomes following the completion of Programme implementation and to recommend measures to improve and ensure sustainability of actions.

5. To provide forward-looking learning, conclusions and recommendations for strengthening and scaling up similar initiatives in partnership with government stakeholders in Uganda.

Using the Organisation for Economic Cooperation and Development (OECD) DAC evaluation criteria, the evaluation assessed the extent to which JNA was relevant, effective, efficient, coherent and sustainable in improving nutrition governance in Northern Uganda to provide insights and recommendations for project improvement and informed decision-making.

3.3. Scope

In line with the mid-term evaluation (2021)[18] , the progress of the nutrition governance capacity was looked at through the lens of six pillars of nutrition governance**Error! Reference source not found.**. The pillars are outlined in the SUN M&E Framework and became the basis of UNAP II under Strategic Objective 3: "Strengthen the enabling environment for scaling up nutrition-specific and nutrition-sensitive interventions".

Figure 5 - Pillars of governance

SIX PILLARS OF GOVERNANCE	
Pillar 1:	Nutrition coordination and partnerships (MS NCC functionality in nutrition coordination).
Pillar 2:	Systems capacity building (Institutional and technical capacity for scaling-up nutrition actions).
Pillar 3:	Financial and resource mobilization. (MS NCC improved planning, resource mobilisation, financing, and tracking.)
Pillar 4:	Communication for behaviour change (Nutrition advocacy, communication, and social mobilisation for nutrition).
Pillar 5:	Policy and legal frameworks (Coherent policy, legal and institutional frameworks for nutrition).
Pillar 6:	Information management (Evidence and knowledge management along with multi-sectoral nutrition information system for effective decision-making)

Source: Mid-term evaluation report (2021)

To fulfil the objectives of the evaluation, the team proceeded by:

[18] UNICEF. Mid-Term Evaluation of the EU-UNICEF Joint Nutrition Action 2017-2021 report. Montrose International

1. Determining the extent to which JNA achieved the targets associated with the three output areas outlined in the logical framework (Section 9.7) and how so.
2. Identifying the existence of activities reflecting the six pillars of nutrition governance and judging their quality.
3. Describing the JNA's relationship with UNAP I, UNAP II and DINU programmes as well as sectoral strategic plans, national development plans, Uganda Vision 2040, and the global nutrition plan of actions to assess the quality of their interaction.

Detailed analysis of the impact of JNA on final beneficiaries was not foreseen by the ToR, considering that implementation has only recently been completed and not enough time has elapsed to allow reliable data collection to measure the impact.

The evaluation's geographical scope comprised 15 districts indicated by the ToR as well as the administrative apparatus at the national and regional levels. Temporally, the evaluation looked at the entire period of project implementation from 2017 to 2022.

4. Evaluation design and methodology

4.1. Overview

The evaluation began in March 2023 and ended in August 2023. The process followed three stages: the inception phase (March-May); the qualitative data collection phase (June-July); and the reporting phase (August). Additional revisions to the final report were carried out in September, and a validation seminar to discuss recommendations is foreseen for October.

The evaluation is structured by following the Evaluation Questions included in the Evaluation Matrix proposed by the ToR and improved during the inception phase (See Section 9.2.). As a reference for assessing contribution, the evaluators considered the implementation logic described in the JNA Results Framework and, to a lesser extent, the revised Theory of Change presented on **Error! Reference source not found. Error! Reference source not found.** considering that the project was conceived more than three years before the revision of the ToC. In order to measure its contribution, the intervention logic initially outlined cannot be disregarded.

Existence of the multi-sectoral approach and adoption of harmonised measures at operational level promoted by UNICEF was taken into account to conduct the contribution analysis. This proceeded to verify how multi-sectoral dynamics and inclusion of different actors at central and local level (such as national committees on nutrition and multi-sectoral ones at local level) represented an added value. The contribution analysis thus conceived served to identify comparative advantages generated by JNA compared to results reported by similar interventions financed and implemented by other development partners—in the same sector and in the same intervention areas.

The evaluation was qualitative in nature. This involved a detailed desk review of documents listed in Section 8 as well as interviews with key stakeholders including communities as detailed in Section 9.5.

The evaluation approach ensured that UNICEF's core commitments were considered throughout, both evaluation-focused (utility, integrity and honesty, clarity and persuasiveness, and adhering to good practice standards), as well as process commitments aimed at strengthening policy and programming through implementation of a human rights-based approach to evaluation, with due attention to gender and equity. Gender parity was sought during sampling for interviews, and partially achieved (14 women were interviewed for a target parity of 20). The overall approach was guided by the triangulation of findings, and agreement on conclusions, lessons learned and recommendations by means of team seminars.

4.2. Evaluation criteria and questions

In compliance with the ToR, the evaluation was guided by the following OECD/DAC criteria:

Effectiveness: The extent to which the intervention achieved, or was expected to achieve, its objectives and its results; consideration of cross-cutting issues such as gender.

Efficiency: The evaluation team verified whether resources made available to achieve the objectives were used rationally in financial, human, and organisational terms.

Relevance: Whether JNA addressed the problem and whether its objectives and design met the needs and concerns of target groups.

Coherence: Alignment of the Partnership to policies and strategies at the national and sub-national levels (compatibility of the intervention with other interventions in a country, sector or institution), avoidance of duplication, harmonisation measures.

Sustainability: Analysis of factors influencing the potential for continuity of results after project support ends (enabling environment, partnerships).

Furthermore, the evaluation considered g*ender, human rights and equity*, i.e., the extent to which JNA incorporated these principles into its design and implementation—and the extent to which JNA has promoted and attained equity, gender equality, and promotion of human rights, including inclusion of the most vulnerable groups, such as children with disabilities.

The Evaluation Matrix (Section 9.2) took after the ToR and the mid-term assessment[19] and was refined during inception phase. It was used as a framework to collect, analyse and assess information to answer the evaluation questions. The evaluation team subsequently used it as a tool for triangulating information sources.

Evaluability Assessment (EA): During inception phase, an evaluability assessment was conducted to understand the extent to which JNA could be evaluated reliably. The EA showed that all relevant data

[19] EU-UNICEF Mid-term evaluation of the EU-UNICEF joint nutrition action 2017-2021 report.

and supporting documentation were available, with the significant exception of an incomplete financial report that was necessary for evaluating efficiency. Also, limitations regarding adequate time and resources for field visits were highlighted and taken into consideration. This was in terms of the amount of data that it would be possible to collect as well as the number of districts that may be visited within the provided time frame.

See the issues raised regarding the Evaluability Assessment (EA) during the inception report phase in the attached document as Annex 9.8.

The *evaluation questions* are taken up one by one under Findings (Section 5 below).

4.3. Sampling and data collection methods and tools

The evaluation used a combination of data collection methods and techniques:

Desk review

The ET assembled and reviewed a host of documents, including Nutrition Situation and Causal Analysis Reports (2019), Stakeholder and Nutrition Actions Mapping Reports (2018), Food and Nutrition Security Assessment (FNSA) Reports 2019, 2020 and 2021; DINU scoping mission report and UDHS, training modules, standard operating procedures, and a nutrition governance monitoring framework. The full list of documents is featured in Section 8.

Semi-structured interviews at national and district levels

At the national level, data was collected by the Nutrition Governance Expert using video conferencing software from 2-14 July 2023. The criterion for selecting respondents at the national office was that every institution involved in JNA would have at least one representative interviewed. The data collection tool is available in Annex 9.3.

The consultant interviewed 10 out of the planned 12 key informants, consisting of sector nutrition focal persons from five line ministries supporting implementation of UNAP II; officials from UNICEF; officials from the OPM secretariat; representatives of nutrition-related large donor programmes working in the same regions/districts [e.g., Global Agriculture and Food Security Programme (GAFSP), which is in three Programme districts, and the NIPN representative].

Additionally, interviews were conducted with stakeholders from Bukalasa Agricultural College and Mulago Health Tutor's College. Furthermore, representatives from the EU Delegation were also contacted. This ensured a comprehensive group of key informants with sufficient knowledge, experience and involvement in implementing the project, representing the most relevant key stakeholders.

Table 1 details the profiles of stakeholders interviewed at Partnership (programme) level.

Table 1 - List of profiles interviewed at Partnership (programmatic) level

#	Institution	Role/Profile	Gender
1	UNICEF	Nutrition Specialist – UNICEF Focal Point	F
2	UNICEF	Nutrition Manager	M
3	SUN Focal point/ UNAP Secretariat	Commissioner, Policy Implementation and Coordination, OPM Chairperson of the MNCC	M
4	European Union Delegation	Nutrition Focal Representative	M
5	Ministry of Education and Sports	Nutrition Focal Person	F
6	Ministry of Agriculture, Animal Industry and Fisheries	Assistant Commissioner, Food Security and Nutrition Nutrition Focal Point	M
7	Ministry of Gender, Labour and Social Development	Nutrition Focal Person Commissioner, Adult Literacy and Community Development	M
8	OPM- DINU National Programme	CTA to the OPM/DINU Programme	M
9	Bukalasa Agricultural College	Head, Nutrition Department	F
10	Mulago Health Tutor's College	Principal	F

At the district and sub-county levels, two districts out of 15 (13%) were purposefully selected after consultation with the UNICEF team. This took into consideration two criteria: Regional representation and baseline nutrition Indicators; the DINU scoping study had revealed that the North Eastern region and the West-Nile region had comparable baseline indicators for maternal nutrition. During the inception phase, Abim and Adjumani were selected to represent the North-Eastern and West-Nile region, respectively.

Subsequently, modifications were made to the selection process upon realisation that a significant number of DNCC members from Abim and Adjumani in the were no longer holding their positions. As a result, Kaabong from North-Eastern and Zombo from West Nile were chosen instead. Although earlier categorisation in the MTE considered JNA-phased implementation plans, the phases of implementation of the JNA were no longer as important as regional representation since the UNICEF district was delayed by harmonisation measures at the central level and all the activities eventually started about same time.

The criterion for selecting key informants at district level was that at least one person from each position (job title) would be interviewed.

Overall, 15 out of the planned 22 key informants (68%) were interviewed face-to-face at the district offices in their respective districts (six from Kaabong and nine from Zombo). However, only three people interviewed were female (all from Zombo) indicating gender inequality in the DNCC composition in the two districts.

Those consulted included the Chief Administrative Officer (CAO), District Nutrition Focal Person, District Environment Officer, District Health Officer, District Planner, District Finance Officer, District Education Officer, District Production Officer, District Water Officer and District Engineer (WASH), District Health Educator and Community Development Officer. The Team Leader and Nutrition Policy Expert visited the districts from 2-10 June 2023. Field notes and audio recordings were taken during the interviews.

Each participant not only provided the necessary information, but also shared references and reports that helped to gain a broad understanding of the extent of national and district coordination mechanisms in place, including their level of commitment/involvement in JNA.

Table 8 (p.98) details the profiles of persons interviewed at district (implementation) level. The interviews with key informants from different sectors aimed to assess the alignment of the JNA programme with local community and government priorities.

Table 2 - List of profiles interviewed at district (implementation) level

#	Role/Profile	District	Gender
1	District Production Officer/Nutrition Focal Person	Zombo	Male
2	Assistant District Health Officer	Zombo	Female
3	District Education Officer	Zombo	Female
4	District Community Development officer	Zombo	Male
5	District Natural Resources Officer	Zombo	Male
6	District Planner	Zombo	Male
7	Deputy Chief Administrative Officer	Zombo	Male
8	District Health Educator	Zombo	Female
9	District Commercial Officer	Zombo	Male
10	Principal SAS(CAO)	Kaabong	Male
11	NFP/ Health Educator	Kaabong	Male
12	District Health Officer	Kaabong	Male
13	DNRO	Kaabong	Male
14	District Population Officer	Kaabong	Male
15	Commercial Officer	Kaabong	Male

FGDs at sub-county/town council levels

Two FGDs with the Team Leader and Nutrition Policy Expert were planned in each of the two sampled districts, where one of the sub-counties and town/municipal councils were selected by the district nutrition focal person/Community Development Officer. The district focal person was in charge of mobilising meeting participants. The data collection tool is available in Annex 9.3.

A total of four sub-counties/town councils/municipal councils were included in the study to ensure that the evaluation provides a diverse picture of JNA's implementation status. The consultants were only able to conduct two FGDs out of the four planned: one in Atyak sub-county and one in Zombo Town Council. In total, 15 participants (eight males and seven females) convened in the sub-county/town council hall (Table 3 and 4 below).

The discussion was focused on three primary subjects: (1) Coordination and collaboration in nutrition activities, as well as the nature of support received from local government agencies and partners, as well as any issues and recommendations. (2) Information management, including concerns such as the nature and frequency of information gathered from the community by community workers. (3) Communication, including the nature of communication/messages received from the local government addressing nutrition and associated challenges.

The remaining two planned FGDs in Kaabong for both the sub county and town council were disrupted by a validation exercise for government employees in the district during the field visit. Coupled with insecurity around the town council, efforts to mobilise the sub-county nutrition coordination committee proved futile.

The lists of profiles who attended the FGDs are provided bellow:

Table 3 - List of FGD participants in Zombo/Atyak sub-county (frontline)

#	Role/Profile	Gender
1	Community Development Officer	Male
2	Parish Chief	Male
3	Frontline Agriculture Officer	Female
4	Parish Chief	Male
5	Health Assistant	Male
6	Parish Chief	Male
7	Midwife	Female
8	Health Assistant	Female
9	VHT	Female
10	Sub-county Chief	Male

Table 4 - List of FGD participants at Zombo Town Council (frontline)

#	Role/Profile	Gender
1	Senior Assistant Town Clerk	Male
2	Assistant Agricultural Officer	Female
3	Senior Community Development Officer	Female
4	Health Inspector	Female
5	Animal Husbandry Officer	Male

4.4. Data analysis and reporting

The evaluation team followed a systematic approach in organising data for analysis coming from desk review, FGDs and key informant interviews.

This entailed:

1. Field material organisation: Notes and quotes from the interviews and focus groups were written and stored in a shared folder.
2. Sorting findings by evaluation criteria: Evidence in support of findings related to a particular EQ were tagged accordingly by the Team Leader, Nutrition Policy Expert and Nutrition Governance Expert.
3. Triangulating the information: At the end of the research stage, the three consultants met to discuss findings. They compared material from the primary research (FGDs and KIIs) with the findings from the desk review featured in the inception report.
4. Data quality verification: An experienced evaluator joined the team as Co-Team Leader to verify the quality of evidence in support of the findings. An Evaluability Assessment carried out during inception had already identified possible data gaps.
5. Linking findings to conclusions: The four-person team exchanged their perceptions of the findings as well as discussed the operational and strategic objectives of primary evaluation users to draw conclusions from the findings.
6. Revising conclusions after feedback from a peer reviewer: Conclusions and lessons learned were slightly revised by an evaluator who had not taken part in the evaluation thus far.

4.5. Ethical considerations

Field work did not directly involve children and adolescents, therefore the UNICEF CO considered that an Ethical Committee's approval was not required. The evaluation team followed nonetheless an ethical protocol regarding human subjects, which included obtaining informed consent before each FGD or KII, as approved during inception. The consent form is featured in Section 9.4.

Participants in the evaluation were notified of the following:

- ✓ The purpose of the evaluation, which includes the data preparation and analysis process.
- ✓ The need to understand the significance of high-quality field data collection methods.

The following procedures were used throughout the evaluation to ensure confidentiality:

- ✓ No names or other identifiable information from the consent forms were written down in the notes. Audio files are stored in a controlled-access, cloud-based folder. File names do not feature respondents' names.
- ✓ Each participant was asked for verbal consent before taking part in remote KIIs, and written consent before in-person FGDs and KIIS.
- ✓ A formal letter from UNICEF was used to notify the District Chief Administrative Officers ahead of time and ask them to permit their officials to take part in the evaluation.

- ✓ Participants that did not want to be part of the evaluation were free to withdraw at any point without fear, This was clearly explained to participants prior to commencing the interview;
- ✓ KIIs and FGDs were conducted in a language that participants understood through a translator whenever applicable.

The evaluation team put in place internal technical and organisational measures to guarantee the security of personal data to which it had access in order to prevent any alteration, loss or unauthorised access. All documentation made available by UNICEF will be used strictly for the purposes of this evaluation. All copyrights, as well as the right of disclosure, of the information produced by the evaluation and the final report belong to UNICEF.

Overall, the 2020 UNEG ethical standards guided the evaluation, which included the obligations of evaluators (independence, impartiality, credibility, conflicts of interest, accountability, policies including safeguarding, conflict of interest, anti-corruption policy, whistleblowing policy and anti-fraud issues). These core principles were respected throughout the exercise and are supported by UNICEF Core Commitments for Children, the Convention on the Rights of the Child (CRC), and broader international rights frameworks[20] .

4.6. Limitations

Due to the limited time and budget resources available, field work was carried out for a period of one week. This constrained the number of districts that could be visited. Only a small number of final beneficiaries (right holders) were interviewed during visits to districts (See Section 9.5). Most of JNA's effects on right holders was inferred from secondary data. As a consequence, the impact of the Partnership cannot yet be determined. Additionally, their feedback for improving programme effectiveness is largely missing.

As noted during the Evaluability Assessment, there were limitations associated with sector data sets, particularly financial reports. As a consequence, the efficiency dimension could only be appropriately assessed at a macro level. It is not possible to evaluate the efficiency of investments in each one of the three key results areas; their value for money cannot be evaluated either.

District annual technical reports were not made available to the consultants despite their existence having been confirmed during the Evaluability Assessment. As a consequence, the effectiveness of the Partnership at the district level cannot be evaluated. This is especially unfortunate in terms of highlighting success cases whose practices could be replicated in a scale-up as well as identifying unforeseen results.

5. Findings

This section assesses contributions to progress against the three key results areas (KRAs) featured in the theory of change (**Error! Reference source not found.** on page **Error! Bookmark not**

[20] UNICEF. UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)

defined. Error! Reference source not found.). The results framework that programme management used for monitoring was the log frame with its eight quantitative indicators (Section 9.7 on page 103 below). Progress against these indicators is discussed specifically in the Effectiveness sub-section.

To gain a comprehensive understanding, please refer to the detailed breakdown provided in Annex 9.9. The text outlines criteria for evaluation, specifying the data sources and assessment methodology used.

Effectiveness

The evaluation of effectiveness involves an analysis of each of the three components of the intervention. This is based on the extent to which planned objectives and results have been achieved. The intervention effectiveness has also been assessed in terms of the processes it put in place to deliver its outputs and achieve outcomes.

To what extent has EU-UNICEF DINU Joint Action achieved its planned objectives and results, including the extent to which the governance system for nutrition has already been improved?

Output delivery

Table 5 below, adapted from the JNA logical framework, features a tally of outputs delivered by the end of the intervention and is a primary measure of effectiveness.

Table 5 – Targeted versus achieved outputs

KEY RESULT AREA 1: Improved capacity of multi-sectoral nutrition coordination structures to coordinate, plan, cost, monitor and mobilise resources for nutrition actions	
Targeted	**Achieved**
Availability and implementation status of the Nutrition Capacity Development Plan Targeting programme planners and managers at target district levels. Points: (1) Capacity Development Plan developed; (2) Capacity Development Plan implemented; at least 80% of annual targets met	Capacity Development Plan developed; **(1/1=100% of target)** Capacity Development Plan (80% of the recommendations for capacity development have been implemented) **(1/1=100% of target)**
Existence of a functional district multi-sectoral committee for nutrition in all UNICEF/DINU districts.	All 15 DINU districts have functional district multi-sectoral committees for nutrition (DNCC) **(15/15= 100% of target)**
Three nutrition-related surveys and analyses generated with EU/UNICEF Action support	Three FSNAs data available for programming and monitoring purposes **(3/3=100% of target)**
KEY RESULT AREA 2: Improved capacity of the health, agriculture, education, WASH, and gender and social development sectors to plan, budget, implement at scale and monitor	
Targeted	**Achieved**

489 sector-specific staff trained to plan, budget, implement, scale up and monitor sectoral nutrition actions	2,634 district departmental staff at district and Lower Local Governments (LLG) levels trained **(5 times the target)** [21]
6,540 sector-specific frontline service providers --Agriculture Extension Officers, Community Development Officers (CDOs), Functional Adult Literacy groups (FAL), Parish Development Committees (PDCs), Village Health Teams (VHTs)-- trained to implement community-based nutrition actions	5,315 sector specific frontline service providers trained to implement community-based initiatives **(81.2% of target)**
KEY RESULT AREA 3: Enhanced capacity of district local governments to inform their programming based on data collection and analysis	
Targeted	**Achieved**
At least one annual technical brief developed by each district (4 years, 15 districts)	Three regional nutrition causal analysis technical briefs were developed for the three agro-pastoral regions under DINU. Each brief includes information for a cluster of DINU districts. Two policy briefs under support provided to MGLSD to conduct a gender analysis. **(No verified information on annual technical briefs)**
15 communication and advocacy materials generated with EU/UNICEF action support	15 advocacy briefs developed UNICEF supported the development of training packages for NACS II; the advocacy and communication strategy for UNAP II. **(15/15=100% of target)**

Source: JNA Logical Framework (Section 9.7)

As highlighted in green, six out of eight output indicators from the log frame were achieved or surpassed. The quantities of annual technical briefs at district level are not verifiable; and the training of frontline workers approached (81.2%) but did not quite reach its quantitative goal.

Related to Key Results Area (KRA) 1: the JNA multi-sectoral approach to nutrition effectively involved participation and collaboration of various sectors such as health, education, agriculture and academia to address nutrition-related issues comprehensively.

At the national level, **OPM took the helm in driving multi-sectoral coordination** by engaging various MDAs to support nutrition. Support has been provided by JNA in addition to the nutritionists that were placed by UNICEF at OPM, as planned under DINU. In fact, specialised sector coordination committees were strengthened to facilitate communication, enhance collaboration and align activities among the various sectors involved in the project. **Setting up coordination committees has been demonstrated to be a practical step to ensure that different stakeholders work together efficiently**.

[21] UNICEF, Overview of JNA UNICEF Uganda

DINU, through JNA, has encouraged the committees to broaden their perspective beyond solely the health sector and promote a more comprehensive, holistic and integrated approach to addressing the complex issues of nutrition in Uganda. This shift has been instrumental in advancing the nutrition agenda and fostering collaboration across multiple sectors.

The intervention has successfully introduced the concept of nutrition governance, highlighted the critical importance of nutrition, and **played a significant role in shaping the nutrition agenda in Uganda,** which is relatively new within the national governance scenario.

According to interviewees, DINU provided significant technical support to OPM in its coordination role to contribute to successfully implementing activities and achieving expected results. This specialised technical support has been crucial to accompanying OPM in putting into practice the initiative of creating a specific nutrition's governance, which encompasses various factors that enable the environment for programme implementation.

Evidence gathered during interviews shows that the districts and municipalities have been actively involved, as demonstrated by studies conducted and engagement in capacity-building activities. This dynamic ensured an adequate participation at local level, aside from the central one, in building nutrition governance, as highlighted in both reports and interviews.

Strategies and institutional analyses have also been delivered, serving as the cornerstone for implementing multi-sectoral structures to address malnutrition challenges:

- ✓ The **nutrition stakeholder mapping** identified stakeholders, actors and actions across the UNAP-implementing MDAs as well as the 15 DINU districts in order to guide programme implementation. Out of 361 stakeholders mapped, 156 were considered for capacity assessment[22]
- ✓ The **nutrition capacity assessment report** laid out a capacity development plan for effective scaling-up of nutrition actions to be integrated into a broader national nutrition capacity development programme in Uganda. Four critical areas are assessed in this assignment to establish the levels of nutrition capacity in different institutions reached: 1) Policies, Programmes and Frameworks, 2) Resource Planning, Tracking and Mobilisation, 3) Coordination and Partnerships and 4) Evidence-Based Decision-Making[23].
- ✓ **Standard Operating Procedures (SOP):** Provided sample ToR for coordination structures at national, district, and sub-county levels, along with reporting templates and checklists for action plans[24]. To facilitate this process, UNICEF recruited three district nutrition governance consultants. One consultant was based in UNICEF Moroto Zonal Office and two consultants were based in UNICEF Gulu Zonal Office, which played a vital role by providing daily technical support to the 15 District Local Governments (DLGs) supported

[22] UNICEF and EU, 2019, Nutrition Stakeholder Mapping and Capacity Assessment, UNICEF, Annual Report 2019

[23] Office of the Prime Minister, 2019, Nutrition Capacity Development Plan

[24] UNICEF, Annual Report 2019

by DINU. Their support encompassed activities such as planning, budgeting, and implementing multi-sectoral nutrition actions. Additionally, they contributed to the overall implementation of DINU actions[25].

In terms of governance, the intervention advocated for better consideration of nutrition-related issues within government policies and investments, as proved by elaboration of the three key documents and by the **Nutrition Advocacy and Communication Strategy II** (NACS II). The strategy builds upon the foundation laid by NACS I and serves as the advocacy and communication component of UNAP II[26]. This comprehensive package focuses on nutrition advocacy, social mobilisation, and behaviour change communication, supporting implementation.

To that purpose, training packages were developed for NACS II[27], and a Training of Trainers (ToT) on Nutrition Advocacy was conducted in 2021. Subsequently, all 15 targeted DNCCs received training on Nutrition Advocacy during the first quarter of 2022. In fact, **JNA has strongly contributed to the functionality and coordination capacity of the Multi-sectoral NCCs and the GoU Standard Operating Procedures**.

Based on information gathered during interviews and focus groups, the MS NCC was set up following establishment of UNAP and implementation of JNA. The MS NCC/Sector Coordination Committee/Development Partner Committee (DPC) met on a quarterly basis from the beginning of the implementation to coordinate government, academia, ministries and track progress.

However, it should be stressed that despite the fact that DNCC, SNCC, TNCC, MNCC, and DiNCC were fully constituted, they were not entirely functional. Interviewees from the district and town council officials rated the functionality of such committees at 70%[28] in Zombo and Kaabong districts. NCCs at the sub-county level required additional support to strengthen oversight in the sub-counties because of high turnover. As a result, UNICEF appointed two district-based consultants to work directly with the districts to provide daily technical oversight.

Another challenge that weakens the functioning of NCCs and requires further technical assistance is the limited use of nutrition data in districts. According to information gathered, NCCs are not sufficiently able to exert the desired level of influence to bring about change. Their activities have mostly focused on raising awareness rather than influencing policy and budget decisions.

Planning and budgeting for nutrition activities at local government level are typically carried out by a District Executive Committee (DEC). Most DEC members do not actively participate in these processes —only the production officer or the medical officer are associated with the exercise. However, for the most part, they do not have sufficient expertise in nutrition-specific matters.

[25] Office of the Prime Minister, 2019, Standards Operating Procedures for Nutrition Coordination Structures in Uganda
[26] Office of the Prime Minister, 2019, Uganda Nutrition Action Plan
[27] Office of the prime minister, 2019, Nutrition Advocacy and Communication Strategy II (NACS II)
[28] KII, focus group information collected from Kaabong and Zombo

The lack of monitoring indicators to track progress at district level and ensure accountability negatively affects the capacity of DEC members to influence the central government for a better allocation of budgets to nutrition. This keeps NCCs from playing a more influential role in shaping interventions at the local level. As a consequence, many districts lack dedicated budgets for implementing nutrition activities, hindering their ability to plan, implement and monitor interventions.

For this reason, JNA supported OPM in conducting an expenditure review on nutrition aimed at understanding the allocation of resources both within and outside the budget for nutrition-related activities. This was by providing data and evidence on how resources have been spent, why investment in nutrition is important, and how they should be allocated. Additionally, a nutrition investment case was developed, outlining the rationale and evidence for investing in nutrition interventions.

The expenditure review and the development of a nutrition investment case have strengthened the arguments for empowering Uganda's government to improve budget allocation. This has enabled decision-makers to gain a realistic understanding of the costs of nutrition-related policies.

- ✓ **A Nutrition Expenditure Review** provided an assessment of the availability of funds to support multi-sectoral nutrition programmes. This comprehensive document examined the allocation of resources for nutrition, including budgeted and non-budgeted funds, government contributions, partner contributions, and identified gaps in financing[29]. As a result, the report became a powerful advocacy tool for mobilising financial resources to address nutrition needs. The review[30] revealed that the total estimated nutrition allocations increased from UGX 1,700 billion in 2017/18 to UGX 2,218 billion in 2019/20. Of the total nutrition allocation, 21% was off-budget, and 76% was focused on nutrition-specific interventions. The on-budget nutrition budget was estimated at 4.4% of the national expenditure in 2019/20, while the total nutrition budget was estimated at 6.2% of the national expenditure.
- ✓ **National nutrition investment case** provided a roadmap for the scaling up of high-impact, cost-effective multi-sectoral nutrition interventions within the framework of UNAP II to address the burden of malnutrition in Uganda. The investment case is expected to serve as a catalyst for mobilising and leveraging domestic resources for multi-sectoral nutrition interventions, as well as financing by development partners and NGOs.

In terms of MDA functionality, JNA commissioned a baseline multi-sectoral nutrition governance evaluation to capture nutrition governance functionality. Drivers, facilitators and barriers were identified in order to inform evidence-based interventions[31]. Utilising the maturity model (defined as a

[29] UNICEF, Annual Report, 2021

[30] Office of the Prime Minister, 2021, Nutrition Expenditure Review

[31] UNICEF-Makerere University. Multi-Sectoral Nutrition Governance Assessment at National and District Levels in Uganda Report. 2021

set of structured levels that depict the organisation's behaviours, practices and processes that reliably and sustainably produce required outcomes), the study showed that only 3/9 (44.4%) of the MDAs surveyed (MOH, MAAIF, and MOGLSD) had their functionality status at an "established" level with attribute processes documented, structures functional, and metrics for performance monitoring and quality improvement available. Most MDA functionality for NCCs was categorised as "nascent" or "emerging", thus requiring intensive technical support to attain the full functionality status of their NCCs. The figure below illustrates the functional status and attributes.

Figure 6 - Functionality status of MDA nutrition coordination committees

UNAP II MDA	Overall (%)	Color code	Functionality Status of MDA-NCC	Description of overall functionality
MOLG	30.6		Nascent	Attribute is are not in place/Governance activities are adhoc
MOFPED	32.6		Nascent	
NPA	35.7		Nascent	
MOWE	37.3		Nascent	
MOTIC	41.0		Emerging	Attribute is in place, but they are not systematically documented. No formal or ongoing monitoring or measurement protocol exists
MOES	42.7		Emerging	
MOH	62.7		Established	Attribute processes are documented, structures are functional. Metrics for performance monitoring, quality improvement, and evaluation are systematically used
MAAIF	63.3		Established	
MOGLSD	65.7		Established	

Source: Nutrition Governance Baseline Assessment Report 2021.

Findings of the baseline suggest that DLG NCCs were at different maturity levels as per sub-domain and would require intervention to progress to an optimal level. Madi Okollo, Amudat, Nabilatuk and Arua districts scored the least (nascent), while Nebbi, Otuke, Pader and Napak districts were reported to have scored optimal points in some sub-domains and were considered established DNCC. The majority of the district were categorised as emerging according to some attributes found lacking during the assessment. Overall, most DLG NCCs were either nascent or emerging.

Figure 7 - Functionality status of DLG Nutrition coordination committees

District Local Government (DLG)	Overall (%)	Color code	Functionality Status of DNCC	Functionality Status description
Madi Okollo	25.3		Nascent	Attribute is are not in place
Amudat	30.7		Nascent	
Arua	33.3		Nascent	
Nabilatuk	37.3		Nascent	
Koboko	44.1		Emerging	Attribute is in place, but they are not systematically documented. No formal or ongoing monitoring or measurement protocol exists
Moroto	45.5		Emerging	
Zombo	48.7		Emerging	
Moyo	50		Emerging	
Adjumani	50.7		Emerging	
Omoro	50.7		Emerging	
Yumbe	52.0		Emerging	
Abim	52.0		Emerging	
Kole	53.3		Emerging	
Nakapiriti	55.7		Emerging	
Kotido	56.0		Emerging	
Nebbi	61.3		Established	Attribute processes are documented, structures are functional. Metrics for performance monitoring, quality for improvement, and evaluation are systematically used
Otuke	61.3		Established	
Pader	61.3		Established	
Napak	65.7		Established	

Source: Nutrition governance baseline assessment report 2021.

Each year, an annual work plan is developed within the 15 districts where the intervention operates. The nutrition action plans were integrated into the district development plans, demonstrating success stories where district councils allocated funds specifically for nutrition for the first time.

Related to Key Result Area 2 (KRA2): In order to address district financing and ensure effective implementation at the local level, **the project formed strategic partnerships by engaging additional sectors, such as Agriculture, Water, and Education (a new approach applied by UNICEF,** which for the first time collaborated with these ministries). This was **to address the multi-sectoral nature of nutrition and leverage the expertise and resources available in these ministries to enhance sustainability and effectiveness of nutrition interventions**.

A fruitful collaboration has also been established with Ministry of Education to revise curricula and incorporate nutrition-related topics within the education sector, as in agriculture-related curricula and providing training to health training colleges. Integration of nutrition into curriculum ensures that future health professionals and agricultural practitioners are equipped with the necessary knowledge and skills to address nutrition challenges. Also, a **nutrition comic book** has been produced. A **teacher's guide** and **a cartoon** for primary school children, translated into six languages used: Alur, Lugbara,

> *"[The programme should consider] upscaling production of nutrition education and training materials with measures for their review and update to match with national strategies. [Also consider] translating into local languages the nutrition comic materials with training of teachers beyond the DINU catchment areas."*
>
> Interviewee at Ministry of Education

Madi, Langi, Acholi and Ngakarimojong. Also, training was provided for 150 teachers to disseminate the learning to pupils through the training's cascade approach.

Through the JNA, UNICEF provided financial and technical support to key UNAP implementing MDAs to conduct an **annual nutrition sector review** and **planning meetings**. These reviews were aimed at taking stock of planned nutrition interventions performance for FY 2018/19, 2019/21, 2021/22 and Agreement of Nutrition Sector priorities and generating costed annual work plans[32]. Also, visits to the 15 DINU districts were conducted to assess implementation of Key Family Care Practices by Community Development Officers and Parish Development Committees (CDOs/PDCs).

The capacity building process culminated in approval of nutrition work plans by district councils and allocation of funds to support nutrition programme implementation across some districts.

Interviewees at district level stressed the fact that local partners are sufficiently able to collect data at household level, although refresher trainings are necessary for certain agents who can collect MUAC data but are unable to interpret it.

Nutrition-sensitive agriculture training packages for extension workers through 2020/21, elaborated with support from the International Institute of Rural Reconstruction (IIRR), were delivered. Interviewees report that such trainings contributed to building the capacity of frontline service providers to implement community-based specific and sensitive nutrition interventions in priority districts. Materials developed under this action were used by MAAIF to build the capacity of 225 agriculture extension workers selected from the 15 DINU districts. These trainings have been instrumental in bridging the knowledge gap in nutrition for agriculture extension at the community level.

Related to Key Results Area 3 (KRA 3)*:* Through JNA, **UNICEF conducted research to generate evidence and inform programming at the district level and supported District Local Governments (DLGs) in compiling and reporting nutrition information and data in priority districts**. An important contribution is provided through the **nutrition governance assessment** focused on measuring systemic changes in nutrition governance by adapting the maturity model approach to the pillars/domains of governance as suggested by the SOPs[33]. The pillars include nutrition policy, planning and legal frameworks; multi-sectoral coordination; capacity; evidence generation, monitoring and evaluation; advocacy and communication; and finance and resource mobilisation.

To enhance the advocacy action, **district-specific advocacy briefs** were delivered, containing information on which nutrition governance activities were supported, gaps and recommendations. These advocacy briefs have been used to inform nutrition planning and programming at district level in all 15 DINU districts. Briefs were also used to advocate with NGO partners to improve implementation of nutrition interventions at the district level.

Based on the interviews, District Nutrition Action Plans (DNAPs) were also developed, as were the terms of reference defining mandates of the various structures. **Monitoring and evaluation tools**

[32] UNICEF, Overview of JNA UNICEF Uganda

[33] Office of prime minister, 2021, nutrition governance assessment

were developed[34], and trainings were conducted for all DNCC members. In addition, UNICEF provided support to the UNAP Secretariat at OPM for documentation of statutory and *ad hoc* meetings.

- ✓ **A nutrition-sensitive agriculture manual** and the **NSA facilitators guide** were elaborated to increase the link between nutrition and agriculture thanks to the collaboration established with MAAIF. Nutrition causal analysis demonstrated that factors behind the poor nutritional status observed in the surveyed areas are: limited access to water, non-optimal infant and young child feeding practices, limited access to health facilities, limited access to income sources, low coping capacities and inadequate sanitation practices. This assessment[35] concluded that Water, Sanitation and Hygiene, Health and Caring Practices, as well as Food Security and Livelihoods, must be the priority sectors for interventions.
- ✓ **Food Security and Nutrition Assessment** (FSNA)[36] featured up-to-date estimates of basic demographics, food security and nutrition indicators. FSNA provided a baseline of nutritional indicators against which improvements achieved through new interventions can be measured.
- ✓ **Research on nutrition and agriculture linkages**[37], a study conducted in 2020/21 aimed at understanding local agricultural practices and how local food systems have shaped the food environment in delivering a nutritious, safe, affordable and sustainable diet for children. This tool is expected to be disseminated to other districts that are not covered by the project, which would enable its utilisation and optimise the improvement of these issues on a wider scale.[38] A **customised recipe book** for diets for complementary feeding is being elaborated, representing a key spin-off of the research.

By linking agriculture and nutritional needs, the partnership has recognised the value chain nature of nutrition. This comprehensive approach involved promoting dietary diversity, increasing the consumption of animal protein, and addressing micro-nutrient deficiencies. The inclusion of more fruits, vegetables and poultry in diets has contributed to these positive changes. The Partnership has made significant strides in reviewing the agricultural curriculum in Uganda, which previously did not include specific nutrition components.

Despite the mentioned achievements and progress made in the integration of nutrition and agriculture, it is important to acknowledge that additional trainings are required to enable administrations and officers to promote the integration of agriculture and other sectors. Efforts need to be intensified to increase understanding, engagement and action in this area.

[34] Office of the Prime Minister, Uganda Nutrition Action Plan II

[35] Action Against Hunger, 2020, Nutritional Causal Analysis

[36] Makerere University, School of Public Health, 2020, Food Security and Nutrition Assessment

[37] Ministry of Agriculture, Animal Industry and Fisheries, 2021, Research on Nutrition Agriculture Linkages

[38] UNICEF, Annual Report 2021

Progress towards results

A brief discussion of the relative contribution of JNA to reduction of stunting, coverage of nutrition intervention, and priority of nutrition intervention is in order, following in-depth analysis of the effectiveness. These indicators have been collected through the Food Security and Nutrition Assessments (FSNAs), which show significant improvements as recorded in the final report of the JNA Programme (December 22, 2017 - June 2022)[39]:

Stunting prevalence in the latest FSNA (2021) survey was 21%, compared to 24% in 2019, and was severe (30-40%) in only one area, Zombo (38%). Global Acute Malnutrition (GAM) was acceptable (below 5%) in all districts, with Otuke having the highest rate at 4.7%, while underweight was 8%, down from 11% in 2019. Prevalence of anaemia among children has decreased from 60% in 2019 to 52% in the 18 UNICEF districts, although it is still alarmingly high (>40%) in nearly all regions compared to the national average (50%). In the survey, anaemia in women showed a slight downward trend from 29% in 2019 to 25%, and it was moderate (20-40%) in most districts. The numbers are still too high.

The Infant Young Child Feeding (IYCF), particularly complementary feeding, did not improve across the three-year duration of the FSNAs. Only one out of every 10 youngsters obtained the Minimum Acceptable Diet (9.5% in 2021 vs. 12.2% in 2019). This may lead to the conclusion that the importance given to promotion of diet diversity for complementary feeding is still insufficient within sensitive nutrition-related settings.

It should be noted that there are several ongoing activities in JNA's targeted area focused on nutrition improvement and financed by other donors, so it is not possible to attribute specific benefits exclusively to the Partnership. In absence of indicators measuring the positive effects on nutrition generated through improvements in other areas and the lack of data collected at district level, it is not possible to show if multi-sectoral nutritional interventions have effectively enabled communities to prevent stunting from a long-term perspective, as other climatic, economic and other factors influence people's behaviour.

The same applies to benefits produced by strengthening of the NCs, given that acquisition of skills does not necessarily imply that knowledge disseminated is systematically put into practice.

To what extent did the implementation of EU-UNICEF DINU actions consider cross-cutting issues such as gender, equity, human rights?

The inclusion of a gender perspective and a rights-based approach centred on individuals has been considered. **Comprehensive study and examination of the integration of gender mainstreaming in nutrition programmes made it possible to provide in-depth information and recommendations in the area of women's empowerment and gender equality and how they affect nutrition actions and outcomes**.

[39] UNICEF. End of Project Report: Partnership for Improved Nutrition in Uganda: Strengthening Nutrition Governance for a Multi-Sectoral Response. (December 22, 2017 - June 2022)

The **Gender Analysis Study** represents a useful tool promoting and encouraging mainstream gender mainstreaming and a rights-based approach in nutrition programmes. As a result of this exercise, two policy briefs were developed as part of the DINU programme's initiatives: ✓ **Strengthening integration of gender equality issues in nutrition policies** and ✓ **Gender integration in nutrition programme**[40] in Uganda. Rather than being district-specific, these national-level policy briefs provided recommendations to be taken up at district level, facilitating the mainstreaming of a gender approach at all levels and empowering women and community leaders. Therefore, the programme successfully gathered crucial information that was previously lacking at the country level, highlighting the importance of addressing gender-related concerns and integrating them into nutrition initiatives.

As confirmed by the interviewees, there was a strategic relationship with MGLSD, which used the study to understand better the integration of gender issues into nutrition programming. UNICEF supported MoGLSD to ensure nutrition actions are gender-sensitive to empower women, who play a crucial role in ensuring an adequate nutrition for children. Approximately 70% of the programme's activities were gender-friendly, particularly in areas of nutrition and income generation.

The establishment of backyard gardens, commonly known as kitchen gardens, had a positive impact on improving diet diversity scores and addressing micro-nutrient deficiencies. The rearing of small livestock improved consumption of animal protein and, at the same time, contributed to protecting and promoting environmental resources. It has also been observed that women are active participants in decision-making process, as, for example, women can easily take some decisions like picking eggs to use, preparing a family meal, or slaughtering a rabbit.

However, JNA paid insufficient attention to promotion of empowerment at the local level, as it did not provide for creation of community mobilisation groups through training on food and nutrition security.

To what extent have cross-cutting issues such as gender and human rights, child rights and gender equality dimensions, and socio-cultural mitigation measures been mainstreamed?

The intervention is scored 2 on the Gender Marker, being the improvement of nutrition for women and children mainstreamed in the results but not the main reason for which the project is undertaken. Despite the lack of a specific mainstreaming strategy for the rights-based approach, **the results are sensitive to rights, through improvement of the nutritional status of children under 5 years, their mothers and other vulnerable groups, thanks to the support provided to community management of malnutrition, through the NCC.**

[40] Ministry of Gender, Labour and Social Development, 2020, Nutrition Gender Analysis

> *"A comprehensive study and assessment were conducted to examine the integration of gender mainstreaming in nutrition programmes…. Some recommendations were formulated and policy briefs were written as part of the programme's initiatives. These efforts included a comprehensive analysis of equity (…) The programme successfully gathered crucial information that was previously lacking at the country level."*
>
> Interviewee at UNICEF CO

According to HRBA criteria for equity and non-discrimination, the set-up of a governance system dedicated to nutrition at local level with the participation of key sectors such as agriculture, education and health, aimed to improve equal access to basic services.

In terms of transparency, the right to information and social and government accountability has been properly disclosed. Young people and community members have also been made aware of the priority of children's right to appropriate nutrition and growth. The reactivation of the NCC is helping to influence national policies and the government in general to make basic healthcare accessible and affordable and to facilitate access to land, water and agricultural inputs.

Evidence recorded demonstrates that the intervention made significant efforts to address the deep structural barriers that restrict full realisation of human rights. Adoption of the Human Rights principle and orientation is demonstrated through:

- Adoption of participatory approaches at local level, including involvement of the community in decision making processes concerning nutrition.
- Support of community-based organisations such as the NCC.
- Including nutritional education in Ministry of Education curricula and adopted in agricultural training curricula, in order to disseminate knowledge about nutrition.
- The advocacy component, including policy and gender briefs produced, as well as gender and nutrition analysis which take into consideration children rights-related concerns.
- Alignment to SDG 2 : The action contributes directly to achievement of MDG 2.2: "to end all forms of malnutrition, in particular by achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and to meet the nutritional needs of adolescent girls, pregnant and lactating women and the elderly".
- A rights-based perspective, considering the right to health and nutrition as a whole rather than limiting itself to a particular aspect, such as child mortality.

The intervention is aligned with UNICEF's plans and strategies that contribute directly to reinforcing children's and the most vulnerable's right to food, by raising awareness, advocacy and a nutrition governance arrangement that involves the local community.

How did the targeted beneficiaries participate at all levels across the design, implementation and monitoring of the EU-UNICEF action's interventions?

Interviewed beneficiaries at sub-county level declared that some of the tasks carried out were to disseminate nutrition messages, promote home gardening with vegetables and fruit cultivation, promote water, hygiene and sanitation, conduct anthropometric measurements, and refer malnourished children to health facilities (tasks usually undertaken by VHTs).

Local authorities, including religious leaders interviewed, highlighted their involvement from the beginning of implementation, especially in collaborating with the OPM to create a nutrition governance scheme. Participation of NCC members during the planning of activities has supported the government in developing its national capacity in this area. Involvement of the district level has also been guaranteed in addressing the six pillars included in UNAP II.

During FGDs and town council consultations, NCC members were unanimous in highlighting that their active involvement during the conduct of research studies allowed them to become familiar with JNA's practices and the implications of several sectors needed to improve household nutrition. The population had the opportunity to learn good practices through home gardening for growing varieties of vegetables and fruits and the increasing interest for more nutrition messages. A group of young people was also identified among the beneficiaries to follow up for entrepreneurial training. The number of direct beneficiaries of these actions is unknown, as the figure is not tracked in the log frame, and the reports provided do not furnish this information.

Interviewees acknowledged the significant contribution of JNA activities in their districts through improved planning, costing and budgeting and the functionality of the MSNCC approach. The participation of vulnerable groups in implementation and monitoring of nutrition activities was rated at 70% at both district and sub-county levels.

MDA interviews revealed that the area targeted is still too limited, with the project having been implemented only in 15 out of the 146 districts in the country. In fact, the majority of national stakeholders emphasised the importance of building upon the synergies and achievements for scaling up the initiatives and extending the involvement of the residents in and around the area targeted.

Although the level of involvement of partners, target groups and beneficiaries throughout the implementation of the intervention is evident, as demonstrated by the examples provided, the same cannot be said of their participation in the preliminary identification and formulation phases.

Considering the level of collaboration established between UNICEF and GoU, it is certain that the government partners were involved in the formulation phase, just as the districts were met during the identification phase, having already been involved during implementation of the DINU initiatives. But there is no evidence to prove that the beneficiary communities were involved in the design of the activities addressed to them. For example, Early Childhood Development has not been addressed, although less than 2% of households had three or more children's books, only 35% had home-made toys, and 21% had purchased toys. And, in the last three years, the share of youngsters left at home with inadequate supervision has increased.

What were the major factors influencing the achievement or non-achievement of expected results?

- **Factors of achievement:**

  As the lead nutrition agency in Uganda, UNICEF chairs the NNCC and the Nutrition Development Partners meeting, which facilitate coordination and collaboration among stakeholders. This model has been successful, and there is an ongoing effort to engage and learn from other partners to enhance the collective approach towards nutrition governance.

  - Also, the **UNAP made it possible to bring together various players**. The JNA has made a significant contribution and influenced the draft of the plan, which includes coordination mechanisms for nutrition spanning from the national to the district levels.
  - The gains made by DINU in **enhancing the capacity of OPM to play a multi-sectoral coordination role are also significant.** This includes ensuring continued functioning of the committees established and the regular occurrence of meetings. In fact, the contribution of DINU and the presence of a nutritionist on the team went beyond simply supporting OPM in nutrition-related activities. OPM's efforts in coordinating nutrition are not solely an issue of the health sector.
  - With support from UNICEF, the nutritionist ensured that important documents, including sectoral policies, incorporated nutrition considerations. **The integration of nutrition into various aspects of government work has made a difference in addressing the country's nutrition challenges and ensuring long-term sustainability.**
  - **The government assigned importance to the intervention as the first grant received specifically to strengthen nutrition governance issues**. Therefore, it is apparent that active governmental involvement in the JNA helped to create an enabling environment for implementation.
  - As stated in the interviews, one of the key factors influencing the positive effect generated by the intervention is the leadership provided at the district level. **The commitment and engagement of district leaders play a crucial role in the effective implementation of JNA**.

- **Factors of non-achievement:**
  - **Despite the enhanced role of districts, their capacity to improve budget allocation to nutrition is still weak**, more so as national investment expected in the sector has not been secured. NCCs' capacity to influence central government is still limited.
  - According to interviewees and beneficiaries met, local-level NCCs have endeavoured to be operational. However, **to many, the difficulties encountered such as irregular coordination meetings, inadequate resource mobilisation, understaffing, and inability of nutrition focal point persons to share data, undermine the stability of their full functioning**. Considering that most of their members serve the committees on a voluntary basis, a considerable turnover has been noted, constantly requiring new orientation efforts.
  - During consultations with MDAs, most sectors observed that MSNCCs have the potential to achieve better outcomes, but they face significant challenges, particularly in terms of facilitation and resources such as transportation.
  - Officials from the town council showed a good knowledge of nutrition and their roles included mobilising for meetings, supervision, and training. Good practices learned have also been highlighted, such as the understanding of food' diversification, nutritional education, promotion of indigenous crops, and referral of malnourished children to health centres.

- However, **beneficiaries observe that the effects of the knowledge acquired are undermined by low productivity, plant diseases, inadequate logistics, a negative mind-set, understaffing, and limited funding[41].**
- Coordination of the various stakeholders was not a simple task, because at the central level the OPM must pay attention to other priorities highlighted by the government, as there were often **conflicting priorities and limited resources, which is hindering advancement of the nutritional agenda**. Furthermore, considering that decentralisation in Uganda remains embryonic, districts have little decision-making autonomy.
- Reforms and up-to-date policies on nutrition are delayed, despite regular discussion. For example, a key assumption made during the JNA planning and documented in the programme proposal included enactment of a new National Nutrition Policy.[42] However, **a successor to the Uganda Food and Nutrition Policy (UFNP) of 2003 is still being drafted, which leaves gaps on how funding for nutrition action should be channelled to MDAs.**
- Nutrition strategies cut across MDAs, which makes oversight challenging. Other than in Ministry of Health, the lack of indicators creates an additional accountability challenge. **The absence of monitoring indicators at the district level is also an obstacle to the assessment of their effectiveness.**
- Despite the fact that three key documents have been delivered thanks to the support of the Partnership—the UNAP, Nutrition Sensitive Agriculture Manual (NSA), the NSA Facilitators Guide and the M&E Framework—there is still a need to better disseminate these documents.
- In addition, interviewees indicate that the training of young people in entrepreneurship has not capacitated participants to start small income-generating activities or businesses. Therefore, the effects of the improvement of the economic status of the households, together with the poor resources available, undermine right-holders' capacity to overcome malnutrition.

5.1. Efficiency

Was the EU-UNICEF DINU Joint Action implemented efficiently (in terms of time, personnel, and financial resources)?

UNICEF has recruited qualified staff and relied on partners based on their expertise, as well as recognised research institutions, for the feasibility of the various studies. Focal points in ministries, districts and town councils have also been recruited. At the central level, UNICEF arranged for:

- The recruitment of the national coordinator for the UNAP Secretariat at OPM, whose duty was to provide day-to-day technical backstopping to the nutrition coordination unit. This position has been instrumental in supporting the OPM with the organisation of the nutrition forum, consolidation of inputs for revision and finalisation of the National Nutrition Policy as well as the UNAP II, coordination of partner and sector work planning processes, facilitation of DNCC orientations and work planning workshops across the 15 DINU districts;

[41] Focus group information collected from Atyak sub-county

[42] EU -UNICEF. Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multi-sectoral Response .2017.12.08

- The secondment of a nutrition officer to UNAP Secretariat, to strengthen the capacities of the OPM to provide guidance to sectors and district local governments for the planning and implementation of nutrition actions and to advocate for the allocation of resources. This position has been instrumental to stakeholder coordination, mobilising partners, initiating evidence-based policy dialogue, and monitoring nutrition actions implemented by sectors and district local governments. This mechanism helped overcome obstacles due to the insufficient staff employed at the OPM and the lack of expertise among the personnel;
- The recruitment of an Information Management Specialist in February 2019[43] to support the OPM, MAAIF and UBOS with the generation of evidence and other technical assistance for evidence-based programming.

At the regional level, UNICEF recruited three district nutrition governance consultants, one of whom was based in the UNICEF Moroto Zonal Office and two in the UNICEF Gulu Zonal Office. The consultants provided daily technical support to the 15 DINU DLGs on planning, budgeting, and implementation. In addition, they provided support for the overall implementation of DINU actions.

JNA implementation encountered several challenges that have slowed down the normal progress of activities; therefore, it has been requested a two-year extension to complete what has been left unfinished and to consolidate what has been achieved.

Despite the delays in implementation and the difficulties encountered, all the planned activities were carried out, and resources were almost fully utilised. Budgeted at 35.5% of total resources, contractual services make up the largest share, followed by transfers and grants to counterparts with a proportion of 28.5%. Staff and personal costs come in third place at 25.2% of the total budget. Administrative, operating and travel costs are the least part, which is understandable given that these expenses are usually the least represented in all projects. Analysis of the budget breakdown shows that operational expenses and contractual services account for more than 2/3 of the spending, to the detriment transfers and grants, which make up 28,5%.

Analysis of budget utilisation (Table 6) reveals a very satisfactory rate of 93,7%. Rates are above 100.0% for travel (125,05%), supplies, commodities, and materials (121,9%) and salaries (100,8%).

Table 6 - Budget breakdown and expenditures

Budget line	Budget in € (% of total)	Costs in €	Utilisation
1. Staff and Personnel Cost	1,513,193.00 (25.2%)	1,526,239.67	100.8%
2. Supplies, Commodities and Materials	40,000.00(0.7%)	48,772.97	121.9%
3. Equipment, vehicles and furniture	0	0	-
4. Contractual Services	2,129,283.00 (35,5%)	2,157,662.75	101.3%
5. Travel	84,000.00 (1.4%)	105,043.03	125.05%

[43] UNICEF, Annual Report 2019

Budget line	Budget in € (% of total)	Costs in €	Utilisation
6. Transfers and Grants to counterparts	1,711,000.00 (28.5%)	1,373,090.05	80.3%
7. General operating and other direct costs	130,000.00 (2.2%)	77,443.01	59.6%
Total direct eligible costs of the Action	**5,607,446.00**	**5,288,249.49**	**94.3%**
8. Administrative costs	392,523.00 (6.5%)	335,261.19	85.4%
9. EC	-	27,086.66	-
10. Other donors	-	8,174.53	-
Total eligible costs	**5,999,999.00**	**5,623,507.69**	**93.7%**

Source: Own elaboration based on certified final financial statement

What are the strengths and weaknesses in terms of planning, management, implementation and monitoring to inform the remaining period of EU-UNICEF DINU Joint Actions?

In terms of **strengths**, at the national level, **JNA established mutually beneficial partnerships with government, including the Department of Policy Coordination and Implementation at the Office of the Prime Minister, other departments at the OPM, ministries, departments, agencies, and DLGs.**

Based on the evidence gathered from interviews, JNA provided financial and technical support to the Office of the Prime Minister (OPM) in its coordination role, including the organisation of meetings on a quarterly basis for adequate follow-up.

At the sectoral level, the Partnership facilitated the setting up of the NCC whose mandate was to provide technical advice and support to key sectors on the design of national and sectoral policies, strategies, plans and activities.

At the district, town council, sub-county, municipal and division levels, **the JNA set up MS NCCs that provided technical oversight and leadership of the implementation of multi-sectoral nutrition interventions in the Local Government Council through the Technical Planning Committee.**

Also, the **UNAP mechanism enabled collaboration with civil society and academia** by holding quarterly meetings to coordinate the implementation of the five-year action plan. These meetings served to assess progress, identify challenges, and discuss issues and gaps affecting implementation.

The UNICEF field team conducts field visits during self-assessment sessions with beneficiaries, using a standard format to ensure that information is harmonised in terms of form. An annual report is produced according to compliance with the donor's standards and procedures.

In terms of **weaknesses**, several constraints have been encountered that have delayed the achievement of the outcomes within the specified timeframes[44]. The main challenges generating delays in the implementation progress are the following:

- *Bureaucracy and administrative delays* within government organisations hindered the timely implementation of certain processes and activities. For example, the introduction of tools and SOPs (Integrated Financial Management System, mobile money) and controls (cash limits), caused some delays in accessing UNICEF funds, as well as the implementation of planned district-level activities.
- *Implementation of the Harmonised Approach to Cash Transfers (HACT)* as UNICEF operates within the HACT framework, which includes stringent measures. Under this new approach, DINU districts have continued to experience delayed access to funds, affecting the timely implementation of the nutrition Programme.
- *Numerous rounds of consultations,* intended for harmonising procedures, processes and materials on multi-sectoral nutrition governance at the decentralised level, took longer than planned due to the need to strengthen ownership by the GoU and to reach consensus among stakeholders.
- *The lengthy processes for recruiting specialised technical support* for the implementation of the Programme constituted another constraint during year 1 of the JNA.
- *Difficulties in accessing the FSNA's dataset* were due to the involvement of multiple partners in the implementation of FSNAs, the lack of one leading national institution with clear standards and poor institutional archiving of questionnaires, codebooks, and/or datasets. This delayed several planned assessments (e.g., FSNA, NCA) and increased the scope of work for the DINU baseline.
- *Delay in the development of the training packages* for the agricultural sector due to the overstretched capacity of responsible staff at MAAIF.
- *Insufficient technical and financial resources* for the implementation of the Nutrition Capacity Development Plan in the 15 DINU districts that exceeded resources allocated through UNICEF. As a result, the original target of implementing 80% of the Capacity Development Plans with DINU support is not feasible. UNICEF requested a change in the target for this specific indicator.
- *COVID-19 pandemic***:** Uganda, like other countries around the world, has been affected by the Covid-19 pandemic, as a result, the government instituted measures, including a national lock down, closure of schools, restrictions in transportation and public gatherings, and a halt of all planned district-level activities until August 2020. In addition, all field-level data collection for the various research pieces was put on hold. UNICEF supported the government and other implementing partners to shift to virtual meetings and to adopt COVID-19 protection and prevention measures for any face-to-face activities, to mitigate the risks and support contin-

[44] Information collected through KII at the sectoral level

ued implementation of the JNA. Covid caused delays also in the validation of inception reports, and the data collection for both the gender analysis and the Nutrition Expenditure Review. In addition, district-level activities were suspended between March and June 2020.

However, thanks to the established governance structure and effective coordination mechanisms, UNICEF has put in place adequate measures to recover some time lost. Notably, the collaboration of various sectors through national committees and nutrition focal points across sectors played a crucial role in mitigating the impact and ensuring the continuity of JNA activities.

- UNICEF continuously engages with the Ministry of Finance, Planning and Economic Development, the Ministry of Local Government, and district local governments to assess and strengthen district capacity in the area of financial management and fund access on a case-by-case basis. Districts have been supported by liaising with the Ministry of Finance to fast-track lifting cash limits. In Zombo, the cash was paid through AVSI for activity implementation.
- **To prevent data quality and availability problems from reoccurring, UNICEF, in collaboration with WFP, provided technical support to the Uganda Bureau of Statistics (UBOS) to standardise the methodology for future assessments and institutionalise FSNAs within UBOS**. In addition, UNICEF supported UBOS with the development of a centralised nutrition data repository through NIPN.
- It should be noted, though, that the Covid-19 pandemic engendered an increase in the cost of raw materials that led to soaring prices, which have resulted in higher-than-expected expenditure.

How adequately did the OPM and DLGs respond to emerging issues in planning and during the implementation of the EU-UNICEF DINU Joint Action?

A nutritionist member recruited by UNICEF has been placed to assist OPM in carrying out their day-to-day coordination activities related to planning, budgeting, and resource mobilisation.

The collaboration with the National Information Platform on Nutrition (NIPN) Programme and UBOS supported the 15 District Local Governments in assessing the advancement of the activities' outputs and therefore in taking appropriate measures to respond to emerging needs.

UNICEF formed a solid strategic relationship with the Ministry of Local Government to improve district-level nutrition governance. This collaboration aimed to ensure that district development and nutrition plans were integrated, as well as that budgeting for nutrition actions, accountability for nutrition activities, and developing demand for nutrition human resources were prioritised. It was considered critical that all key players reach a consensus. While these initiatives ma have taken longer to implement than those undertaken by a single stakeholder, they did ensure buy-in.

However, information gathered in the field through focus groups and interviews reveals that many district Commission members dropped out because activities did not provide the hoped-for funding to implement the nutrition activities, nor did they provide salaries for their implementation.

5.2. Relevance

To what extent are EU-UNICEF DINU action's objectives consistent with beneficiary needs, government needs, and priorities in NDP III, UNAP-II, SDGs, and regional and international commitments?

The JNA is appropriately aligned with the national and global policies (SDG 2 and 9, SUN) on nutrition, targeting the eradication of hunger, ensuring food security and enhancing nutrition among its vulnerable population. The JNA is coherent with Uganda's nutrition aspiration defined in its Vision 2040, the NDPIII (2020/21-2024/25)[45] and UNAP II (2020/21-2024/25)[46] which provides a comprehensive roadmap for nutrition interventions. Therefore, the intervention supports the efforts of the Ugandan government in tackling nutrition challenges.

The design of the JNA is relevant to the needs expressed by the vulnerable groups targeted by the intervention, in particular children under 2 and pregnant women, considering that chronic undernutrition in children continues to be one of the largest concerns in Uganda as detailed in Section 2.4. Poor dietary diversity and limited access to nutrient-rich foods contribute to Micro-nutrient Deficiencies.

Under-nutrition and its risk factors among under-five children in Uganda were unevenly distributed across the country, although the situation can vary significantly by region, with some areas experiencing more severe challenges than others. Food insecurity is prevalent in rural areas where communities are more vulnerable to poverty, gender disparities and various social and economic concerns due to a lack of consistent access to diverse foods and limited access to healthcare facilities and services that hamper early detection and management of malnutrition.

In the National Development Plan III[47], investment in improved nutrition was chosen as one national goals of human capital development. Investment in better nutrition is put forth as a means to reduce infant mortality, increase in income, empower women, reduce poverty, and extend school attendance. The Plan is consistent with the Uganda vision 2040, which is aimed at transforming Ugandan society from a peasant society to a modern and prosperous country within 30 years[48]. These initiatives aim to improve access to nutritious foods, promote breastfeeding and complementary feeding practices, and raise awareness of proper nutrition and healthcare-seeking behaviour.

The JNA provided an adequate response to the government's needs to strengthen capacity, gender responsiveness, good governance and the rule of law at the level of local government authorities and empower communities to participate in improved local service delivery. DINU's activities aimed at improving livelihoods in 41 districts in Acholi, Karamoja, Lango, Teso and West Nile for six years

[45] National Planning Authority. National development Plan III. Available from http://www.npa.go.ug/wp-content/uploads/2020/08/NDPIII-Finale_Compressed.pdf

[46] Office of the Prime Minister, 'Uganda Nutrition Action Plan (2020-2025): Leaving no-one behind in scaling up nutrition actions', Kampala, Uganda, 2020. Available from https://scalingupnutrition.org/sites/default/files/2022-06/national-nutrition-plan-uganda.pdf

[47] Uganda. THIRD NATIONAL DEVELOPMENT PLAN (NDPIII) 2020/21 – 2024/25 accessed from http://www.npa.go.ug/wp-content/uploads/2020/08/NDPIII-Finale_Compressed.pdf

[48] Uganda. Vision 40 accessed from http://www.npa.go.ug/wp-content/uploads/2021/02/VISION-2040.pdf

(2017-2023)[49] emphasised the importance of nutrition in achieving SDGs and promoting the well-being of the population. The inclusion of nutrition-related goals and targets in the SDGs provided a framework for monitoring progress and guiding actions at the national level.

The Partnership targeted MDAs whose programmes were critical in addressing nutrition security in the country. The selection of such institutions is relevant insofar as it followed the recommendations of the nutrition stakeholder mapping and capacity assessment conducted by UNICEF in 2019 aimed at better understanding their institutional arrangements and capacity to plan, budget and manage nutrition initiatives. Such investigations helped to identify capacities and gaps, including low leadership commitment caused by low knowledge levels of staff about current legal policy and the planning framework for nutrition governance. These have been addressed during implementation[50]. The assessment also detected capacity gaps of the districts in terms of coordination and partnership structures and inadequate evidence-based decision-making. Based on this diagnosis, the JNA paid greater attention to building the capacities of the decentralised institutions.

How well were emerging issues, linkages with sectoral interventions, and innovative approaches to strengthening multi-sector nutrition governance considered?

The unsatisfactory results reported by previous interventions aimed at improving the nutritional status of vulnerable groups showed that nutrition governance cannot be addressed on its own. Observations on the ground revealed how multiple adversities explain the poor nutritional status of the population, not only food unavailability or fragile health. **Having learned from the success of various multi-sectoral interventions, UNICEF therefore decided to adopt this new multidimensional approach.** The coordination of all these actors involved in the implementation phase required a "super-institutional" figure such as the **OPM**, which **made it possible to coordinate various partners, many of which are collaborating with UNICEF for the first time**. The choice of OPM to lead such a mechanism is equally relevant and has proven appropriate.

> *"The gains made by DINU in enhancing the capacity of the Office of the Prime Minister to play a multi-sectoral coordination role are significant. This includes ensuring the continued functioning of the committee and the regular occurrence of meetings."*
>
> Interviewee at UNICEF CO

….."*coordinate means that all the partners are involved … government. Civil society, academia on a quarterly basis to be able to take stock and track progress of this five year action plan for the country. So their role is to coordinate implementation, identify challenges or bottlenecks affecting programme implementation, and then having discussions at that point to be able to inform programmatic decisions."*.. Interviewee at UNICEF CO

[49] Office the Prime minister -Uganda. Development Initiative for Northern Uganda accessed from https://opm.go.ug/dinu/

[50] EU-UNICEF. Nutrition Stakeholder Mapping and Capacity Assessment Capacity Assessment Report 2019.

Finally, UNICEF wisely involved the then existing but poorly functioning district commissions and contributed to improving their capabilities.

To what extent did the Theory of Change upon which the joint action was premised, and its underlying assumptions, hold throughout the implementation of the Programme?

Some limitations are apparent in the results chain. KRA 2 mentions building capacity in key sectors without defining target groups to be addressed. It is also not interconnected to the specific objectives defined within the DINU's framework, since it makes no reference to effects to be produced, for example, on the nutrition status of the most vulnerable. No qualitative reference to improving the living conditions of the target community is provided. Furthermore, the activities described in the proposal document are not presented in relation to the results, nor are there inputs or means of intervention, which are described only in the budget. As a consequence, the **logical chain lacks a crucial link between problem-solving and responding to needs through activities that enable results to be obtained in terms of improving living conditions and resilience and reducing stunting**.

The horizontal logic leaves somewhat to be desired. At baseline, there are no values of reference. Indicators are quantitative and mainly activity-related, thus not useful to assess the degree of achievement of results since they do not capture the effects to be generated by the intervention after its completion (e.g., on the nutritional status of children and vulnerable women/mothers). Under KRA1, the quality of awareness-raising on nutrition or advocacy is not verifiable, given that indicators measure only the number of services provided or trainings organised.

Assumptions and risks, linked to unforeseen external variables or internal obstacles to implementation, are generic. For example, they all refer to government and administrative stability and do not include, for example, do not include the eventuality that governmental decisions on public financing tend to prioritise sectors that have little influence on nutrition, such as transport or electrical or road infrastructure.

While **a baseline is established to define benchmarks within DINU's log frame, JNA lacks such reference**. To make up for this limitation, various studies were conducted during implementation, taking stock of the nutrition sector at the local level such as the Food Security and Nutrition Assessment (FSNA)[51], which is a starting point for measuring the achievement of results for each target.

The revised theory of change is relevant, by providing a snapshot of the intervention results, its vision, and perspectives of changes, including causes of disruption and determinant factors of socio-cultural transformation that makes the overview of the intervention logic clear and embed the holistic approach used. Nonetheless, **the results chain is less evident in the revised than in the original ToC, largely due to the level of complexity introduced without the necessary indication of**

[51] The Assessment is an Evaluation exercise conducted in Uganda by UNICEF: https://www.unicef.org/uganda/reports/food-security-and-nutrition-assessment-northern-uganda-and-west-nile ; inspired by the assessment tool used by the World Food Programme (WFP)

causal connectors. As stated in Section **Error! Reference source not found.**, it is not used as a MEAL tool.

5.3. Coherence

How well did the EU-UNICEF interventions fit with other interventions in the country, sector, or institutions (external coherence)?

As stressed by the interviewees, **anchoring DINU and thus JNA to the main national action strategies and plans focused on nutrition and development has been crucial to highlighting the importance of nutrition improvement to promote the well-being of the population**.

> *"There were many achievements linked to governance, structure, training and awareness on nutrition issues. UNICEF has worked directly with several ministries, and it would be important to maintain this engagement with the ministries to continue working on the results achieved."*
>
> Interviewee at OPM

Interviewees across Ministries observed that thanks to its alignment with the national development plan, the intervention is fully integrated into the broader development framework of the country, which has facilitated the creation of synergies with other ongoing initiatives focused not only on nutrition but also on health, protection, food security, value chains, and agriculture. For example, the Partnership has taken a bold step to initiate nutrition-agriculture synergies in Uganda that are contributing to achieving the broader agenda of building a strong foundation to address hunger and malnutrition in the country. In this regard, a valuable guidance on incorporating nutrition-sensitive approaches into agricultural practices is provided by two key documents supported by the JNA: the Nutrition Sensitive Agriculture Manual (NSA) and[52] the NSA Facilitators Guide, which are extremely useful for the implementation of JNA activities at the local level.

Has the action created synergies among implementing partners and involved their concerted efforts to optimise results?

Complementarities have been identified and undertaken thanks to the coordination across UN agencies framed by the DINU, under the umbrella of the SUN network. UNICEF's leadership in coordinating the actions of the various international actors intervening in the field of nutrition has been instrumental in engendering synergies, improving the articulation between the various interventions, circumscribing geographical areas and specific sectors, and avoiding duplication of efforts. **The comprehensive and integrated approach proposed was indeed put to practice via the leading role of UNICEF in nutrition and the complementarity with the government initiatives**.

In the region of intervention, UNICEF collaborated with other development partners (e.g., DFID, FAO, WFP, USAID, and Irish Aid) to harness and leverage synergies that strengthen nutrition governance. For example, with the support of DFID and other donors, activities related to nutrition governance carried out as part of the JNA are also being implemented in several non-DINU districts.

Efforts were taken to ensure that the work completed under DINU, through research and assessments conducted as part of the JNA, fed into NIPN (Uganda National Information Platforms for Nutrition) in order to inform policy and programme decisions. For example, the Food Security and Nutrition Assessments (FSNAs), a sample frame provided by the Uganda Bureau Statistics (UBOS) has been used, and during 2019, UNICEF advocated in partnership with the World Food Programme (WFP), the institutionalisation of FSNA development inside UBOS. As a result, UBOS led the development of FSNAs beginning in 2020, and interviewees confirmed their engagement in continuing it even through other partners (e.g., MoH, MAAIF).

In addition, in areas where UNICEF has limited expertise or capacity, such as in nutrition-sensitive agriculture, partnerships have been undertaken with FAO and WFP following different modes of co-implementation according to the needs to be addressed.

To what extent operational harmonisation measures contributed to improved efficiency and results?

The alignment with the SDGs enabled the identification of specific indicators and strategies to address nutrition challenges in Uganda that have been included in the elaboration of the M&E Framework[53], providing systematic monitoring and evaluation of nutrition programs to ensure their coordination and efficiency.

A nutrition workshop/forum was organised in December 2020 with the aim of creating synergies among the DINU implementing partners (UNICEF, LWF, CARITAS, CARE, NARO and IITA that implemented different grant actions to improve nutrition in the northern districts) on the nutrition interventions and especially to harmonise indicators for joint reporting. Furthermore, UNICEF maintained a close working relationship with the United Nations Capital Development Fund in regard to the roll-out of the capacity development plan for DLGs.

At the district level, UNICEF made an intentional effort to harmonise processes, procedures, and activities on nutrition governance by engaging with the 15 DLGs to ensure synergies across nutrition governance. Interviewees confirmed that most MS NCC members acknowledged the **harmonisation measures taken by JNA, thus raising awareness among policymakers and stakeholders**, leading to heightened recognition of nutrition as a cross-cutting issue and increasing interest in converging the efforts made on nutrition across different departments and ministries.

5.4. Sustainability

[53] UNICEF. Nutrition Governance Framework Dashboard 2020 for 19 DLGs. March 2021.

To what extent did the Joint Action put in place an enabling environment that supports ongoing early positive outcomes? What has it created or nurtured for the achievement of a society free from malnutrition?

OPM took the helm in driving multi-sectoral coordination, ensuring collaboration of different sectors that have a direct or indirect impact on improving the nutritional status of the population. This **high-level leadership increased the institutional sustainability of the intervention**. Furthermore, within the various MDAs involved and dedicated to supporting nutrition, specialised sector coordination committees were firmly established and functional, ensuring implementation of the actions. **These committees are tools for continuity of the actions and maintenance of the results of the project and contribute to long-term sustainability.**

JNA has also supported OPM in conducting an expenditure review on nutrition. This review aimed to understand the allocation of resources both within and outside the budget for nutrition-related activities. Additionally, for the first time, a nutrition investment case was developed for Uganda, outlining the rationale and evidence for investing in nutrition interventions and programmes. These efforts aimed to raise awareness and advocate for increasing resources and funding for nutrition initiatives in the country. It provided evidence to include on the country's political agenda, which can lead to the realisation of the topic's importance and contribute to sustainability.

Moreover, **over the course of the Partnership, substantial resources were allocated to establish NCCs in all 15 districts where the JNA was implemented**. This proactive measure underscored a deliberate commitment to nurturing coordination, both on a national and district scale. By doing so, improved coordination was expected to result in more efficient resource allocation, enhanced communication, and a greater likelihood of achieving positive, sustainable outcomes.

The Partnership took it a step further and established NCCs at the lower levels of local government, including sub-county level, as well as at the Town and Municipal Councils. In total, over 180 coordination committees were established across the 15 districts where the programme was implemented. This shows the extensive effort to ensure coordination at various levels of government and promote collaboration among different stakeholders in addressing nutrition issues.

Additional positive factors have contributed to **creating an enabling environment to maintain the benefits generated aiming to eradicate malnutrition over the long run** include:

- The **integration of nutrition into the curriculum at the Health Tutors' College strengthened the delivery of nutrition services** by trained nurses, midwives, and allied health professionals, emphasising the need for coverage across all programmes/courses, and serving as an important indicator for project continuity.
- **Nutrition programming has been mainstreamed in the education sector**, with a strategy to cover other schools not under DINU.
- **Primary schools have been involved as they represent potential vehicles and channels for delivering transformative nutrition practices**. For example, teachers were trained in the Teachers' Guide to the Nutrition Comic Book. The "comic" method encourages students to adopt positive nutrition practices and be agents of change for peers.

What partnerships have been established and are functional for sustainability at both the national and local government levels?

The JNA has sealed partnerships with institutional actors such as UNAP II, DNCC, MDAs, international cooperation donors, civil society, and academia, whose involvement is one of the factors ensuring sustainability of the Partnership's achievements through technical and financial support. OPM works in close collaboration with all line MDAs with a strategic focus to realise the impact at community and household levels and ensures adherence to the Uganda Nutrition Action Plan, the Government's sectoral policies and the district and community nutrition and development plans.

The achievements of nutrition-related activities have motivated donors to continue to support this sector. In fact, another EU programme will be implemented in continuity with JNA by building upon the governance activities established by DINU. The aim is to maintain sustainability and ensure longevity of the Partnership beyond the presence of any individual staff member.

Setting up sector-specific frontline service providers —Agriculture Extension Officers, Community Development Officers (CDOs), Functional Adult Literacy groups (FAL), Parish Development Committees (PDCs), Village Health Teams (VHTs) and Community Health Extension Workers (CHEWs)— **represents a positive mechanism for sustaining nutrition actions in the community**. However, a lack of financial support can undermine sustainability, as some may leave their roles aside.

Aware that nutrition financing had long been neglected, the OPM, supported by UNICEF through JNA, commissioned three major studies that are strong advocates for financial resource mobilisation: the aforementioned (Section 0) Nutrition Expenditure Review and National Nutrition Investment Case as well as the **Nutrition Advocacy and Communication Strategy**, which consists of tools for financial mobilisation. The need to share nutrition data with all responsible sectors in the district on a regular basis was cited as a key sustainability pillar during interviews.

The expenditure review and the development of a nutrition investment case have served as valuable tools and strong arguments for empowering Uganda's government to allocate the necessary resources and analyse what is needed.

Through these publications, the Partnership has enabled decision-makers to gain a deeper understanding of nutrition-related issues and the required expenditure, placing them on the agenda for further consideration. Thanks to this awareness raised, the visibility of the nutrition sector has increased, encouraged the government to push forward the agenda. JNA's efforts have also led to discussions in the Parliament of Uganda.

In addition, it should be noted that the Nutrition Expenditure Review highlights the need to include nutrition performance indicators to ensure allocation of resources to nutrition and to make changes

to the economic classifications of major nutrition inputs in the Chart of Accounts, encouraging the tracking of nutrition spending[54].

Another factor that is key to **ensuring financial viability is the Nutrition Development Partners Committee (NDPC), which is responsible for promoting and identifying funding resources for the nutrition agenda in Uganda**. The Committee serves to promote joint resource mobilisation, allocation and support responding to the proposed development partners' consolidated nutrition fund.

MoLG, MAAIF, MoES, MoGLSD and MoH elaborated sectoral strategies emphasising nutrition-specific interventions and their integration into the sectoral budget. Including nutrition actions in the stakeholders' sectoral budget is a promising indicator to ensure continuity of these efforts.

UNICEF supported MoES to develop different curricula to provide free practice ready-service training on nutrition in the tutor's colleges (for nurses and midwives), especially at the national level, with the hope that it will be cascaded to regions and districts. It has also helped MAAIF come up with the right cadre of trainees with knowledge in nutrition.

The collaboration ensured by districts has been crucial, considering that they made it possible to operationalise DNCCs. District staff have been trained and, based on the interviews, they demonstrated their ownership of the mechanism put in place. All districts, town councils and sub-counties have nutrition action plans outlining different interventions.

JNA's experience demonstrated that nutrition actions can indeed be supported by the local revenue available to the districts. This, however, requires rigorous engagement of the political leadership in planning, prioritisation, and allocation of district budgets for nutrition actions. For example, Kole District had UGX 159 million (US$ 45,000) allocated to support nutrition action from local district revenue.

How did the EU-UNICEF Joint Action undertake appropriate risk analysis and take appropriate actions to ensure that results to which it is contributing are not lost?

A rather cursory **risk assessment was presented** in the Partnership proposal document, which was then summarised and included in the log frame. These risks mainly concern the stability of partnerships with central and local authorities, no specific mention is made of other types of risks, environmental, cultural etc., **nor are appropriate prevention or mitigation measures proposed**. It is not demonstrated from the interviews that **risks have been successfully addressed**. At the moment, the **JNA does not have a continuation strategy**, either vis-à-vis central and local institutions or the target communities. **This may affect the potential scale up of JNA considering that the areas which have benefited from it remain limited**; only 15 districts targeted in Northern Uganda out of a total of 146 leaves a significant gap and a larger percentage of the population with unmet needs.

[54]The Nutrition Expenditure Review revealed that the total estimated nutrition allocations ranged from UGX 1,700 billion in 2017/18 to UGX 2,218 billion in 2019/20. Of the total nutrition allocation, 21% was off-budget and 76% was focused on nutrition-specific interventions. The "on-budget" nutrition expenditure was estimated as 4.4% of the national expenditure in 2019/20

6. Conclusions and lessons learned

Key: The conclusions are broadly categorised using a "traffic-light" code, wherein

- Green = good performance in the dimension, with minor shortcomings
- Yellow = satisfactory performance, but there are issues requiring attention
- Red = poor performance; approach should be reconsidered

Performance is considered relative to contextual challenges encountered, not just programme goals

Positive aspects are marked with a "+" and negative aspects with a "- "

6.1. Effectiveness

1. (+) JNA's multi-sectoral and decentralised approach to nutrition was crucial for effectively addressing the challenges of malnutrition at the local level. By establishing sub-national co-ordination committees and ensuring the participation of diverse stakeholders, a solid foundation has been laid for implementing tailored nutrition interventions to meet specific needs of each district, therefore increasing the likelihood of future impact.
2. (+) Thanks to research conducted under the sponsorship of JNA, the importance of identifying causes of malnutrition in various sectors beyond health has been recognised. In the UNAP II platform, institutions that intervene in nutrition have acquired knowledge around multi-sectoral approaches, how to adopt such approaches to better address malnutrition, and the roles and responsibilities of each sector. This heightened awareness has multiplier effects for the quality and volume of nutrition policy in the country.
3. (+) As a result of the awareness-raising activities carried out, nutrition interventions are no longer sidelined but have been prioritised in sectoral strategies and policies. MAAIF, MoH and MTIC have stepped up their activities in favour of including nutrition in strategic documents. The advocacy put in place serves as a roadmap to work in a unified way to raise commitment, accountability and investment in nutrition and strengthen its governance.
4. (+) A significant contribution has been made in linking agriculture to nutrition issues and recognising the value chain nature of nutrition. And, the importance of knowledge dissemination through involvement of Ministry of Education, as for example, the integration of nutrition within agriculture-related curricula and development of key documents such as the Nutrition Sensitive Agriculture Manual (NSA), the NSA Facilitators Guide, and the M&E Framework. Given the privileged status that agriculture enjoys in government policy, this linking of the two has increased legitimacy of nutrition as a policy topic.
5. (+) The intervention has encouraged systematisation through a data collection system designed to improve data availability, quality and use for planning and decision-making. Data production promoted debate and brought nutrition to the policy spotlight.
6. (+) A gender perspective and a rights-based approach have been integral parts of JNA. A strategic working relationship with Ministry of Gender, Labour and Social Development has been

established, as demonstrated by the support provided to gender mainstreaming study in nutrition programmes. As the role of women and poor rural households in food production and preparation is highlighted, policies aimed at fostering their protagonism in meeting basic needs are more likely to emerge.

7. (+) JNA supported the development of a common plan for nutrition activities, which is based on stakeholder input and acceptance of DNAPs in project areas. This has strengthened cooperation and complementarity with other programmes.
8. (-) Despite various positive effects produced, it should be noted that advocacy has not yet succeeded in pushing the government to commit to finalising strategic sectoral policy documents focused on nutrition or reforms that encourage implementation of multi-sectoral approaches. Without a strategic policy piece that acts as a hub for mainstreaming nutrition policy, funding allocation is made more difficult.
9. (-) The empowerment of actors at district and local levels has been a factor of programme success. However, the field visit has revealed that there are knowledge gaps to be addressed through re-training. It is important to ensure that implementation and frontline teams have the necessary knowledge to effectively engage with nutrition initiatives so that outcomes are translated into impacts.
10. (-) At the local level, MS NCCs, although strengthened, still show a shortage of staff, a high dropout rate, and poor motivation among members who work on a voluntary basis. Consequently, their operational power is reduced and the behavioural change does not reach families.
11. (-) The influence capacity of local actors remains insufficient to push the central level to increase resource allocation. As centralisation is a structural feature of the Ugandan government, the involvement of CSOs and the development community in advocating for more transfer of funds is desirable.

6.2. Efficiency

12. (-) Implementation of the Partnership has faced a number of challenges that have hindered its normal progression. Several unexpected events affected advancement of the activities. such as the Covid-19 outbreak that slowed down, for example, the implementation of Harmonised Approach to Cash Transfers. This, in turn, delayed transfer of funds, monitoring at the local level and, consequently, data collection and reporting. Mitigation measures, such as a robust collaboration with OPM, enhancement of the partnership with Ministry of Finance, and especially UNICEF direct technical support, have successfully reduced negative impacts produced by the delays. Given the stagnation observed prior to UNICEF's involvement, it was clear that its intervention was a necessary condition for full implementation of the JNA.
13. (+) The JNA was able to reach almost all of its quantitative targets, producing expected outputs while remaining within budget (93.7% utilisation). Particularly impressive was success-

ful simultaneous implementation of Phases 1 and 2, originally predicted to be carried out sequentially. UNICEF and OPM coordination were indispensable for efficient financial management of the programme.

6.3. Relevance

14. (+) The Partnership has been relevant to development priorities by focusing on children under two years of age, pregnant women, and lactating women living in targeted districts. These demographics have been shown to be the most critical in terms of malnutrition.
15. (+) JNA actively contributed to the agendas of National Development Plan III (NDPIII) and of the Sustainable Development Goals (SDGs) to Uganda Vision 2040, as reflected in the importance given to the increase in nutrition-related budget allocations.
16. (+) The multi-stakeholder design of JNA responded to specific capacity-building needs of different governance structures, thus remaining relevant to their institutional missions.
17. (+) The FSNA conducted in districts allowed evidence-based planning and activities to be carried out targeting specific needs of local children and women of reproductive age.

6.4. Coherence

18. (+) Coherence was the high mark of the Partnership. The JNA was designed as part of UNICEF's support to GoU in implementing UNAP II. Therefore, it is aligned with the strategic pillars concerning specific nutrition, sensible nutrition and governance. The intervention is also coherent with Nutrition Strategy 2002-2030 adopted by UNICEF, as it recognises the multi-sectorial dimension of malnutrition.
19. (+) The leading position in supporting the nutrition sector in Uganda, covered by UNICEF among the financial and technical international partners, facilitated engendering of synergies and complementarities among all ongoing nutrition-sensitive and nutrition-specific initiatives in the country. It is also possible to minimise risks of duplication by fostering harmonisation with sectoral strategies and collaborative planning and implementation of food security and nutrition assessments—an activity conducted collaboratively by UNICEF/NIPN/UBOS and involving other key partners.
20. (+) UNICEF relied on other organisations such as WFP, FAO and UNCDF to carry out activities on which its staff lacked expertise, for instance, FSNAs, school gardening activities, district planning and budget training. UNICEF acted to ensure that different policy priorities were coherent, accounted for and implemented to a high technical standard.

6.5. Sustainability

21. (+) The direct involvement of OPM and the sectoral ministries, the alignment with national policies and strategies, partnerships with NGOs and the United Nations system, and capacity-

building are all conducive factors to long-term viability. At institutional level, those efforts have made it possible to broaden the advocacy agenda.

22. (+) The existence of several fora to discuss nutrition within the government is another important element of institutional and political sustainability. The approach has not only strengthened coordination capacity in the country but has also enabled greater participation at the local level, thus promoting ownership of the activities.

23. (+) The buy-in of district leaders has proven essential for sustainability of nutrition practices such as promoting dietary diversity, increasing consumption of animal protein, and addressing micro-nutrient deficiencies. The inclusion of more fruits, vegetables, and poultry in diets creates new eating habits with a potential to drive behaviour change in the long term.

24. (-) District and community levels remain deprived of important resources to ensure that the benefits produced are maintained. In fact, MS NCC members would like to receive more training and means to manage data collection and measurement of nutrition indicators, as well as being incorporated as paid administrative staff, indispensable elements to ensure long-term sustainability.

25. (-) Right-holders show important fragilities, without adequate capacities to cope with negative effects of climate change, low agricultural production, market instability, or availability of resources and means to launch productive activities. Such external factors can adversely affect maintenance of benefits obtained by MSNCC and subsequently increase the nutritional vulnerability of households.

26. (-) Entrepreneurship actions aimed at generating income for youth were not properly supported, challenging the capacity of families to provide for themselves sustainably.

6.6. Lessons learned

Following are some lessons learned from the JNA experience that may be extrapolated to other countries, a scale-up within Uganda, and other nutrition-related interventions.

- ***UNICEF's adaptability,*** demonstrated thanks to its **ability to draw on specific expertise from international cooperation actors with whom UNICEF has established a long collaboration, especially in the nutrition sector**, advocating for nutrition policies, and promptly addressing resource gaps, played a pivotal role. In future interventions, **UNICEF capitalised the experience and will actively continue assuming a catalytic role, particularly during the implementation phase**. This proactive approach enhances agility and responsiveness, contributing significantly to the programme's effectiveness.

- ***Effective policy change may require central government sanction.*** Incorporating the topic of nutrition into policy planning instruments of ministries required a super-ordinate programme "owner" with administrative powers; in this case, the OPM. **Placing programme coordination in the cabinet of head of government is therefore highly**

likely to increase effectiveness of similar interventions. *(Duty-bearers: UNICEF, national governments during programme design)*

- ***Production and publication of nutrition spending data triggers government accountability.*** A large measure of programme effectiveness was attributed to **evidence-based awareness-raising actions involving the tracking of official spending on nutrition**. Monitoring such data is key to planning and budgeting any programme modelled after the JNA. *(Duty-bearers: national governments, research institutions during implementation, UNICEF during programme design)*
- ***Follow-up funds for service delivery must be in place so that capacity built is not lost.*** The participation in committees empowered agents and frontline service providers, but their sustained engagement requires adequate financial support. **The likelihood of impact of JNA-like interventions will be higher if funds for the frontline are assured so that capacity-building activities are immediately translated into service delivery.** *(Duty-bearers: national governments and donors during programme implementation, UNICEF and donors during programme design)*

VISIBILITY

- Visibility of the initiative is demonstrated not only by the importance given to implementation of awareness-raising activities, dissemination of messages and organisation of demonstration sessions. But, this is also by products of studies, research, reviews, developed during the programme and compliant with established standards for visibility and communication from EU and UNICEF.
- Furthermore, the collaboration established with other UN agencies, as well as the coordination entrusted to OPM, have made it possible to increase visibility of the JNA.
- The UN system, and especially UNICEF, enjoys legitimacy and acceptance between actors, institutions and organisations in the country. Moreover, UNICEF and OPM have achieved a singificant level of visibility and capillarity, thanks to their central role in operating from the national level down to the district and local levels.
- Roles of UNICEF and OPM were crucial to defining the demands, facilitating planning of the cooperation initiative, managing expectations, mobilising resources, providing expertise. Key stakeholders recognise UNICEF as a specialised agency with on-the-ground presence and its capacity in mobilising partners at various levels were extremely appreciated. Interviewees expressed gratitude for OPM and UNICEF's proactive approach in advancing the agenda, especially during challenging times.

7. Recommendations

The five recommendations on Table 7 are presented considering their feasibility for implementation in the short-, medium-, and long-term.

The process of developing the recommendations took into account evidence and observations found during the analysis conducted. **Based on the conclusions outlined, it is clear that action needs further accompaniment and guidance provided by UNICEF, which is why three of the five recommendations defined are rather strategic in nature**.

Indeed, despite the evident strengthening of OPM and the multi-sectoral dimension of governance in the area of nutrition**, it is still necessary to consolidate advocacy action.** This is so that renewed governance on nutrition is also supported by governmental investment efforts—without which it would not be possible to impulse structural transformations at socio-cultural level or to achieve significant results on nutritional conditions of the entire population.

The objective is to provide guidance to government, as well agencies and potential funders, regarding investment priorities. These recommendations lay the foundation for JNA improvement and extension to other districts in the country facing similar vulnerability situations.

The recommendations were discussed in a validation workshop with UNICEF and designated stakeholders.

Table 7 - Recommendations

Number	Recommendations	Supporting Conclusion #	Timing/ Priority	Relevant stakeholders	Type of the Recommendations
1	**Institutionalise the Multi-Sectoral Nutrition Coordination Committee (MSNCC)** assigning a more secure status to its members. For example, establish a sustainable remuneration, consider a fixed-tenure scheme or the temporary integration of committee members within the administration.	1,10,11	Short term/high	(supporting actor) UNICEF, (primary addressees) MoLG, Districts and Communities	Strategic

Number	Recommendations	Supporting Conclusion #	Timing/ Priority	Relevant stakeholders	Type of the Recommendations
2	**Develop refreshing technical trainings addressed to NCC members and nutrition focal points. Engage district local governments in trainings** addressed to heads of departments at the division level, focusing on technical aspects of nutrition to standardise behavioural change messaging and enhance discussions during NCC and technical planning meetings. **Consider involving civil society organisations in establishing strategic partnerships** around nutrition with local government.	9,11,23,24	Short term/high	(supporting actor) UNICEF, (primary addressees) MoLG, Districts, civil society and NGOs	Operational
3	**Develop and implement a capacity-building plan addressed to community members to strengthen screening and referral skills** (practical trainings like house/kitchen gardening and field). Focus on **empowering farmers, especially women**, through the organisation of trainings **in food systems-appropriate cultivation techniques** to cope with effects of climate change. Include modules for youth on nutrition value chain-related businesses.	25, 26	Medium term/high	(supporting actors) UNICEF, (primary addressees) District Local Government, Ministry of Education, Ministry of Agriculture Animal Industry And Fisheries, and the Ministry of Gender, Labour, and Social Development, Community members	Operational

Number	Recommendations	Supporting Conclusion #	Timing/ Priority	Relevant stakeholders	Type of the Recommendations
4	**Enhance collaboration and alignment in nutrition programme implementation and uphold resource mobilisation** by organising a Stakeholder Nutrition Consultative Meeting, like the successful 2020 event.	1,2,3,22	Medium term/medium	(primary addressees) UNICEF, OPM, (supporting actor) line ministries, other donors, and development partners	Operational
5	**Consolidate the partnership with Ministry of Education** to promote nutrition education within primary schools and nutrition mainstreaming within curricula of technical vocational training. In addition, **the collaboration established with academia and universities can be valued to develop practical trainings** addressed to nutritionists, agronomists, rural engineers, and health workers.	4	Medium term/medium	(supporting actor) UNICEF, (primary addressees) Ministry of Education, Ministry of Agriculture, Animal Industry And Fisheries, academia, and universities	Strategic

8. Documents reviewed

Literature other than reports and administrative documents is cited in the footnotes.

District, District advocacy briefs

District, District Nutrition Action Plan

Office of Prime Minister, Food Security and Nutrition Assessment, 2020

Office of Prime Minister, Food Security and Nutrition Assessment, 2021

Office of Prime Minister, National Nutrition Investment Case

Office of Prime Minister, Nutrition Advocacy and Communication Strategy II

Office of Prime Minister, Nutrition Causal Analysis

Office of Prime Minister, Nutrition Expenditure Review

Office of Prime Minister, Nutrition Information Platform for Nutrition

Office of Prime Minister, Standard Operating Procedures

Office of Prime Minister, Uganda Nutrition Action Plan II

United Nations Children's Fund, EU-UNICEF Uganda Joint Nutrition Action

United Nations Children's Fund, Mid-Term Evaluation Report of EU-UNICEF Uganda Joint Nutrition Action

United Nations Children's Fund, Nutrition Capacity Assessment Report

United Nations Children's Fund, Nutrition Capacity Development Plan

United Nations Children's Fund, Nutrition Stakeholder Mapping Report

United Nations Children's Fund, Project Annual Report, 2021

United Nations Children's Fund, Project Annual Report, 2019

United Nations Children's Fund, Project Annual Report, 2020

United Nations Children's Fund, Project Annual Report, 2022

United Nations Children's Fund, Project Final Narrative Report

9. Annexes

9.1. Terms of reference

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef

UNICEF Uganda Country Office
REQUEST FOR A CONTRACT/LTA FOR SERVICES (INSTITUTIONS)

TITLE OF ASSIGNMENT / LTA

END-TERM EVALUATION OF THE EU-UNICEF JOINT NUTRITION ACTIONS (PARTNERSHIP FOR IMPROVED NUTRITION IN UGANDA - STRENGTHENING NUTRITION GOVERNANCE FOR MULTISECTORAL RESPONSE) UNDER THE DEVELOPMENT INITIATIATIVE FOR NORTHERN UGANDA (DINU) PROGRAMME

BACKGROUND & OBJECTIVES

Overview

The UNICEF Uganda Country Office (UNICEF UCO) seeks to hire a highly qualified international or national institution for the end term evaluation of ***an EU-UNICEF Uganda Joint Nutrition Action - Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multisectoral Response*** under the broader framework of Development Initiative in Northern Uganda (DINU).

These terms of reference include the background of UNICEF's nutrition governance work, a description of the evaluation expectations, including purpose, objectives, scope, questions, methodologies, timelines, deliverables, management arrangements, required competencies, as required to prepare a proposal for the evaluation. The evaluation design will be agreed between EU, UNICEF, OPM and the evaluation institution once the contract is awarded

Background

The Lancet has identified childhood malnutrition as a public health disaster, The Increasing triple burden of malnutrition – *undernutrition, hidden hunger and overweight* – threatens the survival, growth and development of children, young people, economies and nations (Lancet 2019). The recently launched UNICEF State of the World's Children Report 2019 portrays a grave situation, with at least 1 in 3 children undernourished or overweight and 1 in 2 children suffering from hidden hunger. This implies that millions of children across the world are at risk of not growing and developing to their full potential. The report identifies globalisation, urbanization, humanitarian crises, climate shocks and widening inequities as the key drivers for such situation of children in the world.

In Uganda, almost 1 in 3 children are stunted, more than half are anaemic and almost 4 percent of children are overweight (UDHS 2016). These statistics signify that children are not developing well, have reduced. learning abilities and are at a risk of. type-2 diabetes, stigmatization and adult obesity, with serious health and economic consequences. On the other hand, only 15 percent of children aged 6-23 months were fed with the recommended minimum acceptable diet in Uganda – a sign of poor dietary diversity (UDHS 2016).

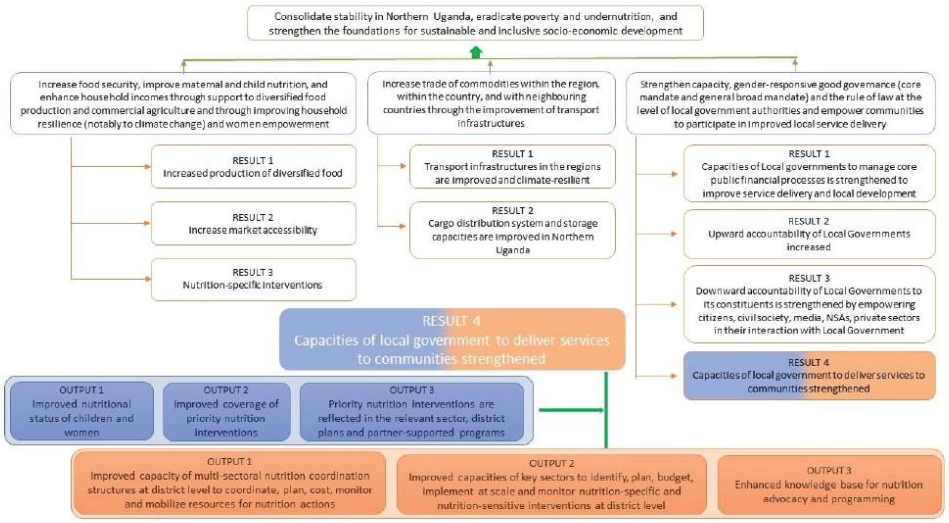
UNICEF supports the Government of Uganda and partners to keep children alive, safe, and learning – ensuring children and women live healthier lives, are protected from violence and exploitation, and children can access a quality education, starting early in life. UNICEF supports the Government of Uganda to develop evidence-based policies, implement effective and high-coverage service delivery and strengthen dynamic community systems. UNICEF advocates for policies for women and child's issues through strong evidence-based approaches, stemming from the policy review and analysis, research and evaluation and wider consultation with concerned stakeholders for prioritizing issues that affect children and their families. An enabling environment is created at all levels, especially by strengthening the institutional and individual capacity of government to plan, implement, monitor and evaluate the basic social services for children and women. UNICEF also advocates for women and child issues with a strong communication for social and behavior change. It supports the national, sub-national, district government and partners for effective and timely service delivery to reach the most vulnerable and poor children and their families, with special attention to those who live in remote areas.

Nutrition Governance in Uganda

Along with the key recommended nutrition-specific and -sensitive interventions, the Lancet Series on Nutrition also identified "building enabling environment" as one of the key aspects for improved nutrition outcomes[1]. This includes improving coordination, accountability, leadership, capacity investment and resource mobilization. There has been an increased understanding on the multi-faceted nature of nutrition, with multi-layered determinants spanning different sectors. Addressing undernutrition therefore requires concerted efforts from each of the sectors. This poses a challenge that requires a strong system of governance. UNICEF's support to strengthening nutrition governance thus aims to strengthen the 'enabling environment' for nutrition and improve systemic and organizational capacity at the national and district level for multisectoral coordination, planning, monitoring and evaluation. This includes strengthening the ability of the Government to effectively engage external development partners, civil society and the private sector. World Bank (2000) defines governance as the institutional capability of public organizations to provide public goods and services demanded by the citizens in an effective, transparent, impartial and accountable manner.

Recognizing the lack of an institutionalized coordinating mechanism for nutrition within the public sector, the Uganda Nutrition Action Plan I (UNAP I) (2011-16) was developed to strengthen the coordination structure that would enable policy and programming, joint planning by sectors, engagement of partners, civil society, academia and private sector, and to advocate for resource allocation for nutrition. The UNAP highlights that Improved nutrition governance will enhance the performance on key nutrition indicators, will streamline the budget allocation and expenditure for nutrition and will channel the efforts in a synergistic manner, to address the high rates of malnutrition among women and children in Uganda. The soon to be approved UNAP II continues to emphasize strengthening the coordination mechanism for nutrition at all levels.

Figure: Theory of Change for DINU



Note: The figure above depicts the theory of change for Development Initiative in Northern Uganda (DINU). The coloured part shows the EU-UNICEF Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multisectoral Response. The blue highlighted represents actions from Government of Uganda while the orange highlights the actions from UNICEF.

[1] https://www.thelancet.com/action/showPdf?pii=S0140-6736%2813%2960842-9

Through the European Union (EU) funded Development Initiative for Northern Uganda (DINU), UNICEF's support on nutrition governance aims to strengthen the 'enabling environment' for nutrition and improve systemic and organizational capacity at the national and district level for multisectoral coordination, planning, monitoring and evaluation. This includes strengthening the ability of the Government of Uganda to effectively engage external Development Partners (DPs), civil society and the private sector. This joint EU-UNICEF action will build on the recent global evidence by supporting interventions that aim at improving intersectoral coordination, vertical coordination, sustainable funding, enhanced commitment and leadership, monitoring and evaluation, and advocacy, all of which contribute to improved nutrition outcomes. The figure below describes the Theory of Change for DINU in which the EU-UNICEF Partnership for Improved Nutrition in Uganda is also embedded. It is based on UNICEF's comparative advantages to support the realization of the rights of children through building capacity in multiple sectors for coordination, planning and budgeting and capacity to engage concurrently globally, regionally, and nationally based on evidence.

The overall objective of DINU is to consolidate stability in Northern Uganda, eradicate poverty and undernutrition, and strengthen the foundations for sustainable and inclusive socio-economic development. The DINU programme has three specific and interlinked objectives as shown in the Figure above.

EU-UNICEF Uganda Joint Nutrition Action - ***Partnership for Improved Nutrition in Uganda - Strengthening Nutrition Governance for Multisectoral Response*** is focussed on supporting the achievement of DINU objective 3 (*Strengthen capacity, gender-responsive good governance core mandate and general broad mandate) and the rule of law at the level of local government authorities and empower communities to participate in improved local service delivery),* result 3.4 (*Capacities of local government to deliver services to communities strengthened*). The **overall goal** of the action is *to contribute to improved nutrition outcomes of women and children in Northern Uganda by strengthening nutrition governance for scaling up nutrition*. The specific results of the action are reflected in three outputs;

- ***Output 1.*** Improved capacity of multi-sectoral nutrition coordination structures at district level to coordinate, plan, cost, monitor and mobilize resources for nutrition actions.
- ***Output 2.*** Improved capacity of sectors -Health, Agriculture, Education, Water and sanitation, and Gender and Social Development - to plan, budget, implement at scale and monitor nutrition-specific and nutrition-sensitive interventions at district level
- ***Output 3.*** Enhanced capacity of district governments to inform their programming based on data collection and analysis

The EU-UNICEF Joint Nutrition Action is being implemented at the local government level in the districts of Moroto, Abim, Kaabong, Amudat, Napak, Nakapiripirit, Nabilatuk, Kotido, Pader, Moyo, Yumbe, Adjumani, Nebbi, Koboko, Omoro, Zombo, Otuke and Kole as well as at the national level through relevant ministries, departments and agencies. The main beneficiaries are children under two years of age, pregnant and lactating women, in particular those living in the EU-UNICEF DINU focus districts. Target groups include; policy and decision makers at national and district levels, key sectors involved in the design and implementation of UNAP at national and district levels (e.g. health, agriculture, education, gender, labour and social development, water, finance, and local government), development partners (e.g. UN, donors), civil society and academic and research institutions. As part of the EU-UNICEF Joint Nutrition Action contract, an evaluation of the action has been planned.

Purpose and Objectives:

The purpose of the end-term evaluation is to provide an independent assessment of achievements against the planned results and activities set out in the results framework of the action, identify challenges and draw lessons and recommendations for improving future designs of similar initiatives.

The planned evaluation is will aim to effectively capture lessons learned, and it will contribute to having those lessons communicated, shared and utilized by UNICEF, government institutions, CSO partners, EU, other stakeholders and beneficiaries. The emphasis on lessons learned speaks to the issue of understanding what has worked and what has not worked as a guide for nationwide scale-up and policy advocacy.

Specific Objectives: Specifically, the evaluation will aim;

1. To assess the extent to which planned results of the action (purpose, outcomes, and outputs) have been achieved, or are likely to be achieved across all the intervention districts.

2. To understand what action components worked well, where, why and under what circumstances.
3. To assess the extent to which programme actions were relevant, consistent and appropriate in relation to the nutrition requirements of beneficiaries and country policies and strategies for nutrition in Uganda.
4. To assess the prospects of continuity of benefits and outcomes following the completion of the programme implementation, and to recommend measures to improve and ensure sustainability of actions.
5. To provide forward looking learning, conclusions and recommendations for strengthening scaling up similar initiatives in partnership with different government stakeholders in Uganda.

SCOPE AND METHODOLOGY

The EU-UNICEF DINU Action is a six million[2] EUROs grant whose implementation started on 22.12.2017 and ends on 31 December 2022. The evaluation will cover the implementation period between December 2017 and June 2022 of the EU-UNICEF Joint Nutrition Action. The evaluation is intended to be summative, with a view of generating evidence and lessons to inform scale up of similar interventions and design of future initiatives.

The evaluation will adopt the UNICEF Ethical procedures and follow UNEG evaluation standards[3] during execution of the evaluation as well as OPM evaluation principles and guidelines. This evaluation will use a mix of quantitative and qualitative methodologies and techniques as determined by the specific needs for information, by the questions set out in the TOR, by the availability of resources and by the priorities of stakeholders. The evaluation will be undertaken through a triangulation exercise of data stemming from desk review (consultants will be provided with documents to review), structured interviews, as well as other sources to be established by the consultants. These could be primary data coming from focus groups, questionnaires, surveys and key informant interviews; or secondary data stemming from other entities. Data to inform the evaluation will be collected through open and semi-structured interviews with key stakeholders, a comprehensive review of documents, synthesis, and analysis of data from regular project monitoring as well as field visits. Interviews with beneficiaries and local partners using participatory review and evaluation methodologies will be strongly encouraged. As resources (time, financial, human) are limited, it is thought that the evaluation will effectively utilize recent progress and financial reports, relevant information from other reviews or assessments done of the programme, project components or its stakeholders, and other relevant available documentation.

Stakeholder participation is essential and will be sought from the beginning of the process. The evaluation will thus include interviews with different stakeholders aimed at ensuring multiple perspectives, with clear views and assessments from project stakeholders and stakeholders outside the project. It is an objective of the evaluation to strengthen the overall project, including enhancing the project management teams' abilities to deliver effectively on the project, through learning, sharing, and practical engagement. The evaluation will thus involve UNICEF and partner management staff in interviews, discussions and field visits. The evaluation will be carried out through a wide participation of all relevant stakeholders including the Office of Prime Minister (OPM), MDAs, development partners, civil society organizations (CSOs), beneficiaries and UN agencies.

Moreover, at all stages of the evaluation, gender and human rights principles will be integrated in the design of the evaluation. Data will be disaggregated by relevant criteria including age, gender, marginalized and vulnerable groups, etc. and gender analysis will be applied. Moreover, the evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation design, focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will also follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.

In line with the overall purpose and objectives of the assignment, the evaluation will adopt the Organization for Economic Cooperation and Development (OECD) DAC evaluation criteria (relevance, coherence, effectiveness, efficiency, and sustainability) and draft the report along the same criteria. Given that the evaluation is summative in nature, with no quasi-experimental design envisaged,

[2] Five million from the European Union and cost sharing of one million rom UNICEF.
[3] https://www.unicef.org/evaluation/files/FINAL_GEROS_2016_4.xltx
https://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf

assessment of impact criterion of OECD will only adopt a contribution analysis path of how the programme outcomes are likely or are contributing to the envisaged impact.

The Joint Action has a broad scope of ambition ranging from national policy support and systems to support at the district local government level. Most of the initiatives or activities are mainstreamed in overall national efforts to combat malnutrition in the country. The activities under the programme have the potential to support across the spectrum of ongoing national efforts for nutrition. The evaluation will therefore offer equally broader observations that the national efforts are making in relation to addressing the high rate of malnutrition in Uganda. However, the recommendations of this Evaluation will specially focus to this programme with wider policy recommendations on nutrition governance for government.

Preliminary Evaluation Questions

While the ToR stipulates the below sample evaluation questions for consideration, the Evaluation Team will be required to build upon and/or refine the same to exhaustively capture the precincts of the scope of work. Moreover, in expounding on the methodology, the Evaluation Team will be required to develop an evaluation matrix detailing the means of verification and how data for each of the final agreed upon evaluation questions will be collected, analysed and presented.

Table 1: Preliminary Evaluation Questions

OECD Evaluation Theme	Key Evaluation Questions
Relevance	• To what extent are the EU-UNICEF DINU action's objectives consistent with beneficiary needs, government needs, priorities in NDP III, UNAP-II, SDGs, and regional and international commitments? • How well were emerging issues, linkages with sectoral interventions , and innovative approaches to strengthening the multi-sector nutrition governance considered? • To what extent did the Theory of Change upon which the joint action was premised and its underlying assumptions hold throughout implementation of the programme?
Coherence[4]	• How well did the intervention fit with other interventions in a country, sector or institution. • How has the EU-UNICEF joint nutrition action created synergies among implementing partners and involved their concerted efforts to optimize results and avoid duplication? • To what extent have harmonization measures at the operational level contributed to improved efficiency and results?
Effectiveness	• To what extent has the EU-UNICEF DINU Joint Action achieved its planned objectives and results including the extent to which the governance system for nutrition have already been improved. • To what extent did implementation of EU-UNICEF DINU Actions consider cross-cutting issues such as gender, equity and human rights etc. To what extent have cross-cutting issues such as gender and human rights, child rights and gender equality dimensions, socio-cultural mitigation measures been mainstreamed? • What were the major factors influencing the achievement or non-achievement of the expected results? • How did the targeted beneficiaries participate at all levels across the design, implementation and monitoring of the EU-UNICEF action's interventions?
Efficiency	• How was the EU-UNICEF DINU Joint Action implemented in an efficient way (time, personnel, and financial resources)? • What are the strengths and weaknesses in terms of planning, management, implementation and monitoring to inform the remaining period of EU-UNICEF DINU Joint Actions? How adequately did the OPM and DLGs respond to emerging issues in planning and during the implementation of the EU-UNICEF DINU Joint Action?
Sustainability	• To what extent did the joint action put in place an enabling environment that supports on-going early positive outcomes been created or nurtured for achievement of a society free from malnutrition. • What partnerships have been established and functional for sustainability at both national and local

[4] *The extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa. Includes internal coherence and external coherence: Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.*

	government level? • How did the EU-UNICEF Joint Action undertake appropriate risk analysis and take appropriate actions to ensure that results to which it is contributing are not lost?

Anticipated Evaluability of the Joint Actions:
The EU-UNICEF Joint Nutrition Action has a dedicated results framework that details the envisaged measures of progress under each result in the Joint Action results chain. This has been a premise for monitoring performance of implementation of the Joint Action. The initiative also benefited from a mid-term evaluation that was completed mid-2021 and generated a number of actionable recommendations that were implemented in the last one year of the programme.

The Evaluation team will need to anticipate key limitations to the evaluation in as far as methods, sources of information among others. The team is encouraged to articulate possible measures it will put in place toward addressing the anticipated limitations in the proposal and expound on the same in the inception report.

Ethical considerations:
The evaluation team should not anticipate the Evaluation to be published. However, the Evaluation team is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects in the evaluation, the evaluation team is encouraged to seek ethical review board preferably from a recognized Institutional Research Board and the Uganda National Council of Science and Technology[5].

Dissemination of evaluation findings and recommendations:
Timely and appropriate dissemination is key to ensure that the evaluation will have an impact on policy and implementation of future similar nutrition governance initiatives. The Evaluation Team is encouraged to build a case of how innovatively the evaluation findings could be disseminated. UNICEF envisages the following dissemination opportunities;

- ✓ **Written documents:** Final report will be shared with the Office of the Prime Minister, Ministry of Health, European Union Commission, within UNICEF, UN inter-agency working groups on nutrition, civil society organizations and with other key stakeholders.
- ✓ **Country-based presentation and dissemination workshops:** The evaluation findings and recommendations will be disseminated to national and local stakeholders in the national level validation sessions, including Speaker series, among others.
- ✓ **Management response:** The UNICEF will work in liaison with the implementing partners to draft and complete the evaluation management response and recommendation action map.

DELIVERABLES AND TIMELINES

The selected evaluation team will be responsible for meeting the following expected deliverables:

- **An inception report** (30 - 35 pages maximum, without annexes), which should include, but not limited to: interpretation of the Terms of Reference; detailed desk review of existing literature related to implementation of the joint nutrition action and presents a clear understanding of the ToC of the EU-UNICEF joint nutrition action; detailed work plan schedule; detailed expounded data collection methodology; data collection tools; data analysis plan; and detailed outline of the evaluation report. The methodology should include a stakeholder mapping and elaborate how the contractor will ensure inclusivity and participation of key stakeholders in the evaluation process.
- **A final draft evaluation report** (Not exceeding 50 pages without annexes), as per agreed format – a tentative format is provided hereunder. Plus, a Power Point presentation not exceeding 15 slides and a validation meeting synopsis report.
- **A final Evaluation Report of the** EU-UNICEF Joint Nutrition Action including, an executive summary (Not exceeding 45 pages without annexes), containing the following sections at the minimum;
  - Executive summary
  - Introduction (that includes the Development Context)

[5] Refer to the UNCST Act 1990, CAP 209

- The EU-UNICEF Joint Nutrition Action
- The Evaluation - (objectives, scope and methodology, limitations)
- Evaluation findings - following the structure of evaluation criteria, including results achieved, constraints, lessons learned and conclusions
- Recommendations including proposed adjustments for policy implementation
- As annexes to the final report:
  - Final revised Evaluation Tools
  - List of Documents reviewed
  - List of agencies, implementing partners, staff consulted, and interviews undertaken during the review process
  - Final Power Point presentation of the evaluation incorporating comments from validation meeting
  - Policy brief on a Nutrition Governance

The final report will be subject to quality review in conformity with the UNICEF-Adapted UNEG Evaluation Reports Standards - https://www.unicef.org/evaluation/files/UNICEF-adapated_reporting_standards_updated_June_2017_FINAL.pdf. Moreover, the final report will be subject to a quality and usefulness assessment on the Global Evaluation Reports Oversight System (GEROS) - https://www.unicef.org/evaluation/index_GEROS.html

Table 2: Deliverables and anticipated duration

SN	Task	Deliverable(s)	Estimated number of days required	Estimated Completion Date*
	Evaluation design, methodology and detailed work plan	Final Inception Report (includes presentation, protocols, field work, tools)	10 days	
	Inception meeting initial briefing		5 days	
	Desk review and stakeholder consultation	Draft Report (Including a presentation)	10 days	
	Field visits		14 days	
	Data analysis, debriefing and presentation of draft evaluation report		10 days	
	Validation workshop	Final Report (including a presentation, Policy Brief on Nutrition Governance)	1 day	
	Finalize the revaluation report incorporating additions, comments provided by all stakeholders and submission to UNICEF		10 days	

**Assumption that the contract will be completed by November 1, 2022.*

PROPOSED PAYMENT SCHEDULE

Year of implementation	Deliverable	Payment Instalment
2022	Inception report	1st payment will be 25% of the contract cost
	Draft Report	2nd payment will be 40% of the contract cost
	Final Report and Policy Brief	3rd payment will be 35% of the contract cost

QUALIFICATIONS, SPECIALIZED EXPERIENCE AND ADDITIONAL COMPETENCIES

Qualification Requirements:

Experience:

- The institution should have more than 10 years of experience in monitoring and evaluation of large scale, multi-sectoral, nutrition projects in developing countries.
- The principal investigator should have at least master's degree in Public Policy and Management, Public Administration, Development studies, International Development, or any other relevant university degree with an extensive expertise,

knowledge, and experience in the field of Governance, inclusive participation, with focus on citizen participation and empowerment, multi-sectoral coordination related to nutrition.
- At least 10 years of experience in working with international organizations and donors.
- In depth understanding of multi-sector nutrition programming in low and middle-income contexts, preferably in the Eastern and Southern Africa region.
- Experience in conducting mixed method research approaches including quantitative and qualitative research and policy analysis.
- Successful demonstration of management of evaluation team and collaboration with evaluation stakeholders
- The team should have an extensive experience of governance, programme formulation, monitoring and evaluation.

Skills and Abilities:
- Good documentation and report writing skills.
- Ability to work in a multicultural environment.
- Adaptability to changing environments and demonstrated flexibility in work style.
- Production of high-quality deliverables on time.
- Excellent English written and oral communication skills.
- Excellent analytical, research and report writing skills.
- Good communication and relationship-building skills.

Desirable:
- Previous experience working with UNICEF

Personnel:
The institution should have a dynamic team with adequate human resources to complete the assessment on time. The proposed team should include at least a Team Leader (Evaluation Expert), Nutrition Governance Expert and Nutrition Policy Expert.

MANAGEMENT & OVERSIGHT

UNICEF: To carry out contract management and provide financial and technical support for this process, as well as quality assurance and oversight of the entire process

OPM: To provide technical oversight as well as overall coordination for this process and facilitate the convening of key stakeholders as relevant

Selected institution: Implementation of the assessment and analysis using an agreed technically sound methodology in a participatory and consultative manner; delivery of quality results on a timely basis in consultation with UNICEF and key stakeholders; organisation of all logistics.

CONTENT OF TECHNICAL PROPOSALS

Technical proposals should include, but not limited to: Company Profile, List of Projects Delivered, Customer References, Interpretation of the ToR, understanding of context, detailed methodology and approach to carry out this work, Work Plan with timeline, Project Team with clear roles and responsibilities and CVs of the team members.

The proposal should highlight and attach the particular documents, content that demonstrates the similar work done by the institution. It should also include the supporting certificates, financial statements and company organogram.

CONDITIONS OF WORK

a) Provision of services will not commence unless a contract is signed by both UNICEF and the awarded institution.
b) The resulting contract will be supervised by UNICEF.
c) All materials developed are subject to Intellectual property considerations under the UNICEF General Terms and Conditions of contract
d) All anticipated field travel costs to be included in the financial proposal. UNICEF will not be responsible for catering for transportation and accommodation for the consultancy team, partners or any government representative, outside what has been included in financial proposal
e) The awarded institution will work from own premises and not the UNICEF office.
f) The lead consultant to be the liaison between UNICEF and the consultancy firm

g) The consultancy firm will provide a weekly progressive update to UNICEF on the assignment

CRITERIA FOR EVALUATION – INSTITUTIONS

TECHNICAL CRITERIA	POINTS TO CONSIDER	MAX POINTS
Overall Response	Completeness of response Clear understanding of the assignment and alignment of the proposal to the ToR demonstrated Overall concord between TOR/needs and proposal	10
Company profile	Profile of company and experience on similar projects Client references of 3 most recent works attached Consultant/firm should have proven track record of publications and extensive experience conducting	10
Key Personnel	Range and depth of experience of proposed staff with similar projects Key personnel with well-defined roles and responsibilities CVs of core team (with relevant experience and qualifications) attached Proven track of three similar assignments undertaken in last 10 years PI needs to have at least 10 years of professional experience in field of Governance, inclusive participation with focus on citizen participation and empowerment, multi-sectoral coordination related to nutrition	20
Proposed Methodology and Approach	Clear and effective methodology/approach on how the institution will carry out the tasks presented Innovative, valid and updated approach proposed Detailed and sequence for each activity described Project management, monitoring and quality assurance process presented	30
TOTAL SCORE		**70**
Minimum score for technical evaluation		**50**
Technical weight: 75%	Financial weight: 25%	

9.2. Evaluation Matrix

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
I.RELEVANCE						
1. To what extent are the EU-UNICEF DINU action's objectives consistent with beneficiary needs, government needs priorities in NDP III, UNAP-II, SDGs, and regional and international commitments?	1. Have Programme activities contributed to /improved the functionality and coordination capacity of the MS NCCs, as per GOU intent (SOP)? 2. Is NCC structure better positioned to influence decision-making and programming for nutrition at national/local level? 3. Is NCC capacity (to plan, mobilise, implement and monitor for nutrition) built? Is capacity built with an equity approach (geographic, gender, deprivation, ethnicity, etc.)? 4. To what extent is ToC component relevant to PD based is still relevant?	a. Level of MS NCC functional capacity (6 indicators: TOR, minutes, joint field visits/reviews, annual work plan, budget, progress reports) b. Degree to which NCC tools reflect equity (ex. identification, targeting, monitoring of most nutritionally vulnerable groups and areas); c. Level of MS NCC performance capacity to assess, plan, mobilise, implement and monitor for PNAs (staff, PNAs coverage and actions dashboard, costed capacity plans, templates) d. Status of DNAPs (developed/ implementation initiated) d. PD underpinned by clear ToC, that logically contributes to improved nu-	MS NCC tools (SOP, ToR, analysis and reporting templates, etc.); Programme AWP, budget, and reports; Nutrition governance reports and case studies at regional /international level	i,ii	I,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
		trition governance and scale-up of nutrition services; Log frame with targets and milestones;				
2. How well were emerging issues, linkages with sectoral interventions , and innovative approaches to strengthening the multi-sector nutrition governance considered?	1. How has learning on nutrition governance evolved (improved) during the Programme? (Pillar 6) 2. Have the programme's actions improved planning, costing, budgeting, and monitoring of priority (a) nutrition-specific (in health sector) and (b) nutrition-sensitive interventions (in agriculture, education, WASH, gender sectors)? 3. What new issues emerged during the programme's implementation? How are these documented?	a. PD activities aligned with national strategies and plans and engage relevant sectors b. Degree of PD adaptation as a result of Nutrition Stakeholder Mapping and Capacity Assessment Report (2019) c. Degree of DNAPs reflection of emerging nutrition needs (refugee, natural disaster, infectious disease outbreaks/ COVID-19, etc situations)	Programme AWP, budget and implementation reports	i,ii	I,ii	a, b
3. To what extent did the Theory of Change upon which the joint action was premised and its underlying assumptions hold throughout implementation of the Programme?	1. Did the participants remain committed to supporting the MS Nutrition action and align to GoU nutrition priorities? 2. Were the assumptions true or not? E.g. Did the government remain committed? Did the new nutrition policy and strategic plan assign core responsibilities to UNAP Secretariat?	A. Degree of coherence between activities foreseen in the ToC and those implemented. B. Degree of coherence between the assumptions foreseen in the ToC and those encountered in practice	Theory of change Logframe	i,ii	i,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
II.COHERENCE						
1. How well did the intervention fit with other interventions in a country, sector or institution?	1. How were actions under the Programme coordinated/ aligned (at national/ local level) to the larger umbrella DINU Programme? 2. How were actions under the Programme coordinated/ aligned (at national/ local level) to on-going large nutrition-focused programmers, e.g., GAFSP, RIGHTs, etc?	a. Progress of indicators under DINU Result Area 3.4 pertinent to nutrition governance b. Evidence on MS NCCs discussing/ harmonising initiation, implementation, monitoring of nutrition-related programmers/projects	DNAPs; data on PNAs coverage in districts; Implementation reports	i,ii	I,ii	a, b
2. How has the EU-UNICEF joint nutrition action created synergies among implementing partners and involved their concerted efforts to optimise results and avoid duplication?	1. Has evidence generated in the Programme (baselines: FNSA, situation and causal analyses, capacity and stakeholder mapping) helped clarify roles, geographical and other targeting, and sequencing of action for nutrition at national/ local level? 2. Has coverage of priority 4 nutrition-specific and 5 nutrition-sensitive actions improved in the districts as a result of program's support to the NCC?	a. Evidence of targeting and sequencing of DNAP actions based on districts' varying/ specific needs as identified through baselines b. Trends in coverage of PNAs by district; livelihood zones; gender; age gr;	DNAPs; data on PNAs coverage in districts; Implementation reports	i,ii	I,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
3. To what extent have harmonisation measures at the operational level contributed to improved efficiency and results?	District level: NCCs, MoLG partnership, different sectoral Ministries To what extent have harmonisation measures at the operational level been adopted? What factors have influenced the harmonisation measures? To what extent have these measures contributed to improved efficiency and results?	1. Scale of adoption of 1 to 10, with 1 being the lowest and 10 the highest		i,ii	i,ii	a, b
III.EFFECTIVENESS						
1. To what extent has the EU-UNICEF DINU Joint Action achieved its planned objectives and results, including the extent to which the governance system for nutrition has already been improved.	1. What proportion of Programme outputs is realised? Were the programme's objectives and targets realistic to achieve? 2. Has the action fully achieved results by end-term? (Yes/No) 3. What factors influenced the achievement of the results?	a. Extent to which Programme activities achieved targets milestones (according to stated M&E Framework) b. Level of NSS functionality c. Status of DNAPs d. Direction of change in financing for nutrition in LDGs/sectors (not addressed; regulation put in place to include nutrition financing; etc)	DNAPs, implementation reports, EU-UNICEF DINU/JNA Action log frame	i,ii	I,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
2. To what extent did implementation of JNA consider cross-cutting issues such as gender, equity and human rights etc. To what extent have cross-cutting issues such as gender and human rights, child rights and gender equality dimensions, socio-cultural mitigation measures been mainstreamed?	1. To what extent did implementation of the Action consider gender-sensitive issues? Disaggregated data? Number of women trained? 2. To what extent did the Action incorporate the most vulnerable groups in society in their activities? (refugees, PLW, disabled, HIV) 3. To what extent did the action address or mainstream children's rights and other socially disadvantaged groups (e.g. people with disability)?	Direction of change in financing for nutrition in LDGs/sectors (not addressed; regulation put in place to include nutrition financing; etc)	Gender analysis, Policy breifs on gender Programme description document, progress implementation reports and case studies at regional /international level,	i,ii	i,ii	a, b
3. What were the major factors influencing the achievement or non-achievement of the expected results?	1. Did any unforeseen circumstances emerge and how were they dealt with? 2. What were the main enablers and obstacles influencing the Programme results?	A.List of enablers and challenges b. Measures undertaken to deal with the challenges (mitigations measures)	DNAPs; data on PNAs coverage in districts; Mid-term Evaluation Review (MTR) Evaluation Implementation reports; MCCN minutes, FNSAs, Implementation reports	i,ii	i,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
			,district nutrition actions plans, monitoring tools			
4. How did the targeted beneficiaries participate at all levels across the design, implementation and monitoring of the JNA interventions?	Rate the level of participation of targeted beneficiaries in the following levels: Design Implementation Monitoring	On a scale of 1 to 10, with 1 being the lowest and 10 being the highest) List of participants during design, implementation and monitoring	Project Action Document/Proposal Description, (MTR) Evaluation Implementation reports; MNCC minutes, Capacity development plans , district nutrition actions plans	i,ii	i,ii	a, b
IV.EFFICIENCY						
1. How was the EU-UNICEF DINU Joint Action implemented in an efficient way (time, personnel, and financial resources)?	1. To what degree does NCC functionality differ among LDGs? What could explain the difference in functionality? 2. Do NCC deliver results, as expected? 3. How well does resident TAs placed in districts support NCC?	a. Comparative levels of MS NCC functionality (6 indicators) b. Status of LDGs nutrition capacity development plan (draft/developed/implementation), DNAPs, budget/expenditure, progress reports extent of augmentation by resident TAs of MS NCC expertise for PNAs annual PD/LDGs Reports reflect appropriate allocation/utilisation of funds	DNAPs; data on PNAs coverage in districts, Financial /Progress implementation reports	i,ii	i,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
	4. Do sectors/departments include nutrition evidence into their situation briefs on strategic/annual plans? 5. Have sectors improved prioritization of 4nutrition-specific and 5nut.sensitive priority activities? Do sectoral/department's annual plans, budgets and reports include evidence for PNAs? 6. Have sectors/ departments included new nutrition-related indicators into their respective routine MIS?	extent to which LDGs nutrition expenditures align with DNAPs budget targets				
2. What are the strengths and weaknesses in terms of planning, management, implementation and Monitoring JNA? How adequately did the OPM and DLGs respond to emerging issues in planning and during the implementation of the JNA?	What are the strengths and weaknesses in the following areas: Planning (S/W) Management (S/W) Implementation (S/W) Monitoring (S/W) What were the emerging issues that arose during the planning and implementation of the Joint Action	a. List of strengths and weaknesses (S/W) for each area b. Measure of adequacy: how adequately did the OPM and DLGs respond to these issues, on a scale of 1 to 10 with 1 being the lowest and 10 being the highest?	Mid-term Evaluation Review (MTR) Evaluation Implementation reports, monitoring tools	i,ii	i,ii	a, b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
V.SUSTAINABILITY						
1. To what extent did the joint action put in place an enabling environment that supports on-going early positive outcomes been created or nurtured for achievement of a society free from malnutrition?	1. Has the Programme enabled DLGs to deliver (better) nutrition results, including, by use of equity approach? 2. Is the capacity for multi-sectorial nutrition coordination at LDGs improving as a result of Programme? Is capacity to recognise and address inequities, gender imbalances and vulnerabilities improving as a result of the Programme? 3. NCC actively mobilises resources for unfunded nutrition priorities? 4. To what extent are procedures and tools introduced via the Programme institutionalized at sectors/LDGs?	b. Degree to which DNAPs reflect equity (identification, targeting and monitoring of nutrition results for disadvantaged/less-reached areas/groups, women, and adolescent girls) 1. status of capacity (staffing, tools, MIS) improvement for nutrition 2. status of allocations/ expenditure on PNAs by sector 3. inclusion of nutrition objectives and activities into sectoral plans/ reports; increased allocation and spending by 1% within sectors	FNSAs, Implementation reports Capacity development plans and monitoring reports Sample of sectoral (National/LDG) plans and reports and budgets (budget framework papers)	i,ii	I,ii	a, b
2. What partnerships have been established and functional for sustainability at both national and local government level?	What partnerships have been established for sustainability at both national and local government level? How functional are these partnerships for achieving sustainability?	Status of nutrition champion initiative	UNAP II edrafting, FNSA', Nutrition Governance Assessment, Research on Nutrition Agriculture linkages; Capacity development plans	i,ii	i,ii	a,b

Key evaluation as per TOR	Specific evaluation question	Indicators	Desk review (I) programme, (ii) country documents, (iii) districts secondary data	Interviews at (I) national and (ii) local level	FGD at (I) national and (ii) local level	IR validation (a), follow up by e-mail/phone (b)
3. How did the JNA undertake appropriate risk analysis and take appropriate actions to ensure that results to which it is contributing are not lost?	What were the main risks identified? What were the mitigation measures put in place to counter these risks? (e.g. regarding high staff turn-over)	Table with list of risks x list of mitigation measures	SOPs, UNAP II related process , Implementation reports, monitoring tools	i,ii	i,ii	a,b

9.3. Data Collection Tools

National/sector level key informant interview guide

KII participants from: Office of the Prime Minister / UNAP Secretariat

Before beginning the interview ensure that appropriate consent form has been signed. Ask for permission to record the interview

Key informants: Members of the Nutrition Secretariat (OPM), UNAP Implementation Steering Committee, Parliamentary Sub-Committee on Nutrition, Policy Coordination Committee

1. How well does the EU-UNICEF JNA Programme align with the priorities and needs of the local communities and government? How relevant is it in addressing the nutrition needs of Uganda?
2. How well does the Programme align with other nutrition programmers implemented in Uganda? Particularly in other geographical locations – any overlap, etc
3. To what extent has the EU-DINU Programme influenced the coordination, planning, costing/budgeting, and monitoring and resource mobilisation for priority nutrition and nutrition-sensitive actions in the target areas?
4. On a scale of 1-10, how would you rate the functionality of Uganda's UNAP Secretariat? (With 1 being the lowest and 10 being the highest) Explain your rating. How has the EU-UNICEF Joint Action Programme contributed to this rating?
5. What challenges/bottlenecks (operational and capacity) have affected achievements of the Programme objectives and targets? Probe for EU-DINU internal and external factors.
6. What have been the most significant achievements of the Programme in addressing nutrition challenges in Uganda?
7. What were the emerging issues that arose during the planning and implementation of the Joint Action? How did the OPM and DLGs respond to these issues? Lessons learned?
8. How have the gender, human rights and equity dimensions been influenced by the EU-UNICEF DINU Joint Action? To what extent did the action address or mainstream children's rights and other socially disadvantaged groups (e.g., people with disability)?
9. How will sustainability of positive outcomes be achieved following the end of the JNA Programme? (Partnerships, improved capacities, risk analysis and mitigation, funding/resources)
10. What recommendations / lessons learned could improve the EU-DINU Programme implementation if it was scaled up to other districts?

Close the interview
Thank you for the time you have taken to speak with us today. We have learnt a lot from you and would like to stay in touch with you. May we keep in touch with you in case of any clarity needed and for feedback?

KII participants from: The Multi-Sectoral Nutrition Coordination Committee (MNCC), Sector Nutrition Coordination Committees, Development Partners Nutrition Coordination Committee

Before beginning the interview ensure that appropriate consent form has been signed. Ask for permission to record the interview

Key informants: Members of the MNCC/Sector Coordination Committees/Development Partner Coordination Committee

1. Are you a member of the MNCC/Sector Coordination Committee/Development Partner Committee? Does this Committee meet regularly?

2. Is the UNAP secretariat and MNCC functional? If yes, elaborate. Prompt: has functionality increased as a result of the JNA – has the coordination capacity of the MNCCs increased?
3. How has the MNCC platform influenced decision-making and programming for nutrition at national and district levels? Prompt - is the MNCC structure now better positioned to influence decision-making and programming for nutrition at these levels? Ask for concrete examples.

4. How has the EU-DINU Programme influenced the coordination, planning, costing/budgeting, and monitoring and resource mobilisation for priority nutrition and nutrition-sensitive actions in your institution?

5. What partnerships have been established for sustainability at both national and local government level? How functional are these partnerships for achieving sustainability? How will sustainability of positive outcomes be achieved following the end of the JNA Programme? (Partnerships, improved capacities, risk analysis and mitigation, funding/resources)

6. On a scale of 1-10, how would you rate the functionality of Uganda's UNAP Secretariat? (With 1 being the lowest and 10 being the highest) Explain your rating. How has the EU-UNICEF DINU Joint Action Programme contributed to this rating?

7. What challenges/bottlenecks (operational and capacity) have affected achievements of the Programme objectives and targets? Probe for EU-DINU internal and external factors.

8. What have been the most significant achievements of the Programme in addressing nutrition challenges in Uganda?

9. What efforts were made by the UNAP Secretariat and the MNCC to ensure inclusion of gender, human rights and equity dimensions in relevant nutrition documents and MNCC meeting agenda/discussions? How have the gender, human rights and equity dimensions been influenced by the EU-UNICEF DINU Joint Action? To what extent did the action address or

mainstream children's rights and other socially disadvantaged groups (e.g., people with disability)?

10. What recommendations / lessons learned could improve the EU-DINU Programme implementation if it was scaled up to other districts?

Close the interview
Thank you for the time you have taken to speak with us today. We have learnt a lot from you and would like to stay in touch with you. May we keep in touch with you in case of any clarity needed and for feedback?

KII participants from: Health, Agriculture, Education, Water and Environment, Gender and Social Development, and Ministry of Local government

Before beginning the interview ensure that appropriate consent form has been signed. Ask for permission to record the interview

Key informants: Chairperson of the Sector NCC & Sector Nutrition Focal Person

1. Have Programme activities contributed to /improved the functionality and coordination capacity of the MS NCCs, as per GOU intent (SOP)?
2. As a result of the JNA, is the NCC structure better positioned to influence decision-making and programming for nutrition at national/local level?
3. Rate the functionality of the MNCC on a scale of 1-10 (with 1 rating lowest and 10 highest). Explain your rating. How can the rating be improved?
4. Have the JNA programme's activities improved planning, costing, budgeting, and monitoring of priority nutrition-sensitive or nutrition-specific interventions in your sector?
5. What were the strengths and weaknesses of the EU-UNICEF Joint Action in the following areas: Planning (S/W); Management (S/W); Implementation (S/W); Monitoring (S/W).
6. On a scale of 1 to 10 (with 1 being the lowest and 10 the highest), how adequately did the OPM and DLGs respond to emerging issues in planning and during the implementation of the UNICEF DINU Joint Action?
7. How were actions under the Programme coordinated/ aligned (at national/ local level) to on-going large nutrition-focused programmes, e.g., GAFSP, RIGHTs, etc?
8. To what extent have harmonisation measures at the operational level been adopted? (Scale of 1 to 10, with 1 being the lowest and 10 the highest). What factors have influenced the harmonisation measures? To what extent have these measures contributed to improved efficiency and results?
9. Were the programme's objectives and targets realistic to achieve? To what extent have the results been fully achieved? What factors influenced this (main enablers and obstacles)?
10. Do you consider the following statement to be true or false: 'Targeted beneficiaries participated at all levels across the design, implementation and monitoring of the EU-

UNICEF Action's interventions. Rate the level of participation of targeted beneficiaries in the following levels:

- Design
- Implementation
- Monitoring

(On a scale of 1 to 10, with 1 being the lowest and 10 being the highest)

11. To what extent did implementation of the Action consider gender-sensitive issues? (Dis-aggregated data? Number of women trained? Inclusion of gender equity dimensions in the sector NAP and sector investment plans?)
12. How were the most vulnerable groups incorporated into the Programme activities?
13. How sustainable are the Programme activities now that the Action has come to an end? How will positive outcomes be sustained? (Partnerships established and functional? Mobilisation of resources? Mitigation measures?)
14. What are the main lessons learned from implementing the JNA? (For scale-up)

Close the interview

Thank you for the time you have taken to speak with us today. We have learnt a lot from you and would like to stay in touch with you. May we keep in touch with you in case of any clarity needed and for feedback?

Community resource persons focus group discussion guide

Community resource persons include: PDCS, VHTS, FAL, Peers, Religious Leaders, Cultural Leaders,

LCI

Before beginning, ensure that the appropriate consent form has been signed by all participants. Ask for permission to record the discussion.

A. Coordination and partnerships

Opening question and Icebreaker: What is good nutrition? How do you identify nutrition-related problems in the village? What are the causes of poor nutrition?

1. Are you engaged in any platforms for nutrition at sub-county or parish level? If yes, what platform, is it and how does it support nutrition at parish/community level?
2. Do you participate in community activities and planning to improve nutrition? (Probe in deciding what kind of support will be provided, deciding selection criteria for beneficiaries and in helping to plan how activities will be delivered and delivering activities)? Which individuals and or groups have been involved?
3. Have you been engaged in promoting community nutrition intervention in the community? If yes, by which organisation? What activities have you been involved in? Who are the beneficiaries?
4. What support have you received from the LLG departments/NCC or partners to support provide implementation of nutrition activities at community level? Is the support you received useful? Is it useful? If not, how can it be improved?
5. How often does the LLG NCC and district come for monitoring and support supervision? Do you receive feedback from LLG NCC on the performance of nutrition? If yes, how is it delivered?
6. In your view, what are the good practices you have observed in mobilising the community for a common objective?
7. Please tell me some of the challenges and recommendations to improve community participation.

a) Systems capacity building

1. Were you consulted about your nutrition needs before you received support from the VHTs, sub-counties and districts and other community volunteers?
2. What is the process of planning and budgeting for nutrition happen at parish levels? Have you been involved? What support has the LLG and NCC provided? How are the needs of women and other beneficiaries included in your plans?
3. Have you been trained on community nutrition implementation in identification of community needs to address community needs e.g., digging a safe water source, messages on nutrition?
   Which institution trained you and on what topics? Also probe for training by LLG NCC, DNCC and partners.

4. How do you use the information acquired during training as community resource person's/nutrition focal persons'/nutrition champions?
5. Are you aware of any community nutrition services the sub-counties and districts provide in this parish/village? If yes, which ones?
6. How is nutrition information shared with you? Through which channels?
7. Does nutrition information reach all members of the community? Is there a better way to share information with you?

B. Information management

1. What routine data nutrition related data is collected at the parish/community level? What sector platforms/systems are the data collected?
2. What sector receives nutrition-related information if at all (Ask for which sector the data is collected). How is data collected? How often is data collected? How is it stored? What tools are used to collect the data? Probe for who collects it, what format it is collected-e.g., hard copy questionnaires.
3. How is reporting done? Who writes the report? To whom is the report sent at the LLG Level/facility/ district level?
4. How is data on nutrition shared? Probe for platforms used for sharing data e.g., community, LLG level, district. How do ensure feedback to the beneficiaries?
5. What additional data needs do you have?

C. Strengthening communication

6. What support has the LLG NCC provided to enable you promoted nutrition messages to the community/beneficiaries?
7. Do you receive nutrition information from the sub-counties for dissemination in the Community? Is the information useful in promoting good nutrition practices and behaviours to the vulnerable?

Close the discussion group

We have learnt a lot from you today and would like to stay in touch with you. May we keep in touch with you in case of any clarity needed and for feedback?

9.4. Informed consent form

Informed consent form for KIIs and FGDs: End-Term Evaluation of the EU-UNICEF Joint Nutrition Action

Key informant interview and focus group discussion

Dear Participant,

Plan Eval has been contracted by UNICEF to conduct an End-Term Evaluation (ETE) of the Joint Nutrition Action, which is part of the EU-funded DINU Programme by assessing the achievements made against planned activities, identifying challenges, and drawing lessons and recommendations.

Background and rationale for the study: You have been invited to participate in this interview or focus group discussion and provide copies of documents aimed at collecting information on the EU-UNICEF Joint Nutrition Action. The information provided during this discussion will be kept confidential and no identifiers shall be included in the transcribed notes. Access to raw data will be restricted to the study team for analysis and synthesis for use and any data presented in conferences or papers will be anonymized. This interview will also be recorded to help us draft our notes more accurately at a later time. If you agree to take part in the study, we will ask you questions about activities related to nutrition coordination committees and how nutrition actions are implemented in your district.

This interview or focus group discussion will take a minimum of 45 minutes to a maximum of two hours.

Your participation in the research is voluntary and you may refuse to answer any questions or terminate your participation at any time during the interview.

There is no compensation for participation in this evaluation. Any questions about the project and your participation can be clarified by the interviewer or other members of staff.

We appreciate your participation!

For any inquiries or complaints, please contact Plan Eval Project Manager, Lais Bertholino Faleiros <lais@plan-eval.com>

I, the undersigned, hereby consent to participate in this study and declare that I have received a copy of this consent form.

Full name: _____

Signature: _____

Date and location: _____

9.5. Lists of stakeholders consulted

Table X - List of profiles interviewed at Partnership (programmatic) level

#	Institution	Role/Profile	Gender
1	UNICEF	Nutrition Specialist – UNICEF Focal Point	F
2	UNICEF	Nutrition Manager	M
3	SUN Focal Point/ UNAP Secretariat	Commissioner, Policy Implementation and Coordination, Office of the Prime Minister Chairperson of the MNCC	M
4	European Union Delegation	Nutrition Focal Representative	M
5	Ministry of Education and Sports	Nutrition Focal Person	F
6	Ministry of Agriculture, Animal Industry and Fisheries	Assistant Commissioner, Food Security and Nutrition Nutrition Focal Point	M
7	Ministry of Gender, Labour, and Social Development	Nutrition Focal Person Commissioner, Adult Literacy and Community Development	M
8	OPM-DINU National Programme	CTA to the OPM/DINU Programme	M
9	Bukalasa Agricultural College	Head, Nutrition Department	F
10	Mulago Health Tutors College	Principal	F

Table 8 - List of profiles interviewed at district (implementation) level

#	Role/Profile	District	Gender
1	District Production Officer/Nutrition Focal Person	Zombo	Male
2	Assistant District Health Officer	Zombo	Female
3	District Education Officer	Zombo	Female
4	District Community Development Officer	Zombo	Male
5	District Natural Resources Officer	Zombo	Male
6	District Planner	Zombo	Male
7	Deputy Chief Administrator	Zombo	Male
8	District Health Educator	Zombo	Female
9	District Commercial Officer	Zombo	Male
10	Principal SAS (CAO)	Kaabong	Male
11	NFP/ Health Educator	Kaabong	Male
12	District Health Officer	Kaabong	Male
13	DNRO	Kaabong	Male
14	DPO	Kaabong	Male

#	Role/Profile	District	Gender
15	Commercial Officer	Kaabong	Male

Table 9 - List of FGD participants in Zombo/Atyak sub-county (frontline)

#	Role/Profile	Gender
1	Community Development Officer	Male
2	Parish Chief	Male
3	Frontline Agriculture Officer	Female
4	Parish Chief	Male
5	Health Assistant	Male
6	Parish Chief	Male
7	Midwife	Female
8	Health assstant	Female
9	VHT	Female
10	Sub County Chief	Male

Table 10 - List of FGD participants at Zombo Town Council (frontline)

#	Role/Profile	Gender
1	Senior Assistant Town Clerk	Male
2	Assistant Agricultural Officer	Female
3	Senior Community Development Officer	Female
4	Health Inspector	Female
5	Animal Husbandry Officer	Male

9.6. Activities, outputs and key results per area

Table 11 - Activities, outputs and key results area1

Planned activities	Outputs	Key result
1. Undertake a mapping of nutrition-specific and nutrition-sensitive interventions planned or already under implementation by both government and other actors in the EU-UNICEF focus districts (contractual services)	Availability of nutrition stakeholder mapping	I. Log frame Indicator 1. Availability and implementation status of the Nutrition Capacity Development Plan Targeting Programme planners and managers at target district levels. Points: (1) Capacity Development Plan developed; (2) Capacity Development Plan implemented. II. Log frame Indicator 1.2: Existence of a functional district multi-sectoral committee for nutrition in all UNICEF/DINU districts. III. Log frame Indicator 1. 3: Number and type of nutrition-related surveys and analysis generated with EU/UNICEF action support. Status at End of Project: Over the course of the project, ✓ 3 FNSAs were conducted, ✓ 2 Nutrition governance assessments ✓ Nutrition Gender Analysis study ✓ Nutrition Causal Analysis study were also carried out.
2. Develop a gender-sensitive capacity strengthening action plan for the EU-UNICEF action (contractual service)	1. Availability of Nutrition Capacity Assessment report 2. Availability of Nutrition Gender Analysis 3. Technical briefs a) Strengthening integration of gender in nutrition policies b) Gender integration in nutrition programmes	
3. Strengthen the capacities of DLGs for Integrated Results-Based Planning, Budgeting and Management of multi-sectoral nutrition interventions, ensuring a gender-sensitive approach (transfer to counterparts)	1. Availability of 15 DNAP and their alignment on DDP 2. 2,715 members of respective coordination committees from the 15 DLGs and 166 lower local governments were trained. 3. Availability of Standard Operation Procedures (SOPs) for nutrition governance	
4. Strengthen the capacity of sectors and DLGs to roll out nutrition communication in priority districts, ensuring a gender-sensitive approach (transfer to counterparts)	Availability of nutrition advocacy and communication strategy II	
5. Support advocacy efforts to increase allocation of resources for nutrition	1. Availability of Nutrition Expenditure Review 2. Availability of national nutrition investment case	
6. Technical and financial support to DLGs to organise and conduct multi-sectoral nutrition		

Planned activities	Outputs	Key result
fora/technical discussions (transfer to counterparts)		

Table 12 - Activities, outputs and key results area 2

Planned activities	Outputs	Key result
1.Strengthen the capacity of sectors to plan, budget, implement, scale up whenever possible, and monitor sectoral actions through a gender sensitive approach	1. UNICEF provided financial and technical support to key UNAP implementing MDAs to conduct annual nutrition sector review and planning meetings 2. UNICEF also provided financial support to MoGLSD to conduct monitoring and support supervision visits to all 15 DINU targeted districts to assess the level of implementation of Key Family Care Practices by Community Development Officers/Parish Development Committees (CDOs/PDCs).	Log frame indicator 2.1: Number of sector-specific staff trained to plan, budget, implement, scale up and monitor sectoral nutrition actions: 2,634 technical MDA staff and DNCC members so far trained to plan, budget, implement and monitor sectoral nutrition actions at district level (for example, DNCCs, SNCCs, Municipal Nutrition Coordination Committees and Division Nutrition Coordination Committee) as well as in nutrition advocacy. (Log frame Indicator 2.1 target: 489 sector-specific staff trained)
2.Support DLGs to build capacity of sector-specific frontline service providers on implementation of community-based nutrition (specific and sensitive) interventions in priority districts through a gender-sensitive approach	1. Elaboration of nutrition-sensitive agriculture training packages for agriculture extension workers through 2020/21. 2. 225 agriculture extension officers selected from the 15 DINU districts have been trained 3. Elaboration of nutrition comic book, a teacher's guide and animated cartoon for primary school children. The materials were translated into the six commonly used languages (Alur, Lugbara, Madi, Langi, Acholi and Ngakarimojong) in the targeted districts	Log frame Indicator 2.2: Number of sector-specific frontline service providers (e.g., agriculture extension officers, Community Development Officers, Parish Development Committees, Village Health Teams etc.) trained to implement community-based nutrition actions.

	4. 150 teachers from selected schools in the DINU districts were trained	Log frame Indicator target: 6,450. Results: 5,315 frontline service providers so far trained (PDCs, CDOs, FALs, VHTs, Agric Ext and Teachers) across the 15 DINU districts.

Table 13 - Activities, outputs and key results area 3

Planned activities	**Outputs**	**Key result**
1. Conduct operational research for evidence-generation and informed programming at district level	1. Availability of Nutrition Causal Analysis (NCA) report 2. Availability of 3 Food Security and Nutrition Assessments (FSNAs) reports 3. Availability of Nutrition Governance Assessment report 4. Availability of Gender Analysis report	1. Log frame Indicator 3.1: Number and type of technical briefs developed with EU/UNICEF action support. During the project period, a total of 15 district-specific briefs were developed. These briefs were both technical with a call to action on advocacy. 2. Log frame Indicator 3.2: Number and type of communication and advocacy materials generated with EU/UNICEF action support. During the project cycle, 15 district advocacy briefs were developed. In addition, two gender-related policy briefs were developed.

9.7. JNA logical framework

Accountability line for Government of Uganda							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
1	**Improved nutritional status of children and women**	Prevalence of stunting in children under 5, %	Impact	West Nile – 33.9% Acholi – 30.6% Karamoja – 35.2% Source: (UDHS, 2016)	West Nile – 27.9% Acholi – 24.6% Karamoja – 29.2% (Reduction at 2% per annum)	UDHS 2020	**Assumptions:** The Government of Uganda remains committed to multi-sectoral approaches to nutrition. The new National nutrition policy (2017 revision) and strategic plan (being updated in 2017) are approved by government and these clearly assign core responsibilities and guidance to the UNAP secretariat, sectors and districts on MSN. Development Partners remain committed to supporting the implementation of the multi-sectoral nutrition action and align to
		Prevalence of anaemia among children under 5, %	Impact	West Nile – 56.4% Acholi –70.8% Karamoja – 67.7%	West Nile – 46.4% Acholi – 60.8% Karamoja – 57.7% (Reduction at 1.2% per annum)		
		Prevalence of anaemia among women of reproductive age, %	Impact	West Nile – 39.6% Acholi – 47.1% Karamoja – 32.0%	West Nile – 29.6% Acholi – 37.1% Karamoja – 22.0% (Reduction at 2% per annum)		

Accountability line for Government of Uganda							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
							the Uganda Government priorities
		Minimum Dietary Diversity among women, %	Outcome	TBD Currently not collected, proposed for inclusion in annual FSNAs. Baseline to be determined in year 1	>4 percentage points increase from the baseline		**Risks:** Shrinking fiscal space for social sector financing due to other Government priorities. Competing priorities within key sectors for limited space available and low priority accorded to nutrition. Decline or discontinuation of Development Partners support to priority nutrition actions due to change in their priorities and country classification status
2	**Improved coverage of priority nutrition interventions**	2,1 Coverage of priority nutrition interventions (as defined in the Uganda Nutrition Action Plan) in target districts.	Outcome	<25% for most priority actions	>80% coverage for at least 3 priority nutrition specific interventions (including 1) Vitamin A supplementation, 2) deworming of under-5 children, 3) IYCF promotion and counselling services, 4) Iron Folate supplementation of pregnant women	FNSAs (baseline 2017 for DINU districts and subsequent annual assessments.	

Accountability line for Government of Uganda							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
					>50% for at least 3 priority nutrition sensitive interventions, including: 1) Promotion of production and consumption of diversified nutrition foods at H/H levels by women and children; 2) Promotion of IGAs at H/H level; 3) Promotion and adoption of labour saving technologies for women at H/H level; 4) Promotion and adoption of low cost traditionally appropriate food storage facilities at H/H level; 5) Promotion of key WASH behaviours at H/H levels		
3	**Priority nutrition interventions are reflected in the relevant sector, district plans and**	3.1 Inclusion of priority nutrition interventions and targets in the annual plans and budgets of UNAP sectors	Outcome	Health sector annual plan and budget includes selected priority nutrition interventions	Health, Agriculture, Education, Gender sector annual plans and budgets include priority nutrition interventions (2018/19, 2019/20, 2020/2021)	Budget and expenditure analysis report	

Accountability line for Government of Uganda							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
	partner-supported programmes	(Health, Agriculture, Education, Gender) and DINU districts		Information on district plans and allocations to nutrition not known	10/15 district councils have approved and allocated financial resources for nutrition	Budget and expenditure analysis report	
		3.2 Trends and level of disbursement of domestic resources to priority nutrition interventions	Outcome	Limited budget information on nutrition-related allocation by government	Increase from the 2016/7 allocation and spending levels by 1%	Budget and expenditure analysis report	

Accountability line for the EU-UNICEF Action							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
1	**Key result area 1: Improved capacity of multi-sectoral nutrition coordination structures at district level to coordinate, plan, cost, monitor and mobilise resources for nutrition actions**	1.1 Availability and implementation status of the Nutrition Capacity Development Plan targeting programme planners and managers at target district levels. Points: (1) Capacity Development Plan developed; (2) Capacity Development Plan implemented – at least 80% of annual targets met	Output	0/2 points	2/2 points	Capacity Development Plan; Annual progress reports on the implementation status of the Capacity Development Plan	**Assumptions:** The Government of Uganda is committed to accelerating progress in the area of nutrition; There is continuity in the institutional arrangements for multi-sectoral coordination at the national level; Appropriate staffing of the secretariat is ensured

Accountability line for the EU-UNICEF Action							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
		1.2 Existence of a functional district multi-sectoral committee for nutrition in all UNICEF/DINU districts.	Output	A functional district multi-sectoral committee for nutrition exists in all districts, but they don't have clearly defined roles and responsibilities, and they don't have an annual workplan and budget.	A functional district multi-sectoral committee for nutrition exists in all districts, they have clearly defined roles and responsibilities, and they have an annual workplan and a clearly defined budget.	Annual Work Plan and Budget of sectors and districts; SOPs for coordination structures; minutes of the statutory meetings; reports of the joint field monitoring visits and review meetings; Annual Nutrition Progress Report;	
		1.3 # and type of nutrition-related surveys and analysis generated with EU/UNICEF Action support	Output	No FSNAs or other surveys carried out	Annual FSNAs data available for programming and monitoring purposes - Document developed with a summary of results of all analyses carried out during the EU/UNICEF action	FSNA reports - Communication materials	
2	**Key result 2: Improved capacities of key sectors to identify, plan,**	2.1 Number of sector-specific staff trained to plan, budget, implement, scale up and	Output	0	489 sector-specific staff (Assumption: 7 key sectors from DNCC, 3 staff per sector, per 15 districts) (8 Ministries, 3 per	Annual progress reports on the implementation status of the Capacity Development Plan	Assumption: there is commitment from the Government of Uganda to commit time from staff to participate in trainings and receive technical assistance.

Accountability line for the EU-UNICEF Action							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
	budget, implement at scale and monitor nutrition-specific and nutrition-sensitive interventions at district level	monitor sectoral nutrition actions			Ministry) (150 health workers)		
		2.2 Number of sector-specific frontline service providers (e.g., Agriculture extension officers, community development officers (CDOs), Functional Adult Literacy groups (FAL), Parish Development Committees (PDCs), Village Health Teams (VHTs)) trained to implement community-based nutrition actions	Output	0	6,540 frontline service providers (Assumption: 40% of 150 CDOs, 7800 VHTs per 15 district, 300 AEOs per 15 districts, 900 FAL per 15 districts, 7200 PCDs per 15 districts)	Annual progress reports on the implementation status of the Capacity Development Plan	**Risks:** frequent rotation of civil servants

Accountability line for the EU-UNICEF Action							
No.	**Expected result (Narrative)**	**Indicator**	**Type**	**Baseline**	**Target, 2021**	**Means of verification**	**Risks and Assumptions**
3	**Key result 3: Enhanced knowledge base for nutrition advocacy and programming**	3.1 # and type of technical briefs developed with EU/UNICEF Action support	Output	No technical briefs	At least an annual technical brief developed by each district	Technical briefs from DLGs	**Assumption:** there is commitment from district local governments to use data and develop technical briefs. **Risks:** frequent rotation, lack of time by civil servants, etc.
		3.2 # and type of communication and advocacy materials generated with EU/UNICEF Action support	Output	No communication and advocacy materials	At least one document prepared that summarises the key results from the analyses carried out in the frame of the EU/UNICEF action		

9.8. Evaluability Assessment Summary

During the inception phase of the evaluation, an Evaluability Assessment was undertaken by the evaluation team to guide the timing and enhance the potential usefulness of the results. The focus for the Evaluability Assessment of the JNA Programme included three dimensions: **Evaluability "in principle,"** considering the programme's Theory of Change; **Evaluability "in practice,"** assessing the availability of relevant data and the capacity of management systems to provide it; and the **utility and practicality of an evaluation**, factoring in the views and availability of relevant stakeholders.

For this evaluation, the evaluability assessment aimed to measure the extent to which the programme could be evaluated in a reliable and credible fashion. This assessment relied on an evaluability checklist to track the Theory of Change and Logical Framework of the JNA Programme.

Regarding programme design, the evaluability assessment indicated that the JNA programme design was well-defined, with a logical framework and results framework in place, and was relevant to the country context. However, it was observed that the programme lacked a separate Theory of Change, relying on the broader DINU programme document. The initial assessment highlighted weaknesses in the JNA logical framework:

- The absence of activities in the framework made it challenging to trace their mix, level of implementation, and results through annual progress reports against the targets outlined in the logical frame.
- All indicators for Key Result Areas (KRAs) were at the output level, measuring the delivery of activities by the JNA. The linkage of JNA-based outputs to the expected outcomes from the Government of Uganda/local governments and their influence on the uptake of nutrition-sensitive or specific services by households/families and improvement in the nutritional status of the final beneficiaries remained unclear.
- No impact-level indicators were provided in the log frame. However, at the impact level, only a contribution analysis path was planned to demonstrate how programme outcomes were likely to contribute to, or were contributing to, the envisaged impact.

Despite the challenge of separating JNA from the wider DINU programme, the evaluators considered it possible to identify critical linkages in the causal chain crucial to the success of the JNA programme, making them the focus of evaluation questions.

The evaluation was deemed relevant, timely, and poised to offer valuable lessons and broad recommendations for future designs of similar initiatives.

Iit was acknowledged that numerous other nutrition interventions funded by various agencies, along with the government's core activities, made it challenging to attribute achievements specifically to the EU-UNICEF JNA interventions. These interventions were viewed as significant contributors to the broader nutrition agenda rather than a separate portfolio achieving independent objectives.

The Evaluability Assessment process highlighted limitations in terms of the provision of adequate time and resources for field visits, impacting the amount of data that could be collected and the number of districts that could be visited within the provided timeframe.

Primary and secondary users were identified, as outlined in Section 1.2. The evaluation aimed to meet users' needs by providing answers to the evaluation questions defined by the client in the ToR. The evaluation team adjusted the list of evaluation questions based on the document review to ensure coverage of the scope of work, addressing the knowledge interests of relevant key stakeholders and cross-cutting issues.

In terms of information availability, the evaluators found Mid-Term Evaluation data unavailable, but Programme Documents, Annual Reports, and activity reports were accessible (without disaggregated data).

- Reported limitations of sector data sets and surveys may limit their usefulness.
- The status of NIPN needed to be established.
- FSNA - three reports were available, with some variation in methodology making comparison challenging.
- The Capacity Assessment was planned as a baseline for the JNA but was finalised in June 2019.

The evaluation also gathered secondary data pertinent to the assessment. Following the programme's log frame, sources of pertinent secondary data comprised:

- The Capacity Development Plan (CDP) and Annual Progress Reports detailing the CDP's implementation status.
- Annual workplans and budgets of sectors and districts.
- Standard Operating Procedures (SOPs) for coordination structures.
- Annual Nutrition Progress Report.
- Food Security and Nutrition Assessment (FSNA) reports.
- Technical Briefs from District Local Governments (DLGs).

The evaluation assessed the UNICEF-EU Joint Nutrition Action (JNA) programme based on key criteria.

Clarity: the long-term impacts and outcomes, along with proposed steps, were clearly identified in the JNA design. The programme aligned with UNICEF's broader Theory of Change, demonstrating relevance to the country context.

Relevance: programme objectives were directly relevant to target group needs, supported by evidence such as UNAP I and II, UDHS 2016, and global data on multi-sectoral governance. The beneficiary group was clearly defined.

Plausibility: the JNA programme lacked an explicit Theory of Change but implied causality. However, the overall goal was outlined in the DINU programme document, suggesting a plausible connection between interventions and outcomes.

Validity and Reliability: the JNA logical framework had weaknesses, such as the absence of activities and output-level indicators. The link between JNA-based outputs and wider results was unclear, hindering the assessment of impact.

Testable: despite challenges in isolating JNA from the broader DINU programme, it was deemed possible to identify critical linkages for evaluation focus, considering the existence of the Theory of Change and a separate accountability line for EU-UNICEF actions.

Contextualized: the evaluation recognised other nutrition interventions, cautioning against viewing JNA in isolation. It emphasised the need for a comprehensive approach within the wider nutrition agenda.

Consistency: the Theory of Change was consistently described across various programme documents, ensuring coherence in programme understanding.

Complexity:the evaluation acknowledged multiple interactions with other nutrition interventions, suggesting the need for a holistic perspective rather than isolating JNA's contribution.

Agreement: stakeholder views were considered vital, with a focus on engaging various stakeholders throughout the evaluation process.

Information Availability: while comprehensive documents existed, some data, especially financial reports from 2018-2021, were pending. Baseline data sources included FSNA, UDHS, and NIPN, with limitations highlighted.

Institutional Context: the evaluation noted practical challenges in northeast Uganda due to military operations and weather conditions, impacting field visits and data collection.

Utility: primary users were identified at national and local levels, emphasising the importance of dissemination to key stakeholders and learning from the evaluation.

Ethical Considerations: No ethical issues were detected, and risks were anticipated to be mitigated through the planned validation workshop.

The evaluability assessment also worked on the stakeholders' group, creating a map of interest groups based on the contribution and role they played in the project.

9.9. Evaluation Criteria

For a comprehensive evaluation of the project across the DAC criteria—relevance, efficiency, effectiveness, sustainability, coherence and impact, a structured approach has been adopted.

A diverse range of data sources has been employed to evaluate these criteria, covering both quantitative and qualitative dimensions. Quantitative data includes project performance metrics, budget utilisation figures, and insights obtained from stakeholder surveys.

On the qualitative front, perspectives were gathered through thorough interviews, focused group discussions, and consultations with subject-matter experts. This comprehensive approach ensures a holistic assessment of the criteria, incorporating both measurable metrics and nuanced qualitative insights.

In assessing the level of confidence in our findings, a rigorous methodology has been employed, considering the reliability and validity of the data sources. Confidence levels are categorised based on the robustness of the evidence gathered, ranging from high confidence in well-supported conclusions to moderate confidence where certain limitations may exist. It is important to note that the assessment process also identifies any particular weaknesses or limitations encountered during the evaluation. Special attention is given to instances where multiple lines of evidence may not be as exhaustive as intended.

Relevance: The relevance of the project to the identified needs and objectives and assessing how well the project aligns with its intended purpose and addresses key issues is crucial. Data sources include stakeholder interviews, focus groups discussions, Key informants' interviews needs assessments, and alignment with strategic goals.

Efficiency: Efficiency examines the optimisation of resources to achieve project objectives evaluating cost-effectiveness, timely delivery, and resource utilisation. Data sources encompass project timelines, budgetary allocations, and performance metrics. In addition to the information collected in the field through consultations with key informants, at both the national and district levels, data for the evaluation was sourced from reports and documents that account for resource utilisation at both central and district levels.

Effectiveness: For the measurement of effectiveness, different sources were used. Data source: quantitative data from performance indicators, qualitative insights from beneficiary surveys, and source data extracted from technical reports, stakeholders, and government representatives across various sectors involved in the project.

Sustainability:

In assessing the sustainability, a comprehensive evaluation relied on various data sources to capture different dimensions of long-term viability of the JNA Project. Quantitative data from performance indicators served as a foundational element, providing measurable metrics to gauge the project's ongoing success. Qualitative insights, gathered through beneficiary surveys, offered a nuanced understanding of the project's impact and how it aligned with evolving needs of the target population.

Moreover, source data extracted from technical reports provided detailed information on JNA's implementation and performance over time. To ensure a holistic perspective, engagement with stakeholders and government representatives from diverse sectors involved in the project have contributed to valuable qualitative data on sustainability.

Coherence:

The evaluation of the JNA (Joint Nutrition Action) project's coherence involves a comprehensive analysis using diverse data sources. Quantitative data from performance indicators serves as a foundational element, measuring the project's alignment and consistency with outlined objectives. Qualitative insights from stakeholder engagement, beneficiary surveys, and government representatives contribute to understanding how well the project aligns with broader goals. Extracting source data from technical reports provides detailed information on implementation and adherence to established frameworks.

Impact: In assessing the impact of the JNA (Joint Nutrition Action) project, a comprehensive evaluation drew on diverse data sources for a holistic understanding of its outcomes. Quantitative data from impact indicators served as a foundational element, providing measurable metrics to evaluate the project's tangible achievements.

Qualitative insights collected from beneficiary testimonials, FGDs and stakeholder interviews at central and district level, contributed the perspectives on the project's influence on target groups, communities and relevant sectors. Additionally, information extracted from reports, case studies and government reports specific to the JNA project enriched the evaluation, ensuring a comprehensive analysis of the project's lasting effects and contributions to its intended nutritional goals.

In evaluating each criterion, we have used a combination of quantitative and qualitative data sources. Data sources included project documentation, stakeholder feedback, and alignment with broader development strategies.

Confidence levels in our findings are systematically assessed, considering the reliability of the evidence. Additionally, any identified weaknesses or limitations in the evaluation process are transparently acknowledged, ensuring a comprehensive and accountable assessment of the project's performance.