Final Report

Evaluation of ECF UGN funded grantees projects and GOAL capacity building approach

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GOAL

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Acronyms and Abbreviations

ACF	Action Against Hunger
ANAP	Amuru Nutrition Action Plan
ANC	Antenatal Care
CBF	Community-based Facilitator
CG	Care Group
CGP	Care Group Promoter
CGV	Care Group Volunteer
EBF	Exclusive Breastfeeding
ECF	Eleanor Crook Foundation
ENA	Essential Nutrition Action
FAO	Food and Agricultural Organisation
HH	Household
IEC	Information Education Communication
IMAM	Integrated Management of Acute Malnutrition
ITC	In patient Therapeutic Care
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LC	Local Council
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCHN	Maternal Child Health and Nutrition
MDD	Minimum Diet Diversity
MMF	Minimum Meal Frequency
MoH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NW	Neighbour Women
OTC	Outpatient Therapeutic Care
SAM	Severe Acute Malnutrition
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations Children's Education Fund
UWASNET	Uganda Water and Sanitation network
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation

Introduction and Context

Project Background and Role of ECF

The Eleanor Crook Foundation (ECF) began implementing the Uganda Grassroots Nutrition (UGN) grant program in Uganda in 2017. The portfolio was established in collaboration with the University of Texas Policy Research Project (PRP). The program focused on building the capacity of local CSOs implementing nutrition-focused projects to improve their engagement, programming potential and quality and governance[1]. The focus on local CSOs was reflective of the need to tap into existing knowledge, social capital, networks and localised contextual understanding to ensure nutrition programming is responsive, applicable and feasible in a chosen place. The UGN grant program was premised on the concept that local NGOs and CSOs offer a comparative advantage, often being able to deliver services and projects more effectively, efficiently and sustainably. However, the current capacity of local NGOs and CSOs remained low.

To support their broader mandate to promote improved nutrition and build the capacity of local NGOs and CSOs, in 2017 ECF provided two three-year grants to two Uganda CSOs: (1) PACHEDO and (2) PALM[2]. To support the grants, ECF hired a Kampala-based National Programme Coordinator tasked with conducting reviews, providing mentoring, facilitating overall capacity building needs and providing monitoring and evaluation oversight to understand the overall impact of ECF's investment.

Grantee	Project Title	Project Start Date	Project End Date	Total Budget
PALM Corps	Integrated Action for Combating Malnutrition among Infants &Young Children in Moyo District, (IACM)	Assume July 2017[3]	NCE to 31 December 2020	USD 240,358
PACHEDO	Amuru Nutrition Improvement Project	Assume July 2017	NCE to 31 December 2020	USD 224,988

In 2019 ECF underwent a strategy review process, during which it was agreed that they no longer had the capacity to provide the requisite level of hands-on support required to fulfil the vision of the UGN grant program. As a result, ECF decided that funding for this initiative would not continue following the end of the current UGN grant period.

With a view to honour their commitments to the grantees, ECF entered into a grant agreement in July 2019 with GOAL Uganda to take over grant management responsibility up to grant end in December 2020.

About GOAL

Established in 1977, GOAL is an international humanitarian and development agency, committed to working with communities to achieve sustainable and innovative early response in crises, and lasting solutions to poverty and vulnerability. GOAL has worked in over 60 countries and responded to almost every major humanitarian disaster. GOAL is currently operational in 13 countries globally. GOAL's work is multi-sectoral including health, nutrition, WASH and food security-livelihoods-market development, with their systems approach incorporates resilience, inclusion, and social and behaviour change in all of programming.

GOAL has been operational in Uganda since the early 1970s, employing a market-based approach that strengthens households and community capability to anticipate and adapt to risks and to absorb, respond, and recover from shocks and stresses in a timely and effective manner. Programs in Uganda focus on building community resilience and supporting socio-economic development with a focus on water, sanitation and hygiene, health systems strengthening, nutrition, and agricultural market systems.

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[1] It should be noted that ECF's initial expectation was to provide more technical nutrition-specific support. The added focus on organisational capacity building was later integrated in order to ensure CSO capacity for effective project implementation and governance.

[2] Three local CSOs were initially selected, but support to the third CSO – GTI – was discontinued in response to a number of inconsistencies in their management approach.

[3] The official implementation start date might be assumed to be October 2017, given a number of delays associated with proposal finalization and the baseline survey, amongst others.

GOAL is currently implementing nutrition specific and sensitive interventions in nine countries and has developed global expertise in nutrition and in a range of complementary areas. GOAL's core nutrition competencies in both humanitarian and development contexts include quality curative and preventative nutritional services, community empowerment for own wellbeing (Family MUAC, Nutrition Impact and Positive Practice (NIPP), NSCG), emergency nutrition interventions, nutrition sensitive initiatives, and nutrition research and innovation.

Project Descriptions

GOAL

GOAL sought to build the capacity of the two Eleanor Crook Foundation (ECF) grantees to adaptively manage grants to achieve project objectives. The two grantees were: Partners for Community Health and Development Organisation (PACHEDO) and PALM Corps. PACHEDO implemented the Amuru Nutrition Improvement Project (ANIP) in Pabbo Sub County-Amuru District while PALM Corps implemented the Integrated Action to Combat Malnutrition (IACM) project in Dufile and Lefori Sub Counties in Moyo District. The two CSOs aimed to reduce stunting among children 0-2 years through working towards achievement of three strategic objectives: a) Improved IYCF practices b) Increased access and sustainability of micronutrient rich foods and c) Strengthened Nutrition governance.

Both projects used the Care Group approach to bring about behaviour change. This approach sought to leverage existing government and community structures (including health facilities, health workers, Village Health Teams [VHTs], agricultural extension workers, community development officers [CDOs] and District Nutritionists, amongst others). The Care Group approach used the application of learning modules and subsequent household visits to support practice of learnt behaviours. A Care Group consists of 10-12 Lead mothers who meet monthly to learn new behaviours. Over the course of the month, each of the trained Lead mothers visited 10 households with children under 2 years to teach IYCF practices. The learning content was organised into six main modules: Early initiation of Breastfeeding, Exclusive Breast feeding, Complementary feeding, WASH, micro gardening and Family planning behaviours. Under each behaviour, indicators were set to track the impact of the project.

GOAL's grantee capacity building approach planned Outcomes:

🚩 Grantees have received mentoring, support and targeted training as outlined in their organisational capacity development plans as relates to short-term/immediate capacity needs

🚩 GOAL has supported Grantees to submit high quality and detailed final reports and verification documents to ECF.

🚩 ECF and grantees, and a wider network of nutrition advocates in Uganda, have had the opportunity to come together, share learning, hear recommendations and identify best practice in relation to (1) community-based approaches focused on extending the reach of basic nutrition services to some of the most marginalised communities and (2) strategies to building capacity for NGOs/CSOs in Uganda.

PALM

PALM Corps is a registered local NGO with an established presence in West Nile sub-region of Northern Uganda. The mission of PALM Corps is to transform lives of rural communities and disadvantaged persons through innovative solutions in public health, agriculture and education.

Target beneficiaries: PALM targeted 870 Pregnant and Lactating Women (PLW), and male caregivers, and 497 children under 2 (CU2) in Lefori sub-country, and 750 PLW and male caregivers, and 420 CU2 in Dufile sub county.

PALM's project objectives (based on LogFrame provided):

🎯 **Project Goal:** Contribute to improved nutritional status of children under two years in two sub-counties in Moyo district

Strategic Objective 1: Improved Infant and Young Child Feeding (IYCF), Water, Sanitation and Hygiene (WASH) practices and improved linkages to nutrition-related health services

- **Intermediate Result 1.1:** Improved knowledge and skills on IYCF practices
- **Intermediate Result 1.2:** Improved knowledge and skills on water, sanitation and hygiene (WASH) practices among target households
- **Intermediate Result 1.3:** Strengthened linkages to key health & nutrition services including referral for acutely malnourished children and PLW

Strategic Objective 2: Increased access, availability and consumption of micronutrient and protein rich foods among PLW and CU2

- **Intermediate Result 2.1:** Increased availability and access of micronutrient and protein rich food crops throughout the year
- **Intermediate Result 2.2:** Increased access and availability to animal source protein

Strategic Objective 3: Strengthened nutrition governance

- **Intermediate Result 3.1:** Strengthened Sub- County nutrition coordination committees
- **Intermediate Result 3.2:** Strengthened advocacy and partnerships
- **Intermediate Result 3.3:** Strengthened M&E system, evidence generation and program oversight

PACHEDO

PACHEDO is a non-profit Organisation established in 2007 as a Community Based Organisation (CBO) and later registered as a national Non-Governmental Organisation (NGO) in 2012 with a registration number 9230. Since its inception, PACHEDO has provided integrated programs and projects for children, women and youth in the conflict, post conflict and disaster affected communities of Northern Uganda. PACHEDO has a wide experience in implementing both nutrition specific and nutrition sensitive projects in the past 6 years and is implementing several relevant projects concurrently.

Target Beneficiaries: PACHEDO worked in 6 Parishes and 11 villages of Pabbo Sub- County, Amuru. The proposed project targeted 5,575 PLW, 4,181 male caregivers, and 4,005 children 0-23 months and 560 Care Group Volunteers. The project adopted the Care Group model to promote, support and sustain recommended Essential Nutrition Actions and WASH practices.

PACHEDO's project objectives (based on 'final' ANIP LogFrame):

Project Goal: Improved Maternal Child Health and Nutrition in Amuru District

Strategic Objective: Improved IYCF, WASH practices and linkages to nutrition related health facility services

- **Intermediate Result 1.1:** Increased knowledge and skills on IYCF nutrition practices at the household level
- **Intermediate Result 1.2:** Increased knowledge and skills on appropriate household water, sanitation, and hygiene (WASH) practices
- **Intermediate Result 1.3:** Strengthened linkages to key H&N facility services and referral of acutely malnourished CU2

Strategic Objective 2: Increased access, availability and consumption of micronutrient and protein rich foods among PLW and CU2

- **Intermediate Result 2.1:** Increased access to and availability of micronutrient and protein rich crops
- **Intermediate Result 2.2:** Increased access to animal source foods (eggs and silver fish)

Strategic Objective 3: Strengthened nutrition governance

- **Intermediate Result 3.1:** Strengthened functionality of DNCC/SNCC
- **Intermediate Result 3.2:** Strengthened advocacy and partnerships
- **Intermediate Result 3.3:** Strengthened information systems, evidence generation and M&E

Purpose, Scope and Objectives of the Present Evaluation

As part of GOAL's agreement with ECF, GOAL have commissioned an evaluation, aiming for an approach that enables partner engagement while maintaining impartiality.

The primary objectives of the evaluation (as described in the TOR) were to:

Evaluate the success and sustainable impact of ECF's (GOAL's) grantee capacity building approach, looking at both organisational capacity in relation to governance and management as well as operational approaches and thematic technical expertise

Assess the success and sustainable impact of the grantees' interventions measured against each grantee's results framework and overarching project goals.

Guide and improve future programming by GOAL, ECF and UGN grantees through lessons learned and best practices.

Geographical locations of primary data collection included:

West Nile Region:
- Moyo: PALM project locations (Dufile and Lefori sub-counties)
- Arua: PALM office location

Acholi Region:
- Amuru PACHEDO project locations (Pabbo sub-county)
- Gulu: PACHEDO office location
- Kampala: GOAL office location

The scope of this exercise therefore included evaluation of the PALM and PACHEDO projects, as well as an evaluation of GOAL's capacity building approach to these partners. The evaluation was organised around OECD evaluation criteria of Relevance, Efficiency, Effectiveness, Impact, and Sustainability.

Data Collection Sites

Powered by Bing
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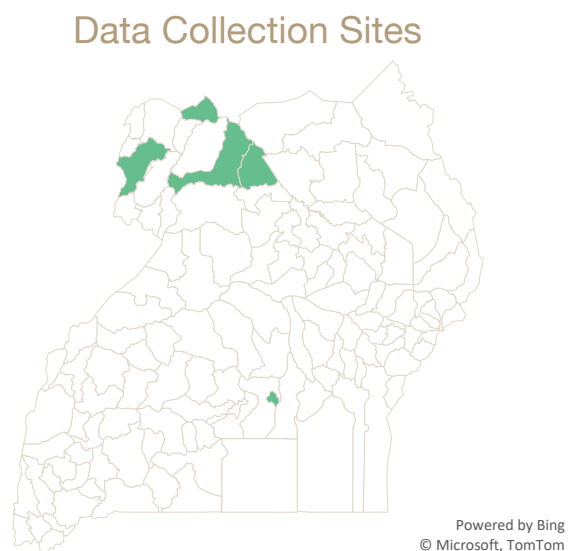
Methodology and Sampling

Methodological Strategy

To achieve the objectives outlined above, the evaluation employed a **mixed methods approach which collected both qualitative and quantitative data.** This approach supported effective data collection on both easily measurable outcomes and impacts as well as in abstract investigation of beliefs and attitudes. A further advantage of the mixed-methods approach is that quantitative data is often most useful for understanding 'what', while qualitative data often provides a more detailed and nuanced understanding of 'how and why'. (Denscombe, 2010) (Hart & et.al, 2007); these two levels of analysis provide a rigorous combination of descriptive and explanatory power.

In addition to employing a mixed methods approach, the evaluation employed a participatory methodology. This approach undertook to incorporate the views and feedback of key stakeholders at every stage, ensuring relevance, appropriateness, and ownership of both the process and findings of this evaluation. Issues of gender and vulnerability were appropriately considered throughout all stages of the evaluation. Instruments were designed to be sensitive to considerations of gender and vulnerability whilst also fully aligned with a 'Do No Harm' approach.

The instruments collected data across a range of indicators as described in the grantee log frames, as well as across the preceding key evaluation questions. Multiple instruments collected data against individual indicators/research/evaluation questions, engaging in a process of 'triangulation' of findings (Denscombe, 2010) (Hart & et.al, 2007).

The evaluation implemented a two-pronged, interlinked methodological approach. The first focused on evaluating the grantee projects, whilst the second focused on grantee organisational capacity and capacity change over time, in context of ECF and GOAL programming, respectively. All tools were developed in accordance with relevant standards, including (but not necessarily limited to) the OECD DAC criteria. The team made use of relevant international research, seeking to promote incorporation of international lessons learned and best practice, with an emphasis placed on tools and research that had been rigorously validated.

The clients, and the implementing organisations', existing tools and resources served as the starting point for instrument development; this was intended to promote comparability of data and consistency of understanding across the client's ongoing work and the consultancy team's deliverables. This also allowed the evaluation to better assess the contribution of GOAL's intervention in relation to grantee capacity changes. All tools were digitised, and data was collected using the Survey CTO platform.

Tool	Description/Commentary	Target Sample	Sample Achieved
Household Survey	The survey was based on (and replicates, where possible) either the baseline survey or the supplementary survey, or both[4]. As such, findings of the present survey could be directly compared to baseline/midline values, allowing for a relative comparison of indicators over time at the community level. Notably, all surveyed households at baseline were non-beneficiaries. The present survey sought to differentiate beneficiaries from non-beneficiaries, as well as elucidating types, duration and start of support, allowing for multiple comparisons, including: ▪ Baseline (non-beneficiaries) to End-line (beneficiaries); ▪ Internal comparison (within the present survey sample) between beneficiaries and non-beneficiaries; and ▪ Internal comparison between different beneficiaries e.g., different activities, different starting points, and duration of support (relative to non-beneficiaries and baseline).	800 households	962 households

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[4] It should be noted that the baseline survey was designed to be replicated at mid-term and final evaluation. However, the baseline was not used at mid-line. As such, the endline survey was designed to reflect both baseline and midline surveys, integrated.

Anthropometrics[5]	Age, sex, weight, and length were measured for children between 6-23 months of age to assess nutrition status according to their ages and gender. Body weight was measured using standard techniques on a mother and child electronic scale and read to the nearest 0.1 kg. Length for a child was measured at laying down position with a standard technique to the nearest 0.1 cm by using the height measuring boards. GOAL conducted a one-day training on anthropometrics for the enumerator team.	400 CU2	514 CU2
Community FGDs	Discussions with between three and seven participants per focus group were undertaken with community members, comprising both beneficiaries and non-beneficiaries. The FGD tool will consist of a range of open questions about grantee programming, all designed to solicit detailed responses from beneficiaries, aiming to elicit insights into grantee project implementation and capacity. FGD questions were specifically designed to triangulate questions in the beneficiary survey (if relevant).	50 Individuals	223 Individuals
Community Volunteer KII/FGDs	Both grantee projects utilised a community-based approach to training and outreach. The Care Group Model (and similar approaches for the agricultural components) was pivotal to the implementation of both grantee projects. These individuals also formed a key link between the grantees and the communities; as such, a separate tool was used with these stakeholders.	10 Individuals	90 Individuals
Client and Implementing Partner KII/FGDs	Client and implementing partner stakeholders are anticipated to have substantial insight into the management, delivery, administration, accountability, transparency, oversight/monitoring of the projects. As such, key insights were collected from them using a specially designed tool.	5-10 Individuals	10 Individuals
Government and Local Leader KII/FGDs	These stakeholders were closely consulted in the course of the project and possess unique insights into their communities, as well as of the broader governance and services challenges facing target areas. As such, key insights were collected from them using a specially designed tool.	10 Individuals	20 Individuals
Organisational Capacity Assessment	The tool replicated the OCAT used at baseline to allow for direct comparison.	20 Individuals	13 Individuals

In order to complement the capacity assessment and elicit deeper insights into the downstream effects of GOAL's intervention, further tools were designed to facilitate a more comprehensive appraisal of the capacity building activities, as well as grantee projects. To the greatest extent possible, the evaluation considered both beneficiaries and non-beneficiaries, examining any potential positive or negative spill over effects. A more detailed instrument overview and sample approach are included in Annex 1.

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[5] On the explicit request of the client, the evaluation approach outlined in this Inception Report included anthropometrics. It should be noted that there are several challenges associated with the inclusion of anthropometric data for this evaluation, which were discussed at length with the client and are detailed in the first draft of the Inception Report. In this context, Thuso generally prefers to rely on learning and practice indicators, which are less subject to challenges in terms of erroneous measurement. Nonetheless, anthropometric data was collected as per the tools and approach set out in the revised Inception Report.

Data Analysis Strategy

Given the relatively small size of the primary data collected and the open question format specified above for some of the instruments, all quantitative data was processed through Excel pivot tables rather than SPSS or another similar data analysis package. Moreover, and also because of the open question format specified, some stakeholder responses were coded, enabling the quantitative analyses of all responses (Saldana, 2012, pp. 1-4) (Denscombe, 2010, pp. 240, 284-286). It is likely that descriptive, rather than inferential methods will be used in any such activity, given the lack of control data.

The data, once appropriately coded, organised, and validated, was analysed using statistical (primarily descriptive) and non-statistical methods, with the intent of beginning to identify relationships between relevant inputs, activities, practices, structures, and outcomes, as well as key themes in response (Tashakkori & Teddli, 2010, pp. 614-616; Denscombe, 2010, pp. 235-237). Where a relationship or a theme was unclear or determined to require deeper analyses, further study of qualitative data relating to that relationship was undertaken (Denscombe, 2010, p. 239). All qualitative data collected functioned not only in a typical, descriptive or thematic role, but also – through data coding – served to bolster any available quantitative data, facilitating data triangulation and therefore stronger, richer research.

A 'gender lens' was applied to data analysis and all results were disaggregated according to age, gender, and other vulnerability criteria as appropriate and within the scope of the collected data. Additional steps were taken to identify gendered, religious, or other social norms, and how these might impact on the results or delivery of programmes. The results will, however, only be presented as such when substantive, or notable, differences are found between groups, or when insights from KIIs, FDGs, or observations suggest that such disaggregation may be important for other reasons.

Limitations

⚠	Absence of baseline and raw monitoring data
➡	The absence of baseline data, as for the raw scores of the OCAT, or for some indicators, makes it challenging to provide a rigorous comparison. Where synthesised data was available, as for the baseline household survey, there was little clarity regarding the methodology underpinning the calculation of the indicator scores. As such, it was not always possible to state, with any certainty, that 'like with like' was being compared. Monitoring data could not consistently be retrieved, further exacerbating this limitation.
⚠	Stakeholder recall or knowledge
➡	Given the complexity and diversity of this project within Uganda, it was possible that beneficiaries did not recall one specific support they received, or one specific action undertaken; this made it challenging to tease out what, respectively, ECF's and GOALS's programming impacts might have been, or to extract relevant and targeted insights for the evaluation. The consultant worked closely with the client to mitigate this challenge in the field, without causing undue influence or bias in the data collection process.
⚠	Complex project milieu
➡	As briefly discussed above, this ECF-funded response has been undertaken within a complex response environment (both for the client, and across various other organisations in the country). For certain types of delivery, teasing out specific insights was a substantial challenge.
⚠	Need for flexibility and pragmatism, responding to unforeseen challenges
➡	In contexts such as Uganda, there will always arise unforeseen challenges and opportunities. This necessitated a flexible, and pragmatic approach to data collection and analysis. The consultant worked closely with in-country stakeholders to meet these challenges and take advantage of opportunities, adapting the methodology as appropriate and in close consultation with the client.
⚠	Self-reported data
➡	The primary data relied (to a certain extent) on retrospective self-reported data. It is possible that participants did not recall events completely accurately and/or may have felt pressured to give responses that they deemed to be socially or (in the case of staff) professionally desirable. The enumeration team was instructed not to lead the respondents and were asked to read scripts carefully and explain when appropriate. Analysis also sought to account for any biases that may emerge from such self-reporting. Self-reporting was also a limitation of the OCAT, which was used

	to allow for comparison to baseline. However, this form of organisational appraisal by staff cannot be viewed to be an independent or unbiased data source.
⚠	Constrained timelines and resources
➡	As with any such research exercise, resources available to explore these challenging, nuanced, and complex themes are limited; and the degree to which such exercises can achieve complete understanding of any such topic is itself limited. When this situation is compounded by issues in access and communications, coupled with the absence of baseline or monitoring data. research becomes even more challenging. The team worked to ensure efficiency of research activity, achieving the strongest-possible outcomes within the available time and resources.
⚠	Client staff time and availability
➡	In-country evaluation activity is one of myriad competing requirements for offices; multiple assessments, evaluations, and strategic activities all compete for the time of in-country teams, requiring careful scheduling and limiting the support they can offer. The consultants worked closely with all stakeholders to secure required data, striking a careful balance of tenacity, persistence, and patience to achieve the required outcomes of this assignment.
⚠	Challenging and complex subjects of investigation
➡	The topics in focus of this study are difficult to measure, document, and describe; this can be particularly challenging when investigating subjects like capacity development, governance, behaviour change, etc. These are challenging concepts to communicate across languages and cultures, and can at times be subject to different interpretations and different focuses across each. The team took these challenges into consideration when designing the tools employed for data collection to ensure participants can identify and understand clearly the questions and topics discussed.
⚠	General limitations of social research
➡	The mixed methodological approach adopted for this evaluation sought to address many of the inherent limitations of social research; nonetheless, it is rarely possible to achieve a completely true and accurate understanding of any context being researched, particularly when faced with the myriad cultural and language challenges this assignment had contend with. So long as such challenges are borne clearly in mind when reading the final report, the multiple sources, discussions, and findings included therein can provide a strong indication of the current state of those areas being researched.
⚠	COVID-19
➡	COVID-19 remains a substantial issue, and one that required appropriate action to minimise risk, and to ensure research complies with Do No Harm principles. An entire section of Inception Report was dedicated to the steps the consultant undertook in response to COVID-19-related challenges.

Findings

Grantees - PALM Corps and PACHEDO

'When a child is born, he or she should be carried well across the heart'.

The projects sought to address malnutrition amongst Pregnant and Lactating Women (PLW) and children under two (CU2) years of age. This was to be achieved through a Social and Behaviour Change and Communication (SBCC) approach, implemented through existing government and community structures.

Relevance

To what extent did the objectives and design of the interventions of GOAL, PALM and PACHEDO respond to beneficiaries, country, and other partners' needs, policies and priorities?

Did the interventions of PALM and PACHEDO effectively reach the most vulnerable households?

Did they address their priority needs?

Objectives appear to have been broadly aligned with the needs, policies and priorities of beneficiaries and other stakeholders

The Objectives of the interventions of PALM and PACHEDO appear to have been aligned with country policies and priorities. At the national level, Uganda exhibits high levels of malnutrition; nearly a third of all children under the age of five (CU5) were stunted, 11% were underweight, and only 15% of CU2 were fed a minimum acceptable diet, as of 2016[6]. The Uganda Food and Nutrition Policy 2003 and the Uganda Nutrition Action Plan 2011-2016 reflect the Government's recognition of these challenges. The Ministry of Health's 'Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH) Sharpened Plan for Uganda 2016-2020' further demonstrates that nutrition is a priority for Uganda. In this context, the grantees' focus on Maternal and Child Health and Nutrition (MCHN) appears to have been relevant to country needs, policies and priorities.

This high-level data indicates that nutrition support was an appropriate intervention for both grantees. However, nutrition indicators are characterised by data paucity at the sub-national (regional, district, sub-county) level, and the grantees did not conduct a formative assessment during the proposal and initial project design stage. ECF initially raised concerns that PALM did not provide sufficient rationale for the selection of the target sub-county. PACHEDO's proposal was informed by Acholi sub-regional data from a 2011 Nutrition Surveillance Report by UNICEF and ACF. According to the District Performance Report, Paabo sub-county recorded the worst nutrition indicators in Acholi sub-region, indicating that nutrition was a relevant focus for the intervention. Moreover, the focus on the first 1000 days (spanning the period between the first day of pregnancy until the child is 2 years of age) is widely acknowledged to represent a window of opportunity for effective MCHN interventions. This approach determined the criteria for inclusion, namely, PLW and CU2. Both grantees appear to have leveraged Village Health Teams (VHTs) to identify and improve access to target beneficiaries.

Project design had to be revised mid-project, but appears to have responded to needs

A baseline survey and formative research were conducted only once the grantees had been selected (not at the Proposal stage), resulting in subsequent project design revisions and finalizations. The baseline survey objectives were to: (i) estimate the prevalence of malnutrition amongst CU2; (ii) assess IYCF and hygiene practices in mothers and caretakers of CU2; (iii) assess norms of knowledge, belief and attitudes, as well as determinants of key IYCF

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[6] Government of Uganda (2016) Demographic and Health Survey

and hygiene practices; and (iv) develop an SBCC strategy and key communication messages aimed at improving child nutritional practices (informed by a Barrier Analysis). However, the baseline survey was incomplete in its coverage of key factors affecting Maternal and Child Health and Nutrition (MCHN), which necessitated a supplementary 'midline' survey to be conducted. Annex 4 outlines the indicators which were measured, and which were missed at baseline. In addition, errors in data collection and/or analysis resulted in anomalous findings, including unexpectedly low rates of child stunting, relative to national and regional data. Taken at face value, the latter might have provided a rationale to target other areas, but the projects proceeded in their target areas as planned.

The causes of malnutrition are complex and must be addressed in a holistic manner. However, a comprehensive multi-sectoral approach to nutrition programming was lacking in the initial project designs, particularly for PACHEDO. Strategic Objectives therefore had to be added to promote access to diversified diet and improve nutrition governance frameworks at the district and sub-county level, as well as within local leadership groups. By contrast, PALM's initial LogFrame did include an agricultural component from the outset, although the governance component also had to be added. The Barrier Analysis that was conducted at baseline sought to assess barriers to the adoption of practices that were deemed to be key to achieve project objectives, and to inform gaps within the Social Behaviour Change (SBCC) strategy. The Barrier Analysis targeted specific behaviours for each of the grantees, which were informed selected in discussion with the grantees, based on the criteria that they were (i) hard to change, and (ii) important to achieve the project objectives. For PACHEDO, the two target behaviours were Immediate Breastfeeding and Meal Frequency. For PALM, target behaviours were complementary feeding (MDD), and handwashing.

The projects appear to have reached vulnerable households, but single-mothers and teenagers may require more targeted support

Whilst there appears to be no evidence of further sub-selection of vulnerable households within the target demographic (for example, there was no explicit targeting of women-headed households or displaced populations), qualitative reports from grantee stakeholders suggested that the approach of working through existing structures and community volunteers helped to identify and target vulnerable households, and subsequently tailor the project to their evolving needs. This perception was supported by the household survey, which found that nearly one third (28%) of all beneficiary respondents met at least one of the following vulnerability criteria: (i) women-headed household; (ii) large household (over 8 people); (iii) did not attend school or only attended primary (iv) refugee or internally displaced person status. The proportion of vulnerable households amongst surveyed beneficiaries was roughly equal in both Moyo (27%) and Amuru (29%). However, beneficiaries noted that support was 'given to only a few individuals', and that "some are single mothers and may require more support". In addition, it was noted that "More teenagers should be involved because they are at high risk", which was also reflected in the interviews and focus group discussions with the grantees themselves.

The projects reportedly met priority needs, but gaps remain

82.19% of beneficiaries who were surveyed felt that the support they had received met their needs. This was true for beneficiaries in both Moyo and Amuru. More specifically, beneficiaries provided anecdotal evidence that the support provided contributed to meeting the following needs:

- Improved breastfeeding practices and improved dietary diversity: *"It taught me how to breastfeed my newborn baby the right way"*. *"[I] Acquired knowledge on what foods to eat during pregnancy and also food requirements for young children"*. *"I got to know that when a child is born, he should take breast milk as soon as possible, [and] how to feed as a mother so that I am able to produce enough milk for my child"*. *"I apply the knowledge on child feeding to feed my children"*.
- Reduced incidence of sickness amongst children, as *"diseases affecting children has been lowered"*.
- Nutritional outcomes, as *"we used to eat same meals daily e.g., beans while pregnant but when I got involved with PACHEDO I learnt that eating balance diet is good for both the baby and the mother"*. Overall, nutrition support helped *"to add more food benefits to family to avoid deficiencies"*.
- Improved financial and food security outcomes at the household level (food production, income generation): *"Generated food and income"*.

- The support provided appears to have been useful, as beneficiaries have reported high uptake of learned behaviours: "*I practice all that I have learnt at home*". In addition, project activities reportedly contributed to "*Changed community attitude*", as mothers *have taught other mother[s] about how to better feed their children*", or "*Trained other mothers on how to take care of children*".

Of those respondents who said that support did not meet needs, several cited delays or shortfalls in seed supply, or poor agricultural outcomes (seeds did not germinate; seedlings died), whilst others simply reported that, 'support did not benefit me'.

It was noted that; 'the community has a lot of health needs'. Other respondents mentioned that 'few people were trained', or that 'most people did not receive the training, and it never took long' and was 'overly spaced'. One mother explained that 'we were not well equipped to train other mothers'. Overall, findings suggest that priority needs were met, but that further support is required to reach more people, as well as to further embed learnings and equip people with the confidence to share what they have learned.

Targeted engagement with adolescent girls appears to be a substantial gap. The prevalence of teenage pregnancy in rural Uganda is 27%[7]. Teenage pregnancy carries increased risk of complications, whilst teenage mothers are likely to face stigma and poor social support. Unsafe abortions are also a risk for this group. Education and awareness around reproductive health might be useful additions to existing outreach efforts.

Efficiency

Were adequate human and financial resources applied to delivering planned outcomes?

Were outputs delivered in a timely fashion?

Was technology deployed to improve efficiency?

Human and financial resource management were found to be a challenge

Interviews with grantee staff indicated that the initial budget did not account for several activities and human resource requirements. For example, the initial budget was insufficient to cover planned community outreach (radio spots/shows etc.). Proper documentation of the selection criteria of beneficiaries was lacking, and the distribution records were not maintained consistently, making it difficult to track material support.

Heavy workloads, coupled with remote field locations in hard-to-reach, isolated areas, combined with the lure of higher financial incentives with other organisations, appear to have contributed to the observed high staff turnover in both CSOs, particularly PALM (which at one point lost two project coordinators in the space of three months). Staff renumeration had to be adjusted retrospectively when it became evident that staff turnover rates were being driven by disproportionately low staff renumeration, leading to staff attrition. Budgetary adjustments had to be made to cover these costs, however, there appears to have been some continued staff attrition, with some staff leaving without a proper handover, and with organisation equipment (e.g., smart phones, tablets). PACHEDO instituted a Project Manager post in the budget, as well as introducing medical coverage and other staff benefits, which appears to have improved staff motivation and retention. Nearly 50% of the budget was reportedly allocated to staff salaries, which is likely to have had implications for achievable impact. This was justified based on the importance of qualified staff to guide the implementation of the SBCC strategy. High turnover rates also have the potential to impact on institutional learning and memory, particularly where there is no effective handover. This may also have had ramifications for capacity building.

Renumeration aside, concerns about human resources were raised by ECF during the project design phase, particularly for PALM, which proposed that three Program Officers would be responsible for all WASH, Nutrition and Agricultural activities, and that the Project Coordinator should only spend a proportion of their time on the project. Both grantees have grown significantly since, but heavy workloads indicate that project workplans may

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[7] Uganda Bureau of Statistics (UTDPIIR) (2017) *Uganda Demographic and Health Survey 2016: Key Indicators Report*

have been too ambitious. KIIs with DNCC members also suggested that 'staffing was inadequate', an issue exacerbated by the fact that staff were 'not residing in the sub-counties, so they had to commute on motorcycles'.

It was beyond the scope of this evaluation to conduct a detailed budgetary analysis or audit, but secondary evidence (primarily from the Internal Audits conducted in November 2019), reveals that there were some challenges with financial management and accountability, including:

- Cash for programme activities transferred to individual bank accounts.
- Cases of non-compliance with procurement procedures.
- Salaries or stipends were not paid or paid late.
- Non-compliance with WHT.
- Non-renewal of insurance (e.g., for motorcycles).
- Absence of a formal system to track, tag or manage expenses and assets.
- Absence of a formal risk management procedure.

The audits highlighted that there was inadequate monitoring of operations under the respective grants, particularly for PACHEDO. Moreover, management did not implement the remedial actions agreed upon following the 2019 ANIP project audit.

There were substantial delays to the delivery of Outputs

There were many delays throughout project implementation, including (but not limited to) the following:

- Finalization of baseline findings
- Development of the SBCC strategies
- Development of Information, Education and Communication (IEC) materials. PACHEDO only finalised their materials by the end of December 2018, whilst PALM only completed the Community-based Horticultural Trainer (CBHT) manual by the end of February 2019.
- Development and implementation of M&E tools and systems.

As a result, Care Group sessions only started in mid-April 2019 (halfway through the planned implementation period). Formally, both IACM and ANIP were scheduled to start in September 2017, but the project final reports suggest that actual project implementation only properly commenced in 2019 (although much of the groundwork was laid in 2018), following extensive project redesign and realignment. The delays incurred during the baseline survey, formative research study, and project finalization were substantial. As a result, the timeline for implementation was substantially curtailed; SBCC strategies, for example, were not finalised until July 2018. Whilst this delay was, at least in part, offset by the No Cost Extension (NCE) granted to both PALM and PACHEDO, it appears to have had implications for impact, as evidenced by findings from the household survey, such as; 'the program last[ed] for a very short time in this community and very few people benefitted.'

External factors, including seasonal patterns (harvests and adverse weather), elections, vaccination campaigns and other NGO interventions, posed challenges to mobilization and (timely) attendance, which impacted efficiency. The impacts of the COVID-19 pandemic contributed to further delays in the projects, which were largely reliant on face-to-face outreach, training and support (home visits, education sessions, cooking demonstrations etc.) The success of the Care Group model's peer education cascade approach was largely contingent upon the ability to conduct face-to-face trainings. For example, PALM's strategy relied on MoH national trainers to train project officers, who could train promoters to train lead mothers, who would train neighbour women. A lot of time and resources were devoted to internal trainings.

The grantees sought to leverage the government's existing Village Health Team (VHT) structures, and Nutrition Coordination Committees at the District and Sub-County level. For example, VHTs supported the registration of beneficiaries and, 'Stake holders such as the reverends or priests, cultural leaders and local councillors were also involved in giving knowledge and creating awareness to the people'. However, at the outset of the project, PALM and PACHEDO were not well integrated within the nutrition ecosystem of Uganda, both at the national and district/sub-county levels. The Care Group model had to be revised mid-project to strengthen linkages to government and community-based structures. Both grantees sought to conduct Health Education sessions at Health Facilities, which reportedly increased in frequency over the course of the project.

This approach was designed as a system strengthening tool and may have promoted some efficiencies of implementation by working through existing structures. However, this approach also introduced inefficiencies, such as:

- Health workers were trained but then transferred. As such, their training did not translate into improved health and nutrition education within the targeted health facilities. Refresher trainings had to be conducted for other representatives from the health centres. (PALM)
- SNCC were formed and members were provided with an orientation on nutrition governance and capacity building, but the reshuffle of sub-County officials in 2019 led to the replacement of these individuals by others who were not well oriented. As a result, a refresher training had to be conducted (PALM)
- Low literacy levels of the community structures required that the training and information delivery approach be adapted to use simpler, more practical means of communication (PALM)
- Inequitable distribution of support, as noted during the household survey - 'Elected leaders do not distribute seeds fairly so next time PALM should ensure each beneficiary receives seeds' – and Community FGDs: 'Distribution if seeds should not be done by lead mothers because they don't give them to the actual beneficiaries, instead they use them themselves.'

Despite these delays, many of the Logframe activities continued and were, at least partially completed, as per the project reports.

Efforts appear to have been made to use technology to improve efficiency

Different communication channels were identified to facilitate the SBCC strategy. This included interpersonal (health workers, VHTs etc., community-based (drama, dialogue, role plays) and mass media. The latter primarily included radio spots and talk shows as a forum for SBCC, which were integrated into a phased outreach programme. For example, PALM developed eight radio spots messages, which were aired on the most popular local radio station, whilst PACHEDO conducted 24 radio programmes.

Grantees initially lacked computerised financial management systems. QuickBooks accounting software was adopted towards the end of the project implementation period, with the support of GOAL. However, Issues with power outages and electronic equipment appear to have been substantial challenges, with some loss of project data or financial statements.

M&E systems were digitised during the project lifespan. Mobile phone communications were used for communication in the field. Data bundles were provided in a bid to improve the frequency of field-based reporting, but communications were frequently interrupted by adverse weather or power cuts.

Effectiveness

To what extent did the interventions of GOAL, PALM and PACHEDO achieve their objectives and meet their results and targets?

Were the monitoring mechanisms effective in providing timely data to inform programming decisions?

'She felt good with the training, and she is very proud that she extends such service and training to other pregnant women with their husbands as well.'

There appear to be some positive trends towards the achievement of results and targets

As discussed above, there were multiple delays to implementation, but there are some indications that the interventions of the grantees have made some positive progress towards the achievement of Objectives (discussed in more detail below), and towards results and targets. 288 (30%) of surveyed households reported having received

support from PALM or PACHEDO, or Care Groups. 71.91% of beneficiaries reported that their support lasted less than a year, with over 50% of all beneficiaries being supported for less than 6 months. Just 7.53% of beneficiaries reported receiving support for between 2-3 years (i.e., the duration of the project).

Of the beneficiaries, 223 received training, 206 received non-food distributions (e.g., seeds, WASH materials, cooking materials), 86 respondents received medical or health-related supporting (including health check-ups, medical advice, referrals, or medicine). 20 beneficiaries reported receiving 'other support', which included financial support (c. 20,000 UGX monthly) or clothing (t-shirts or kitenge cloth). Of the beneficiaries who received training, 19% were trained on Child Feeding Practices, 16% on Maternal Feeding Practices, 16% on Child Health, 22% on Maternal Health, 16% on WASH Practices, 13% on Cooking, and 11% on Farming. 43 beneficiaries who received training support felt that these trainings met a knowledge gap.

57.1% of beneficiaries found the training they received 'very useful' or 'extremely useful', whilst 20.1% found the support 'moderately useful'. Just 22.8% found the support to be only 'slightly useful' or 'not useful'. Of those who reported that support was 'slightly useful' or 'not useful', the primary reasons were due to challenges associated with seed germination or crop yields (e.g., impacts of adverse weather conditions), or delays or shortfalls in the delivery of agricultural inputs. Conversely, satisfied beneficiaries reported that support contributed to food security, economic security, child feeding practices, hygiene practices, and planting practices.

In both cases the project Theory of Change described community-oriented and multi-sectoral approach to nutrition programming. Both grantees relied on a cascade training model that built on existing government and community structures to reach beneficiaries. Based on the final reports, many of the reach targets appear to have been met, including:

- 18 Care Group Promoters, 108 Lead Mothers, and 54 CHBTs were engaged
- 1133 mothers were supported
- SNCC was formed
- 132 members of the business community participated in sensitization meetings

- 12 Care Group Promoters and 56 Care Group Volunteers recruited and trained, reaching an average of ten Neighbour Women HHs each
- DNCC and SNCC reinstated
- 30 Cultural and Religious Leader Groups formed

The train the trainer model has many advantages, not least that it tends to be cost-effective, and leverages and builds local capacity. If done well, it can be very effective. Both grantees appear to have achieved some success with the Care Group model, as evidenced by the feedback from some beneficiaries: 'I can easily train others since it changed my life', and 'I believe those trained will carry on the message to other mothers.' It was deemed helpful 'because most mothers in the community have learnt how to take care of their kids well'. The Care Group model appears to have been a strength of the grantees' mode of implementation, with several beneficiaries reflecting that they enjoyed 'getting to train fellow women and mothers', and local government stakeholders reflecting positively on the training programme.

'The training helped to build peace in my family because the children are happy'

However, the reliance on this model requires that stakeholders are mobilised, and information is effectively transmitted at each level. If this is not the case, the approach may prove less effective. Both of these appear to have been challenges for the grantees. For example, Community FGDs in Paabo revealed that 'gathering people and the means of transport plus catering hindered the training processes', which was supported by interviews with the grantees themselves. Surveyed beneficiaries commonly expressed the view that the grantees should have better 'informed people of when they were coming so we would easily mobilise', as 'the mobilisers have not been so active because most people are always not aware when there is a training'. This suggests that there is a communication gap. In addition, the frequency of training for community volunteers was sporadic, leading community-based volunteers to 'forget some of the information', and surveyed beneficiaries to make repeated requests to 'increase the frequency of the trainings'.

As a result, many surveyed beneficiaries reported that they 'didn't understand the program; training was inadequate', because 'very little information was passed on to us', and 'they need more information'. When asked about strengths of the training, one respondent indicated that there was 'Nothing good from the training because it was inadequate to the members.' This was a common theme, with respondents noting that the project 'should be improved because most people did not understand the program' or 'don't remember so much'. 'The program was not understood at all, they need more the information.' This finding was echoed by community-based volunteers, who reflected that the 'time given was not sufficient, most people did not understand.'

These findings suggest that the effectiveness of the approach adopted by the grantees could have been strengthened. This was recognised by PALM, whose final report noted that the Care Group model, whilst informative, was not sufficient to promote behaviour change. Community FGDs in Moyo indicating that the Care Group approach was not relevant 'because we've never been informed about it', although this was contradicted by other FGDs in the area, which suggested that beneficiaries 'were given constant training about their activities for better output'. In addition, 'officials sometimes were not following time, hence late information given to participants'.

One of the issues for PACHEDO appears to have been the lack of follow ups, coupled with the fact that 'their representatives don't reach the people', which were common themes in the responses of surveyed beneficiaries. For example, community FGDs in Paabo suggested that 'PACHEDO brought their training to the community, which is appreciated, but [they] never came back as promised'; as a result, community-based volunteers for PACHEDO felts that the training was only a 'little bit effective because the trainers did not come back'. Beneficiaries recommended that the grantees 'follow up with the works they have provided' and improve support by 'monitoring us'. Others expressed the view that 'no support has ever been got from PACHEDO; is only the signpost which was planted next to health centre but not any active projects going on.' In addition, 'trainers used to come very late' and 'the youths sent to train were unserious and not honest; they did everything roughly and hurriedly', which appears to have undermined community trust and buy-in. As a result, some community members in Paabo 'don't want to participate in trainings.' Findings from interviews with government and local leaders suggest that PACHEDO's 'planned activities were relevant but did not work… PACHEDO just did not take off'.

Findings from all data sources indicate that the contention around the facilitation of community volunteers is likely to have substantially impacted the effectiveness of the approach, and the relationship with local leaders. For example, Interviews with government stakeholders revealed that a complaint had been received from the Chiefs regarding the minimal refund provided by PACHEDO. PACHEDO apparently failed to pay their VHTs, or allowances for trained mothers, such that they have 'refused to continue sensitizing mothers in the community about malnutrition'. Overall, local government stakeholders reported ANIP to be 'a very good project which was failed by the implementors'.

It was suggested that community volunteers should be reimbursed for their time, as 'PACHEDO waste[s] peoples time but do not pay for such time spent'. This was also a challenge for PALM, with community volunteers making the complaint that they were not being paid. Nonetheless, all community volunteers who participated in FGDs indicated that they would continue to support Care Groups, citing the benefits to the community and children, who 'are our future'. Given the distances between homesteads and training locations, the absence of mechanisms to support participants to attend is likely to have served as a barrier to participation.

Monitoring mechanisms were strengthened over the course of the project, but this process is very much ongoing

M&E tools were only finalised in the first quarter of 2019 and digitised by the end of 2019. Even when tools were finalised, many Indicators requiring regular follow up and reporting were still missing. Interviews with grantee staff indicated that human resource constraints were a substantial challenge to the implementation of M&E, particularly given the heavy reporting burden associated with the Care Group approach. It appears that the M&E trainings provided by GOAL, combined with the introduction of KOBO as a reporting software, have contributed to alleviating these challenges, although record-keeping, timely M&E and reporting appear to remain a substantial challenge, and there appears to be no systematic storage or accessibility of raw data, which has been a recurring challenge throughout the present evaluation. For example, it proved impossible to retrieve the data required to identify the households that were surveyed at baseline to allow for a baseline-endline comparison. Interviews with local leaders and government suggest that there was also a 'mix up in assessment', as 'there were many partners doing the same work in the same sub county'.

Low literacy levels amongst volunteers resulted in the very low adoption of some monitoring tools. Grantees recently sought to improve data flow from the field to quality assurance and analysis, with the support of GOAL. Reports indicated that Project Officers were conducting quality checks at the field-level, although there were persistent delays in uploading data and providing feedback to field teams (PALM) or documenting feedback (PACHEDO). PALM sought to mitigate some of these challenges through the provision of data bundles for reporting, coupled with penalties to expense refunds for delayed reporting, although securing the efficient flow of data inputs from the field was highlighted as a continued challenge across the entire portfolio of both grantees. Data was not consistently reported on the online platform. For example, PALM include pre- and post-assessments for all trainings, but these data were only included in the activity updates by project officers.

Attempts to monitor nutritional status using MUAC tapes also proved to be a substantial challenge, particularly for PACHEDO. This appears to have been due to insufficient numbers of tapes, particularly for PLW. On the other hand, based on grantee reports submitted to ECF. community based MUAC screening appears to have been a success with regards to screening for malnutrition, referral of cases, and subsequent case management and follow-through, particularly for PALM, which recorded reductions in acute malnutrition in both Lefori and Dufile[8]. In addition to community-based monitoring, PALM conducted quarterly surveys on nutritional status. For PACHEDO, local government stakeholders noted that mothers in Amuru would not take malnourished children to hospitals following referral and suggested that feeding centres be established in the villages instead.

However, PALM had not yet begun monitoring crop production and household consumption by June 2019, despite the fact that PALM's gardening activities began in 2018. Reasons for this were myriad, and included limited access to remote areas, poor uptake and limited capacity to conduct follow ups. As a result of these challenges and delays, monthly reports were typically very long and late. Weekly reports were introduced in November 2018, but the available evidence indicates that effectively using monitoring mechanisms to provide timely data to inform programming decisions was a recurring challenge, although both grantees made an effort to conduct regular monitoring through surveys, checklists, reports and attendance lists, home visit forms, community feedback and review meetings, community dialogues (scaled up in 2019) and external data (e.g., HMIS). Beneficiaries also reported that '*the support can be improved through constant monitoring of the trainings which was never done*' *(PACHEDO Beneficiary).* Similarly, interviewed SNCC members reflected that 'There are indicators agreed as a baseline so there is need to undertake a survey to assess the outcome impact. There is need to collect and analyse data. The impact being reported is perceived and not based on empirical data.'

	Qualitative Findings on Gender

The gender-sensitive approach taken by both grantees, for example through gendered selection criteria for community-based volunteers, appears to have contributed to the empowerment of local women. This is evidenced through both the household survey and the Community FGD, with women expressing the view that the training has contributed to '*Child spacing, I have managed to convince my husband about its importance and there is always protection in every sex we have',* which '*avoids unwanted pregnancies'.* Whilst the uptake of kitchen gardens was slow because women were reluctant to take on an additional work burden, they quickly came to appreciate the convenience of growing vegetables near the home. For example, findings from Community FGDs suggested that 'now women are empowered to plant greens every time they have access to do so'.

However, despite the focus on women and children, all members of the *Rwot Kweri* and other local leadership appear to be male. For example, the majority of the SNCC contacts provided by the grantees, and all those who agreed to participate in this evaluation, were men.

Yet, male involvement was identified as a gap in the program strategy, resulting in some cases of violence directed at women and children. Several anecdotal cases were reported of men destroying kitchen gardens or training materials. Stakeholders linked this with gender-based violence (GBV), which was identified as a challenge in the Barrier Analysis, but not reflected significantly in the subsequent project approach. Specifically, the Barrier Analysis indicated that fathers play an important role in decision-making around child healthcare, particularly where this requires expenditure. Survey respondents also requested "more information on gender-based violence" and

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[8] It should be noted that the findings of 0% MAM could be attributed to the fact that there was minimal assessment activity during the COVID-19 pandemic.

suggested that **"**other trainings should be done to also involve the men because they also need some information". Both grantees recognised the value of better integrating males in programming. Community leaders were identified as 'gate keepers' of the male community, but there was little time to fully integrate men into the project, which would have required a substantial shift in programming

Impact

To what extent did the interventions of GOAL, PALM and PACHEDO achieve the intended outcome and impact?

What was the performance against the stated indicators?

Are there any ill effects or unplanned impacts (whether positive or negative) as a result of the interventions?

Qualitative evidence suggests there are some positive trends towards the achievement of the intended outcome and impact

External evidence reported by a DNCC member indicates that the two sub-counties where the project is being implemented are 'far ahead in nutrition issues', as 'other sub-counties are not knowledgeable on the subject'. According to the project final reports, the total number of primary beneficiaries was 1163 PLW and 790 CU2 for PALM (grouped into 108 Care Groups), and 1,651 pregnant women, 3,924 lactating mothers and 4,005 CU2 for PACHEDO. 84.25% of surveyed beneficiaries reported that something had changed in their lives as a result of the support or training received from PALM or PACHEDO. This proportion was approximately equal for beneficiaries in Amuru (83.33%) and Moyo (85.18%).

'All that was trained brought something towards my life.'

Beneficiary survey responses revealed some common themes with regards to the areas of support that were most helpful at the individual or household level. These included:

- Practices of improved farming, including commercial farming, as well as home consumption. For example, 'trainings on how to plant and when to plant' and trainings on the 'Creation of [an] irrigation system' were highlighted by beneficiaries to be particularly helpful.
- Training pertaining to IYCF and MCHN, such as '*training on what foods to feed young children and pre-natal check-ups',* with the result that *'the training on breastfeeding children has made our children to grow healthy and we feed them timely.'*
- Food Security and Livelihoods, as 'I can take care of my family needs through the crops I grow with the skills I learnt.

'Makes people improve on production and child protection'.

In addition to the individual impacts reported above, 73.97% of beneficiaries felt that grantee support had impacted their community. 68.75% of beneficiaries in Amuru reported observed changes in their community as a result of the support or training received. Similarly, 79.05% of beneficiaries in Moyo reported having perceived community-level impacts. These included:

- The adoption of improved and commercial farming practices, as 'People learnt to grow vegetables throughout the year' and 'The community agriculture improved'.
- Shared food resources: "*We shared the foods with those who did not get*"; "*I did not get the help, but I bought the green foods from neighbours, and it was of great use to the community*".

- *"The trainings on child health and seeds helped the whole village"*; there was "enough food in the village"; *"My community has become more self-reliant"*.
- Wider WASH impacts and improved "general sanitation", such as *"cleaning [of the] water point"*; *"Community members have embraced [the] WASH program, going for antenatal, and feeding children on time".*; *"People in our community regularly wash [their] hands"*; *"Member[s] in the community have built latrines. [The] Majority know the importance of the Latrine".*; *"Yes we have have latrines now which was not the case"*.
- MCHN: *"At least these days breastfeeding continue[s] up to at least 6 months and mothers begin antenatal [care] early"*; *"People are more receptive and willing to understand issues pertaining to child health"*; *"More women go to hospitals when they are pregnant these days".*; *"Reduced deaths since mothers go for antenatal care. Mothers now breastfeed their children from birth as opposed to their earlier practices"*
- Gender relationships: "I feel men are now more engaged in taking care of their wives and kids as they are also told by their wives what they should do".
- Childcare: *"Children are better taken care of"*; *"Yes, my community no longer neglect children's rights"*
- Gender-based violence*: "Gender violence has reduced"*; *"Way of thinking towards childcare, my community no longer abuse a child['s] rights"*.

'Young girls that received the training have continued to train others through drama and plays to educate, and create awareness in the community'

Shifts in Indicators are variable and not statistically significant, although there are some potentially positive trends

The household survey and anthropometric survey were the primary tools used to measure performance against the stated indicators. A total of 962 households were surveyed, with an average household size of 6. 841 of the 964 respondents (90%) were primary caretakers of children under five years of age, and 83% of respondents were mothers. 60% of surveyed households contained PLW. Anthropometric data was collected in every household with CU2, to a maximum of three children per household. In total, 514 CU2 were measured.

In some cases, Indicators appear to have shifted in the desired direction relative to baseline. Where beneficiaries appear to have performed better on these indicators than non-beneficiaries, they have been included below. The full Indicator Resolution Matrix is available in Annex 2.

It should be noted that these differences are **not** statistically significant; any change here merely reflects whether there is a difference in the desired direction of at least 10% points, relative to baseline/midline, or relative to non-beneficiaries. However, the variability in sample sizes precludes any robust comparative analysis, and the difference may be down to random variability. The 10% cut-off is not a signifier of statistically significant difference, but rather a crude means of excluding some margin of sampling error. In addition, the methodology used to calculate indicators at baseline or midline was not accessible. Whilst the methods used to calculate Indicators for this evaluation were based on internationally accepted standards, the comparison may not be fully comparing 'like with like'.

Goal: Contribute to improved nutritional status among CU2 and PLW

Prevalence of underweight, stunting and wasting does not appear to have changed relative to baseline when both males and females are considered. However, the prevalence of underweight in males appears to have decreased relative to baseline.

Prevalence of stunting appears to have decreased relative to baseline, although wasting and underweight is about the same. However, rates of stunting were equally high amongst beneficiaries and non-beneficiaries.

Strategic Objective: Improved IYCF, WASH practices and linkages to nutrition related health facility services

Indicators suggest that changes are mostly related to WASH, which might be attributable to external awareness raising around COVID-19. However, it appears that beneficiaries performed better on these Indicators than non-beneficiaries, indicating that grantee programming may have contributed.

- Incidence of diarrhoea amongst CU2 appears to have decreased relative to baseline, and to be lower amongst beneficiaries than non-beneficiaries. This was supported by community FGDs in Moyo, which suggested that the 'rate of diarrhoea due to not washing hands has reduced'.
- Proportion of PLW and caregivers of CU2 who demonstrated awareness on recommended WASH practices appears to have increased relative to baseline and is higher amongst beneficiaries than non-beneficiaries.

- Proportion of children with early initiation of breastfeeding appears to have increased relative to baseline. Early initiation of breastfeeding appears to be higher amongst beneficiaries than non-beneficiaries.
- Incidence of diarrhoea amongst CU2 appears to have decreased relative to baseline, and to be lower amongst beneficiaries than non-beneficiaries. Proportion of CU2 with diarrhoea who received ORS and Zinc also appears to be higher amongst beneficiaries than non-beneficiaries, or the general survey population.
- Proportion of CU2 mothers who wash hands at all four critical times appears to have increased relative to baseline. This proportion was higher for beneficiaries than non-beneficiaries.
- Proportion of households with soap and water at a handwashing station appears to have increased relative to baseline, and this proportion was higher for beneficiaries than non-beneficiaries.

Strategic Objective 2: Increased access, availability and consumption of micronutrient and protein rich foods among PLW and CU2

Proportion of PLW who join VSLA groups has not increased relative to baseline, although it is higher for beneficiaries than for non-beneficiaries.

In terms of food security more broadly, 42% of respondents felt they had to eat fewer meals in a day because there was not enough food in the last month. This proportion was lower for beneficiaries (31%) than for non-beneficiaries (47%). 25% of the respondents reported being worried that the household would not have enough food in the last month. Beneficiaries were less concerned about this than non-beneficiaries (32% and 55%, respectively).

Strategic Objective 3: Strengthened nutrition governance

Both grantees have supported SNCCs to develop a Sub- County Nutrition Action Plan (SNAP), although PALM reported that this had not been followed up. At a personal level, beneficiaries expressed a sense of having 'been empowered to demand for my rights from within and outside my household', with there being 'more community awareness and more gender roles for women to ably talk about issues affecting them in nutrition, food and child pregnancy'.

 Project interventions resulted in some unplanned impacts, both positive and negative

Beneficiaries who were surveyed or participated in the FGDs commonly reported that the support they received had a wider impact in the communities. Based on anecdotal evidence, the community-centric approach appears to have resulted in a situation where benefits of the training and support received were shared across the community. For example, it appears that beneficiaries independently shared their harvest with non-beneficiaries in the community: 'We shared the foods with those who did not get'; 'I did not get the help, but I bought the green foods from neighbours, and it was of great use to the community'.

On the other hand, survey respondents indicated that the impacts were not necessarily evenly spread throughout the community, as 'most people didn't attend [the trainings] but those that attended have changes in their lives.' Interviews with the grantees, particularly PALM, revealed that insufficient engagement with males may have may

| | have led to frustrations. Anecdotal evidence indicates that this may have contributed to outbursts of violence directed at women or children by male members of the households. |

Sustainability

To what extent are the net benefits of the interventions of GOAL, PALM and PACHEDO likely to continue?

Is an exit strategy developed to ensure sustainability?

Is the intervention of GOAL, PALM and PACHEDO replicable/scalable?

Sustainability is difficult to quantify so soon after project close, but it appears that some benefits have the potential to persist

79.45% of beneficiaries felt that some impacts resulting from PALM or PACHEDO's support would carry on into the future; this finding was similar for beneficiaries in both Amuru and Moyo. Some examples of the factors that were felt to underpin sustainability included "because we have the skills" and "knowledge exists"; "because we will keep practicing", and "the practices as not one-off; they are continuous". Only 15.07% of beneficiaries felt that impacts would not continue into the future. Similarly, 89.04% of beneficiaries reported that they would continue to apply the practices that they had learned. The proportion of beneficiaries who felt that they would continue learnt practices was similar for both Amuru (87.50%) and Moyo (90.54%). More specifically, the following practices and impacts were deemed likely to continue:

> *'Building on the training, mothers have educate[d] their children to have strong impact… [and] how to give balanced diet to their children will also not go away from their memories…. Green vegetables will always be put in garden in the community because they were trained on the importance of eating good food rich in nutrients, and because of such trainings received their lives have been touched.'*

According to one respondent, 'many people within the community expect to be financed but she appreciates the training she got because it will forever remain with her.'

- Improved farming practices "because the yields help in sales and you get money", and "because we need to keep producing food".
- Improved economic outcomes to "generate income to pay school fees".
- "Stove making and practices. I share them with my fellow women in the community".
- "People especially young girls keep giving birth every day in the community, so the message and the trainings have and will continue to be helpful".

> *'I believe all will continue cause the training is for mothers on how to keep their children and each mother would want the best for their child.'*

> *'We will continue to train other mothers who I turn will also train others and the cycle will continue.'*

Since the projects were only recently concluded, it is difficult to ascertain sustainability with any degree of confidence. PALM held a District Closeout Meeting, to present the project activities and findings, as well as to advocate for the sustainability of project thematic areas. This included a brainstorming exercise to identify recommendations for sustainability. For PACHEDO, FGDs suggested that 'Despite the fact PACHEDO left they

[community members] will continue to work and give information to people who need them because it is important that they know and it's for the benefit of the entire community.' However, 'if PACHEDO is coming back to work with them, follow ups should be done to see trainings are conducted, [and] to know strengths and weaknesses'.

No formal, detailed Exit Strategies appear to have been developed

Both grantees are continuing their work locally, which might improve sustainability outcomes, however, this is no substitute for a detailed Exit Strategy, proactively developed and implemented. The delays associated with the finalization and revisions of the project strategies, combined with the turbulence associated with various handovers of support, may have contributed to this oversight.

There appear to be a number of sustainability risks. These include the following:

- In some cases, the capacity of government and community partners remains insufficient to independently sustain the activities in the absence of dedicated support and guidance from the grantees. There may have been an overreliance on existing structures, with insufficient planning to promote sustainability of activities implemented by these stakeholders following project end.
- The household survey and community focus group discussions revealed that there was some dissatisfaction with regards to the Exit Strategy, as many respondents appear to have been expecting to receive follow-up visits or hear back from the project, which never materialised. This may undermine carefully crafted relationships within the community, upon which the sustainability of the project approach was premised. In particular, based on feedback from community-volunteers during FGDs, there appear to have been 'a lot of false promises of support from PACHEDO that kept discouraging engagements with the community, [and] training was done hurriedly'.
  - *"Yes, the program just went off abruptly and up to now we aren't sure if the project will still continue to run in Andara. And if so, different people should be employed to perform duties of training".*
  - *"Yes, it should be because the program end was prematurely ended, and they have never come back due to Covid 19".*
  - *"She feels stranded on the follow ups. Not sufficient were made. More information should be made".*
  - *"PACHEDO should reach them once more because the way they left the community was not good".*
  - *"PACHEDO should fulfil promises made and the community still need them".*
- The procurement of micronutrient rich crop seeds appears to have been a somewhat *ad hoc* process, contingent on the availability of seeds within the district (or further afield, initially). As a result, selected crops may not be consistently available (especially at sub-county level), and micronutrient rich crops may be poorly adapted to the local conditions. As a result, it is unclear whether it will be possible to propagate further generations through seed harvesting, and crop failures appear to have been common. In addition, the viability of agricultural endeavours remains questionable, particularly where there was difficulty in accessing water, wood for fencing, or capacity constraints for post-harvest handling, storage and preservation.
- Men, who tend to be the de facto heads of household, are commonly the ones who hold land rights. Their approval is commonly required to allocate land to kitchen gardens. Anecdotal evidence indicates that men were insufficiently engaged and informed as to the agricultural components of the projects, which appears to have caused some challenges with regards to the establishment and maintenance of kitchen gardens. PALM's initial proposal mentions a gender strategy, but it remains unclear how issues of gender imbalances in control over resources and decision-making were considered in practice.

The interventions demonstrate substantial potential for replication or scaling

Staff at both organisations expressed their confidence that several of the net benefits of the projects were likely to continue, and that the intervention was replicable and scalable. Qualitative evidence suggests that aspects of the approach have already been adapted by other organisations working in the field. Moreover, many of the grantee staff observed that community volunteers continue to be seen as focal points in their communities and are frequently approached for advice and guidance. This aligns with the grantee perception that the projects succeeded to build trust within the communities and effectively leveraged local relationships to align the projects with beneficiary needs.

GOAL's (and ECF) Capacity Building

Relevance

To what extent did the objectives and design of the interventions of GOAL respond to grantees' needs, policies and priorities?

When ECF began implementing the UGN portfolio, key capacity challenges included inconsistent governance structures, lack of professional staffing structures and over-reliance on one 'star' executive director or leader, without whom the organisation might close, as well as weak support systems (including weak financial and audit procedures to enable access to a wide range of donor funds), and limited attention to qualitative-based program monitoring, evaluation, and learning. Organisational capacity building metrics were not integrated into project design at the outset, as ECF intended to focus on nutrition-related technical support (e.g., on IYCF, WASH). In taking on the ECF UGN project GOAL Uganda planned a series of activities to support organisational capacity development, ensure project quality assurance, and support and promote adaptive management and learning. The original organisational capacity assessment, which was completed in June 2019, was used to identify both immediate, short term and long-term capacity needs on which tangible action could be taken. As per the Capacity Improvement Plans (CIPs) (synthesised here for brevity), this included the following needs, grouped by key capacity area:

PALM	PACHEDO
Governance	
Conduct a Situation Analysis to inform development of the Strategic Plan and redefinition of mission. Restructuring of GOALs to allow SMART monitoring. Restructuring of goals to allow SMART monitoring, and development of a comprehensive M&E Plan	Review of the Strategic Plan and redefinition of the mission statement. Restructuring of goals to allow SMART monitoring, and development of a comprehensive M&E Plan. Development of thematic and integrated program strategies to improve efficiency and effectiveness.
Review Board Charter with clear performance targets and orient board on roles, fiduciary duties and organisational work culture.	Integrate board facilitation in budgets (7%) and recruit an additional Board Member. Board Charter developed and approved. Review the Board Manual and update roles and responsibilities to include resource mobilization, fiducial obligation, and accountability.
Re-align Organogram and Reporting Lines to allow non-managerial staff to interact with and learn from multiple managerial staff.	Re-align Organogram and Reporting Lines to allow non-managerial staff to interact with and learn from multiple managerial staff.
Organisational Management	
Expand stakeholder mapping to identify partnership and collaborative opportunities.	Expand stakeholder mapping to identify partnership and collaborative opportunities. Develop a detailed resource mobilization Strategy and Business Plan (shifting from merely describing this in the Strategic Plan)
Develop an M&E and research database to cover all projects. Procure commercial licenses, a database management system, and invest in online cloud storage to facilitate storage. Capture, document and disseminate data and information, both internally and externally. Integrate M&E responsibilities for Programme Officers to sustainability collect data and generate timely and cost-effective information.	Develop an M&E and research database to cover all projects. Procure commercial licenses, a database management system, and invest in online cloud storage to facilitate storage. Capture, document and disseminate data and information, both internally and externally. Integrate M&E responsibilities for Programme Officers to sustainability collect data and generate timely and cost-effective information.
Designate and train a website administrator to re-design and periodically update the website.	Establish a community engagement strategy. Designate and train a website administrator to re-design and periodically update the website.
Finance and Administration	
Digitise financial systems and engage a part-time Auditor. Training of non-finance staff in financial management.	Operationalise ERP Tally accounting software, and engage a part-time Auditor, Training of non-finance staff in financial management.
	Budget for, and save towards, building independent Head Office to cut operational costs; reflected in a construction budget. Full wireless internet coverage for the Head Office, and procurement of portable modems for field staff.
Human Resource	
Develop a standardised staff performance appraisal tool. Broaden job advertisement coverage. Develop a Salaries and Benefit framework, including non-monetary motivational incentives, such as a scheme to support willing staff to pursue short-course professional studies. Develop a comprehensive Internship Policy.	Harmonise salaries and benefits across donor projects (Salaries and Benefits Framework) to include non-monetary motivational interventions as part of the Staff Motivation Scheme. Develop a comprehensive Internship Policy. Engage a part-time Legal Officer.
Nutrition Technical Capacity	

Develop a Nutrition Program Strategy to feed into 5-year Strategic Plan	Develop a Nutrition Program Strategy to feed into 5-year Strategic Plan
Technical training for management on nutrition. General staff training on crosscutting skills (advocacy, proposal – and report writing, M&E, communication, Training of Trainers	Staff training on water conservation techniques (simple irrigation), SBCC, reporting nutritional indicators in HIMS, technical nutrition programming

Due to the short grant period, GOAL prioritised addressing immediate capacity building needs, as well as laying the groundwork for long term capacity needs. Priority areas were selected in close collaboration with each grantee, ensuring that GOAL supported grantees to build capacity in areas that grantees' felt most needed support, from a pre-selected set of externally identified capacity gaps (see above). Overall, substantial effort was devoted to identifying capacity gaps and tailoring support to ensure relevance to these areas, and the capacity building activities appear to be closely aligned to the grantees' priority needs.

GOAL prioritised support in the following overarching organisational capacity areas:

- Board Roles and Responsibilities (governance) - Adroit Consultants
- Budget Management and Finance (finance and administration)– MASH Africa Consultants
- M&E and reporting (organisational management) – Africa
- Trainings was also provided on safeguarding policies and procedures (Code of Conduct, Child Protection, PSEA, Whistle Blowing, Anti-fraud, and Conflict of Interest)

This was supported by ongoing mentoring (monthly visits, weekly Skype/phone calls) and 'on-the-job' training, and quarterly learning and review meetings. GOAL also supported grantees to review and develop operational policies, protocols and manuals, and submit timely, quality narrative reports to the donor. GOAL also commissioned Internal Audits, using internal organisational capacity. Whilst GOAL's mandate was primarily to support organisation capacity, GOAL also provided support in the area of nutrition technical capacity, particularly with regards to the development of Nutrition Programme Strategies, and trainings on the ASPIRE approach, which was incorporated into Care Group activities. This build on previous nutrition-related technical trainings provided by ECF, to this end, GOAL commissioned a short study on the underlying drivers and contributors of malnutrition in the grantee areas, and a survey to capture data that was missed under the original baseline, which appears to have helped to inform the Nutrition strategy and adaptive management more broadly.

Efficiency

Were adequate human and financial resources applied to delivering planned outcomes?

Were outputs delivered in a timely fashion?

Was technology deployed to improve efficiency?

ECF initially envisioned implementing a 'light touch' approach to grantee support, restricted largely to the provision of grants and associated nutrition-related technical support, including on IYCF, Health Management Information Systems (HMIS) and nutrition governance. It became evident over the course of proposal development in the first year that grantees would benefit from further organisational capacity development, as well as programmatic support. An international nutrition consultant supported CSOs throughout the project design phase, and ECF's Nutrition Research Programme Officer was brought on to support the UGN portfolio. The fragmentary nature of supports appears to have had had implications for overall efficiency, for example through the time lags associated with repeated handovers and resources required to manage relationships. Conversely, the fact that combination of technical nutrition support from ECF, followed by organisational capacity building support from GOAL may also, to some extent, have been complementary, although the benefits thereof may have been easier to realise had this been deliberate.

However, challenges of distance-based management and resource constraints made this level of 'hands-on' support difficult to implement remotely. ECF therefore recruited a National Programme Coordinator in August 2018, to manage their portfolio in Uganda and provide more direct oversight and strategic guidance, particularly with regards to clarifying the projects' Theory of Change (TOC), Logframe and M&E Framework. In June 2019, the National Programme Coordinator moved on and GOAL was commissioned. These human resourcing shifts indicate that finding the balance in terms of allocating the right level of resources to support the grantees was a challenge. Nonetheless, GOAL appears to have provided adequate human and financial resources to deliver planned Outcomes:

📌 Grantees have received mentoring, support and targeted training as outlined in their organisational capacity development plans as relates to short-term/immediate capacity needs

📌 GOAL has supported Grantees to submit high quality and detailed final reports and verification documents to ECF.

📌 ECF and grantees, and a wider network of nutrition advocates in Uganda, have had the opportunity to come together, share learning, hear recommendations and identify best practice in relation to (1) community-based approaches focused on extending the reach of basic nutrition services to some of the most marginalised communities and (2) strategies to building capacity for NGOs/CSOs in Uganda.

However, GOAL staff indicated that the capacity building budget could have been allocated more efficiently[9], both prior to and during GOAL's support, by leveraging internal capacity over external consultants (e.g., for trainings, barrier analysis, baseline survey, capacity assessments). Whilst the value of independent and expert guidance is evident, these activities appear to have comprised a disproportionate of the budgetary expenses. On the other hand, GOAL effectively built on its own strengths, and leveraged internal capacity and systems to support the grantees, which appears to have supported efficiency of implementation. Weekly remote support and troubleshooting, facilitated through Skype, WhatsApp and phone calls, coupled with monthly site visits (pre-COVID-19) appears to have improved efficiency from a budgetary perspective, although this made communication contingent on grantee responsiveness. Quarterly learning and review meetings provided an accountability mechanism in this respect.

Outputs with regards to GOAL's capacity building support appear to have been delivered in a timely fashion (with delays commonly attributable to external factors, such as COVID-19), although their involvement only began midway the project. Nonetheless, interviews with CSOs indicate that whilst GOAL's capacity building approach was very helpful, they would have benefited from more time to implement learnings before the end of the project. As such, the Impact and sustainability of GOAL's (and more broadly, ECF's) capacity building efforts are difficult to ascertain.

Effectiveness

💬 To what extent did the interventions of GOAL, PALM and PACHEDO achieve their objectives and meet their results and targets?

💬 Were the monitoring mechanisms effective in providing timely data to inform programming decisions?

The capacity building approach implemented by GOAL was informed by global best practice and leveraged a suite of different activities and mechanisms to combine more formal, discrete training opportunities (e.g., short courses) with 'on the job' mentorship through remote support coupled with site visits. Overall, 31 grantee staff or Board Members were trained on Board Roles and Responsibilities, 20 grantee staff were trained to use the KOBO Toolbox for M&E, Budget Management and Finance, and Nutrition Strategy Development. Based on KIIs with both the client and grantees, quarterly learning and review meetings in particular appear to have been a very positive aspect of GOAL's capacity building, both in terms of providing a learning forum, as well as an accountability mechanism. Based on the KIIs with grantees, both organisations appear to have been satisfied with this holistic approach.

The baseline OCAT conducted in June 2019 was specifically designed to allow for regular self-scoring of capacity to quantitatively monitor capacity change over time. However, the OCA does not appear to have been completed since the baseline, as no capacity monitoring data were available. Moreover, neither the baseline OCA scores, nor the raw data were available, which made it difficult to provide a quantitative assessment of capacity change. On the other hand, GOAL's internal grantee mentoring notes and monthly reports suggest that the immersive, 'hands on' nature of support appears to have allowed GOAL to qualitatively monitor the intervention, and tailor the approach accordingly, including through Quarterly Review Recommendations, although there does not appear to have been rigorous or consistent tracking of implementation.

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[9] It should be noted that it was beyond the scope of this evaluation to conduct a rigorous budgetary analysis or financial audit. Findings are therefore informed by the Internal Audits conducted by GOAL, available budgetary data, and qualitative reports and responses by the client and grantees.

Impact

To what extent did the interventions of GOAL, PALM and PACHEDO achieve the intended outcome and impact?

What was the performance against the stated indicators?

Are there any ill effects or unplanned impacts (whether positive or negative) as a result of the interventions?

The McKinsey Organisational Capacity Assessment Tool (OCAT) 2.0, which was deployed to provide an assessment at 'baseline' (prior to GOAL's intervention) was replicated to aid comprehensive assessment of seven elements of the organisational capacity, namely: Organisational Aspirations, Strategy, Organisational skills, Human resources, Systems and infrastructure, Organisational structure and Culture. These areas were further disaggregated (see Annex 3), but average organisational scores (between 1 and 4) were calculated for each of these elements to provide an assessment of capacity strengths and areas for further improvement at the end-line. As OCA scores for the baseline were not available, it was not possible to provide a quantitative assessment of capacity change.

1	Clear need for increased capacity
2	Basic level of capacity in place
3	Moderate level of capacity in place
4	High level of capacity in place

Given the absence of quantitative baseline data for comparison, this evaluation has necessarily focused on providing a snapshot of current capacity, drawing on the self-scored OCA. This serves as a status update. By cross-referencing this to the priority capacity gaps identified at baseline and the corresponding support provided by GOAL, some qualitative assessment can be made of impact. However, it should be noted that no causality can be attributed, and assessments of change remain subjective, particularly as they are reliant upon self-reported data from a small sample.

PALM Corps' Organisational Capacity Assessment Scores: Endline Status

Aspirations	3	Aspirations refers to the organisation's Mission, Vision and Overarching Goals. Overall, PALM scored highly for Aspirations; 'the Vision was reviewed by staff in a participatory way; shared with staff, displayed in all workplaces, and referenced at work' and the Mission ''is upheld by the majority of staff'. However, staff also reported that 'We don't know the mission yet', 'During my time with the organisation, [the] mission statement was not fully understood', and 'Only on a few occasions is there a reflection on the mission of the organisation'. This indicates that Aspirations, whilst clear to some staff, are not clear to others, and core Aspirations 'must be included during an induction process for new incoming staff'. Staff also expressed the opinion that 'Goals need to be updated/reviewed in line with the growth of the organisation', and that the mission 'would be more inspiring if it was speaking clearly to the target population'.
Strategy	3	Strategy encompasses overall strategy, goals and performance targets, program relevance, growth and replication, and the funding model. PALM self-scored highly as an organisation, with some staff reporting that the strategy informed the budget and allowed for M&E. However, others expressed the view that 'there are clear targets, Outputs and Outcomes' at the project level, but not across the organisation, although this was to be addressed through the ongoing review of the strategy plan. Others were more critical, noting that 'Overall organisation[al] targets are hardly known. With regards to program growth and new program development, staff indicated that 'existing project gaps/information [were used to] inform development'. Moreover, the organisation scored poorly on new program development, which indicated that there was limited assessment of gaps in programming or limited action taken to fill these gaps (although evidence from other sources e.g., KIIs indicates that PALM was actively developing new programming areas to meet gaps). Staff reflections on the funding model varied, with some staff commenting that there was a 'broad base of donors', whilst others reported that 'most projects are under one funder'.

Organisational Skills	3	Organisational skills refer to the planning and management of strategy, finance and budgets (including fundraising and revenue generation), operations, HR, partnerships, and influence exerted (i.e., community standing, influence on policymaking etc.). At the organisational level, staff assessed organisational skills to be strong, although these were 'mainly pushed by top management', and 'there is still a big gap in adopting new behaviour within the organisation'. It was noted that strategic planning had improved over the last 3 years, but there is a 'need to establish a semi-autonomous system for field-officers to handle transactions and reporting in time'. With regards to fundraising, staff reported an 'excellent success rate in proposals', with the organisation 'building up the business arm (Palm Business Consult and Agric Supplies Ltd) for sustainability'. On the other hand, reliance on donor funds implies 'stringent conditions [which] had really tied up the management from generating other sources'.
HR, Diversity and Inclusion	3	HR, Diversity and Inclusion covers staffing levels, the Board, Executive Director (ED), Management Team, Staff and Volunteers. PALM self-scored highly for these aspects, particularly the 'Awesome board members', who were all 'independent and highly qualified… identified based on their experience and expertise'. The Board demonstrated their commitment, including by interacting with field staff, although it was noted that this was 'rare' and 'support to other field location [could] be improved]. The ED was scored highly by the organisation and was described as 'a highly committed man… [who] visibly upholds the vision of the organisation, constantly guiding the team towards achieving the goals of the organisation'. However, as a result, whilst the organisation would continue to exist without his presence, this would likely in a very different form, suggesting a continued dependence on the ED.
Systems and Infrastructure	2	The Element covers planning systems, decision-making frameworks, financial and HR management systems, as well as physical and technological infrastructure. Staff responses suggest substantial room for improvement, particularly for HR management, physical and technological infrastructure. For example, technological infrastructure appears to have been well-equipped at the central level – e.g. 'PALM Corps has electronic reporting system for field activities, and a complete data back-up system on Microsoft One Drive cloud & G-Suite' but implement at other locations. In addition, it was noted that PALM 'still use one-user QuickBooks package, which affects real-time verification by [the] supervisor]. Physical infrastructure was rated very poorly by some staff, but a number of improvements could greatly help to increase effectiveness and efficiency. Staff retention was a 'priority', with some basic elements of an incentive system in place and some evidence of motivational effect on staff performance, but staff turnover appears to continue to be an active concern.
Organisational Structure	3	Organisational structure relates to Board governance, organisational and individual job design, and inter-functional coordination. Staff generally scored this Element highly, as evidenced by the fact that there were 'over nine projects/programs [being] implemented in different locations', and 'responsibilities of every staff is clearly spelt out in their appointment letters and is the basis of appraisal'. However, 'field operations staff like finance and logistics [are] missing, yet these are the heart of the office for better operations. Moreover, inter-functional coordination scores indicated that, whilst interactions between different programmes and organisational units are generally good, and there is some pooling of resources, some coordination issues do exist.
Culture	3	Culture refers to the organisation having performance as a shared value, alongside other shared beliefs, values, references and practices. The organisational score indicates that performance is typically considered as a key criterion for recruitment, and there is a common set of basic beliefs held by many people in the organisation. However, common references and practices exist only in some groups within the organisation, may be only partially aligned with organisational purpose, and only rarely harnessed to produce impact.

Strengths	Areas for Improvement
✤ Top management drives benchmarking, and adaptive management. Senior leadership and the BoD were almost universally well rated.	✤ Continued reliance on the Executive Director, without whom the organisation would likely look radically different.
✤ An 'Online KOBO-based M&E system is developed for all projects' and 'Indicators are tracked quarterly for most projects', and 'the organisation now has capacity to develop and implement robust results-based M&E	✤ Staff reflected that there was a 'need to generate information from M&E system to inform strategic direction', including strengthened field-based reporting: 'need to have key operation staffs at field-level, like

	systems'. Field officers appear to be reporting from the field using smartphones.		finance and logistics'. Moreover, other sources of evidence indicate that M&E remains a challenge, exemplified through the difficulties in accessing raw data (e.g., of households surveyed at baseline, baseline OCAT scores) to inform this evaluation.
✥	With salary amendments approved, turnover rates appear to have improved.	✥	HR issues were 'not given due priority' and 'we still have serious gaps in HR'.
✥	PALM's implementation approach is community-driven, through the Care Group and local structures.	✥	Organisation's presence either not recognised by the community, and few community members were constructively involved in the organisation.
✥	Funding nearly doubled over the UGN implementation period; PALM has reportedly developed some diversified fundraising and revenue-generating activity (WFP, EU, OXFAM, BMZ, ADA).	✥	The financial net contribution of internal revenue generation activities remains marginal, and OCA scores suggest that revenue generation activities distract from programmatic work and often tie up senior management team.
✥	The organisation's mission is upheld by the majority of staff, and the vision was referenced at work.	✥	Several staff reported not knowing or fully understanding the Mission, highlighting a gap in terms of orientation of new staff to the organisation's aspirations.

PACHEDO's Organisational Capacity Assessment Scores: Endline Status

Aspirations	4	Aspirations refers to the organisation's Mission, Vision and Overarching Goals. Overall, PACHEDO scored very highly for Aspirations; suggesting that staff perceive there to be a clear expression of the organisation's reason for existence, a clear and bold vision, that is translated into clear goals with measurable, time-bound Indicators. Staff reported that 'the vision is clear, and the organisation strives to achieving it', and aspirations are 'clearly displayed on walls of the offices to remind every staff of what PACHEDO is about'. However, 'most of the times staffs are engaged majorly in project implementation and rarely have they reflected on the relationships of the activities to the Vision of the organisation, but there are reminders periodically from management. Inadequate funding was seen as the major constraint to achieving these Aspirations, which 'somewhat falls short of reflection of inspiring the future due to limited or inadequate funding'.
Strategy	3	Strategy encompasses overall strategy, goals and performance targets, program relevance, growth and replication, and the funding model. PACHEDO scored highly for Strategy, which was developed through a process whereby 'consultations were made with beneficiaries and significant stakeholders – government, private [sector] and likeminded NGOs – to realign PACHEDO's programmes and interventions to the real needs', although multiple staff noted that the 'strategy exists but [is] not fully complete and not yet well aligned to the mission and strategic objectives of the organisation' or that it is 'under review', and the score for new program development indicates that there is limited assessment of gaps in the ability of existing programmes to meet recipient need. On the other hand, staff expressed the view that program growth and replication 'is evident in the recent programs created that are being funded' by various donors.
Organisational Skills	3	Organisational skills refer to the planning and management of strategy, finance and budgets (including fundraising and revenue generation), operations, HR, partnerships, and influence exerted (i.e., community standing, influence on policymaking etc.). PACHEDO's score for Organisational skills was high, with staff noting that 'GOAL and GIZ took PACHEDO through the strategic planning process and the team is well informed about the strategic planning step[s]'. Moreover, 'PACHEDO has a developing performance measurement and progress tracker' and 'recruited one of the best M&E Coordinators who has streamlined the performance indicators and social impact measurement', although this does not provide a 'full measure of performance and data does not fully inform decision-making at all levels'. PACHEDO staff reported having 'a good knowledge of the players' and were 'thus attracting partnerships', although PACHEDO remans reliant on donor funding, and Internal Audits indicate significant issues with accounting. In fact, fundraising was scored as the biggest capacity gap; indicating generally weak fundraising skills.

HR, Diversity and Inclusion	3	HR, Diversity and Inclusion covers staffing levels, the Board, Executive Director (ED), Management Team, Staff and Volunteers. PACHEDO's collective score for HR, Diversity and Inclusion was high, reflecting positively on the Board, Executive Director and staff at all levels. It was noted that the 'new BoD is well constituted with highly experienced and diverse representation. The new BoD is committed to conduct their responsibilities'. By contrast, 'at baseline, budgetary constraints limited the capacity of the BoD to monitor activities [and] the achievement of organisational goals was largely dependent on the competencies of the ED'. This may reflect the budgetary adjustment to allocate a proportion of the budget for BoD facilitation. The ED was scored highly across all areas, and staff expressed the view that 'the leadership of the organisation is obsessed with the vision and the ideology of the organisation. They work throughout the week and month regardless of weekend. They are extraordinarily energetic in performing their roles and responsibilities'.
Systems and Infrastructure	3	The Element covers planning systems, decision-making frameworks, financial and HR management systems, as well as physical and technological infrastructure. All components were rated about 3 out of 4, except for physical infrastructure, where the score indicated that a number of improvements could greatly help to increase effectiveness and efficiency, and telephone infrastructure, which was scored as adequate, but not easily accessible to some staff, e.g., frontline deliverers.
Organisational Structure	3	Organisational structure relates to Board governance, organisational and individual job design, and inter-functional coordination. The BoD 'is new and well-formed with the support of GOAL', although the relevant score indicates that the BoD does not regularly review ED performance, monitor potential conflicts of interest, scrutinise auditors, or review IRS or state filings. Staff 'positions are clear and reporting lines are well defined', possibly as a result of the ECF/GOAL's efforts to improve organisational structure.
Culture	3	Culture refers to the organisation having performance as a shared value, alongside other shared beliefs, values, references and practices. The score for Culture suggests that PACHEDO values performance, and there is a common set of beliefs, preferences and practices that are adopted by many people within the organisation.

Strengths	Areas for Improvement
✎ 'PACHEDO has improved data management and reporting system[s], developed and established by [a] well-skilled M&E Coordinator'	✎ Data management remains a challenge, as it was not possible to retrieve or access raw data (e.g., of households surveyed at baseline, baseline OCAT scores) to inform this evaluation.
✎ Staff reported that 'PACHEDO has a strong human resource department, which carries recruitment and firing in case of non-performance'.	✎ HR remains a challenge, with the 'need to develop the staff's capacity and attract high-level and competent staffs'. The 'need for improvement is evident in high staff turnover'.
✎ Budgeting and financial management are digital; 'QuickBooks has been introduced to maintain all financial practices and generation of timely reports. Budget trackers are now used by the finance teams across the organisation, and most importantly more staff [were] recruited in the finance department to maintain books of accounts'.	✎ According to some staff, PACHEDO's financial management of the team is quite fine, as noted in the Audit Reports'. However, this self-reported finding is contradicted by the Audit Report, which notes several 'High Risk' or 'Unacceptable' issues. This finding was supported by data from government and local leader interviews, which revealed that 'PACHEDO refused to pay taxes for 4 years. Compliance with government laws should not be negotiable. Government has been patient while staff blame their bosses.'
✎ PACHEDO has an 'internal revenue generation plan through social enterprise that is raising some funds. Additionally, we also do consultancy through training other partner staff'.	✎ PACHEDO remains highly dependent on donor funding; whilst it reportedly has an 'income generating arm … [this is] lowly funded'; and 'with 'no revenue generated … dependent on donors'. 'There is a fundraising strategy, but more effects and linkages are

			needed'; staff were trained in fundraising 'sometime back and refresher training [is] required.	
↳ PACHEDO's community-centred implementation model 'entails community participation and involvement; this makes PACHEDO a darling in all the target community they are implementing projects'.			↳ In contrast to the opinion of selected staff, the overall OCA score for community presence and involvement indicates that staff recognise that, whilst the organisation's presence is somewhat recognised, and generally regarded as positive, there is room for improvement. This finding tallies with the findings of the household survey, which indicated that some members of the community were dissatisfied or unclear about the work PACHEDO conducted: 'What has PACHEDO done to help the community? I have heard of it from this of village, but little information is known to me.'	

Broadly speaking, grantee staff perceived capacity to have improved, as referenced through anecdotal evidence:

PALM staff expressed the view that 'the organisation has kept on professionalizing user departments, functionalizing the board, [and] professionalizing processes and systems', and reported that 'so many systems have been put in place including improved M&E, finance, and, most recently, human resources'. The 'capacity of staffs [was] built', which appears to have led to 'new projects', 'new policies' and 'expansion of new branches', and the 'implementation of nutrition projects has increased to cover Northern Uganda (Acholi and Lango regions).

PACHEDO staff reported that there was 'improvement in almost all managerial areas and implementation', with 'more projects … coming on board, and more staff being employed to have activities run'. In the words of one member of staff: 'I now see things being done correctly as required, with well-laid procedures followed'. In addition, the 'BoD' are following their set roles and responsibilities, and their performance indicators. New finance team in place utilizing QuickBooks in all financial management and reporting'. In addition, 'positions have been realigned, and M&E is in place and data is being shared'.

GOAL appears to have successfully delivered its planned capacity building Outcomes (as per CIPs):

	Outcome that GOAL is supporting:		Evidence
Nutrition Strategy development	Barrier Analysis to inform Nutrition Strategy	✓	BA and Supplementary Survey Report
	Approved Nutrition Strategy	✓	OCA and KIIs indicate that the Nutrition Strategy was developed and approved.
Board Roles and Responsibilities	Board Charter approved	✓	OCA and KIIs with client and grantees indicate that Board Charters were developed and approved, and Board Manuals were updated.
	Competent and engaged Board	✓	31 Individuals participated in Training on Board Roles and Responsibilities, as per Training Report.
Finance Management	ERP Tally/QuickBooks accounting software operational	✓	Grantee and client interviews indicate that this digital accounting software is available to both grantees.
	Managers trained in financial oversight	✓	20 Individuals trained on budget management and finance, as per Training Report. GOAL provided an Internal Audit to assess accounting and compliance.
M&E and reporting	M&E and research database (Kobo Toolbox) operational	✓	Grantee and client interviews indicate that the database is available to both grantees.

	Staff trained on use of database	✓	20 Individuals trained to use KOBO, as per Training Report.
	Reports generated	✓	Donor Reports submitted

Sustainability

To what extent are the net benefits of the interventions of GOAL, PALM and PACHEDO likely to continue?

Is an exit strategy developed to ensure sustainability?

Is the intervention of GOAL, PALM and PACHEDO replicable/scalable?

Sustainability is difficult to quantify so soon after project close, but it appears that some benefits have the potential to persist

Sustainability is difficult to evaluate so soon after project close, but it appears that some benefits of GOAL's programming have the potential to persist. Staff from both grantee organisations indicated that ECF's, and latterly GOAL's, programming had contributed to the development of the organisation, which could provide a sustainable basis for continued growth. However, the fragmented nature of support, coupled with the fact that organisational capacity assessment metrics were not integrated from the outset, may all have implications for sustainability. It should be noted that ECF's support was targeted at technical nutrition programming, whilst GOAL focused primarily on crosscutting components of organisational capacity. These approaches appear to have been complementary, although the short time frames for support make it difficult to ascertain how this might have contributed to sustainability.

No formal Exit Strategies were developed, whilst short timelines

In theory, GOAL's focus on strengthening the fundamental structures and systems of the grantee organisations, such as the Board of Directors, budget management and finance, and the M&E system, all of which are crucial to a well-functioning organisation, is likely to support sustainability. However, grantee staff noted that whilst the capacity building support by GOAL had been useful, there had been little time to embed learnings, which is likely to reduce sustainability, particularly in light of the absence of an explicit and proactive Exit Strategy. This is further compounded by the high turnover rates, coupled with a track record of poor handovers, exhibited by both grantee organisations. Efforts to address turnover appear to have had some positive impact, but even low rates of turnover may have consequences for institutional memory.

The interventions demonstrate substantial potential for replication or scaling, although sufficient resources have to be allocated to managing this level of 'hands on' approach

The intervention of GOAL could be replicated, as the capacity building approach appears to have been informed by international best practice. By targeting independently identified capacity gaps, and subsequently collaborating closely with grantees to assess which needs were most urgent, GOAL was able to ensure that support was highly relevant to the grantees, whilst securing their buy-in. By leveraging a suite of different forms of support, ranging from discrete trainings to longitudinal mentorship, GOAL could finetune and flexibly adapt support to changing grantee needs. 'On the ground' immersion supported this 'hands on' provision of support, although this was not without its complications with regard to communication and internal progress management. Any attempt at replication or scaling may need to reconsider the trade-offs associated with embedding a staff-member between multiple organisations.

Best Practices, Lessons Learned and Recommendations

Best Practices and Lessons Learned: Grantees

📌	**Working through government and community structures has many benefits, but can be challenging to manage**
	The Care Group approach undertaken by the projects appears to have been one of their biggest strengths. It appears to have allowed the grantees to leverage the existing networks of the Village Health Teams to maximise reach and build trust within the communities, particularly as the baseline survey indicated that VHTs and nurses were perceived to be the most trusted advisors. Similarly, elders (fathers-in-law, elder brothers, clan elders etc.) and village government leaders were seen to be important influencers. Moreover, by leveraging the local structures, local capacity could, in theory, be strengthened. However, this model was not without its challenges, including issues with mobilization and sensitization, challenges to ensuring efficiency of operations and logistics, pushback against the (lack of) incentives structure, and, in some cases, personal relationships and nepotism undermining the equitable distribution of outcomes.
	Interviews with government and local leaders suggested that coordination could have been better, with interviewees expressing scepticism 'as there will be a big gap in service delivery of the project activities.' It was suggested that 'project staff should always contact the government officials early so they are supported and guided in community driven development… Very clear roles and responsibilities should be agreed right from inception.' On the other hand, there may have been an overreliance on existing structures and community-based volunteers to conduct a lot of the work associated with these projects, with limited renumeration. Grantees did not have full control over the quality of the inputs, or the time allocated by external volunteers and partners, and grantee reports suggest that substantial capacity gaps remain. Moreover, the expectation that the project would pay incentives commensurate with government renumeration was unlikely to be sustainable, unless a clear and binding plan for the government to take over that cost by project end was in place.
📌	**Multi-sectoral, integrated approaches to nutrition programming are needed to address multifaceted drivers of malnutrition, but care should be taken to ensure that resources are sufficient to implement these**
	The scope of PALM and PACHEDO's projects was expanded substantially from a focus on nutrition to integrated, multi-sectoral programming, both in response to shifting beneficiary needs and donor guidance. Additional components on WASH, dietary diversity and agriculture, and governance had to be integrated. This is particularly true for PACHEDO. Whilst this process appears to have led to a number of delays, interviews with both grantees indicated that it also generated a number of learnings. Specifically, both grantees reported that similarly comprehensive approaches were now being adopted across their project portfolios. Whilst taking a holistic approach can serve to harness synergies between different sectoral activities, the grantees may have been too ambitious given the increasingly constrained timeframes with which they were faced. For example, activities like land preparation and water harvesting techniques are challenging and time consuming to implement, diverting resources from other project activities. The projects might have benefitted from a more targeted approach to maximise the impact of limited resources, allowing benefits to be better embedded without stretching human resource capacity.
📌	**Efforts were made to improve M&E, but it is difficult to evaluate impact in the absence of baselines, regular monitoring and recordkeeping**
	Both grantees made efforts to improve M&E of the UGN projects, and of their wider programming. The digitalization of M&E systems, supported by GOAL, contributed to this objective, as have internal grantee initiatives, such as the provision of data bundles to support field-based reporting. However, the difficulties in retrieving monitoring data and

	other raw data from the grantees suggests that better records need to be kept and data/information management may require further strengthening.
📌	**The Care Group model made it possible to embed project learnings within the community, as per the SBCC, but expectations need to be better managed if community trust and buy-in are to be secured and sustained**
	The Care Group model reflects globally established good practice in terms of building local capacity through community-oriented programming. This can contribute to more sustainable outcomes if individuals and communities are effectively capacitated, as well as helping to secure local buy-in. Both grantees appear to have invested heavily in this approach. However, expectations need to be effectively managed, including through the avoidance of overpromising support that cannot be realised despite best intentions, to ensure that community stakeholders (from volunteers to beneficiaries) are not disillusioned with the level of support they ultimately receive. This appears to have been a challenge for PACHEDO, in particular: 'a lot was promised, for example bikes were provided and promised to be serviced but nothing was done about it. Sometimes we gave reports of what is wrong to our teachers [trainers] who lead us, but nothing is always done. There is no serious commitment with the people. Feedbacks is always not given.'

Recommendations: Grantees

🗨	**Build on the support provided by GOAL to strengthen M&E and recordkeeping as a matter of priority**
	The absence of a baseline at Inception, subsequent delays in finalizing the baseline, incomplete coverage of Indicators, and limited monitoring of these Indicators over the course of the project itself imposes several limitations. First and foremost, the absence or incomplete coverage of data undermines the ability of any organisation to make evidence-based decisions to ensure that programming is on track to meeting OECD criteria. Secondly, it is difficult to make any evidenced assessment of impact, which has not just impacted this evaluation, but more broadly undermines the potential use of evaluation findings to demonstrate grantees' capacity to manage similar project. This, in turn, has implications for donor fundraising, community outreach and government engagement. Taking the time to conduct a solid baseline can avoid the inefficient use of time and resources can help to target support to those who need it most, whilst avoiding negative outcomes by excluding, for example, men. Moreover, having a baseline is fundamental to assessing impact. Effective M&E relies on records and raw data being kept and made accessible for independent review. Overall, narrative reporting is useful, but quantitative data is needed to rigorously assess impact.
🗨	**Diversify the funding portfolio to (i) immediately reduce reliance on any one donor and (ii) prioritise resource generation in the medium-term to shift away from donor dependency more broadly**
	On all accounts, PALM and PACHEDO are supported through stellar leadership and a strengthened Board of Directors. Both organisations appear to have a nascent portfolio of potential revenue generating opportunities that could be leveraged. Whilst donor funding provides short-term opportunities, developing other sources of income is likely to improve sustainability, particularly where project overheads (including facilitation for community volunteers, and adequate staff renumeration) are concerned. Whilst this may require the diversion of time and resources from project implementation in the short-term, it is strongly recommended that both grantees (i) take stock of potential revenue generating opportunities; and (ii) finalise their revenue generation plans (based on existing mapping activities) to leverage priority, best-fit opportunities in the medium to long-term.
🗨	**Manage expectations and ensure consistent engagement with target communities, particularly if working through a community-centric model like the Care Groups**
	The success of the grantees' projects was contingent upon the effective utilization of the Care Group model. When implemented effectively, this can generate many benefits. However, it does require consistent engagement with the target communities, clear information flows, and regular follow-ups to ensure that community stakeholders feel supported, and expectations can be better managed. In part, a proactive Exit Strategy may also have helped to

	alleviate the widespread perception amongst community members that the grantees did not deliver on their promises. The recommendation for future projects is therefore two-fold: (i) factor in sufficient time and resources to allow for regular community check-ins, and (ii) ensure that an Exit Strategy is in place and proactively implemented to avoid situations in which beneficiaries feel disillusioned. In addition, local leaders and government should be involved, ensuring that there is clear communication and flow of information, as recommended by a local government stakeholder.
🗨	**Think strategically about seed selection and procurement of locally adapted cultivars that meet nutritional needs and allow repeat planting, in the context of climate-smart agriculture (CSA) and conservation agriculture.**
	Whilst procured seeds were sampled for viability, several respondents noted that support should "bring us something different from the past seeds". In part, this can be attributed to the small quantities provided and the perishable nature of the selected nutrient-rich vegetables, but it is also linked to the fact that 'it's not easy to get seeds like that here in our village'. Grantees should aim to select crops that are likely to see sustained uptake. Regular crop failures and losses were also found to be a challenge, some of which were attributed to the (delayed) provision of seeds in the wrong (i.e., dry) season. There was also some hesitancy to grow vegetables that were previously unknown to the communities, and beneficiaries noted that it might be worth considering providing 'mothers with other enterprise like poultry which is easier to manage for pregnant mothers than farming'. Overall, support could be improved by "providing viable seeds and at the right planting season".

Best Practices and Lessons Learned: GOAL

	Tailoring capacity building support using Organisational Capacity Assessments, Capacity Improvement Plans, and Stakeholder Participation to ensure relevance
	GOAL invested substantial time and resources to ensure that their capacity building support was explicitly designed to target priority gaps of the capacity of grantee organisations. As a result, their intervention appears to have been very relevant to the grantees needs. However, capacity gaps and needs were not factored into planning from the outset, during the inception phase of the UGN portfolio. As a result, substantial time and resources had to be reallocated to address capacity gaps, resulting in delays and inefficiencies. Conducting a capacity assessment at the outset may have mitigated this need.
	Integration of learning across the grantee project portfolios and diffusion of learnings to other associated organisations
	It is a testament to the impact of GOAL's support that the grantees have been able to direct their strengthened capacity to support other organisations. For example, PALM staff were recruited by an external organisation to support with the development of tools for a barrier analysis, as well as subsequent implementation thereof, suggesting that organisational capacity improvements are recognised and valued by external stakeholders. However, both grantees noted that constrained timeframes provided little opportunity to embed learnings, which is exacerbated by issues of staff turnover.
	Quarterly Learning and Review Meetings (QLRM) as a learning forum and accountability mechanism
	QLRMs provided a forum to discuss good practices, challenges, as well as participatorily developing solutions. In addition, this provided an opportunity for the grantees to share learnings. It also served as a good accountability mechanism.
	Adaptive management to reflect changing needs and provide flexible support

	'On the ground' immersion supported with 'hands on' provision of support allowed GOAL to iteratively shape its support around shifts in grantee needs. However, managing these relationships was not without its challenges, as the independence of GOAL's focal point for grantee capacity building appears, at times, to have been difficult to maintain.

Recommendations: GOAL (and ECF)

	Timely monitoring to inform decision-making: Ensure that M&E tools (i.e., OCATs) are used regularly
	The OCA was explicitly designed to allow for iterative self-scored assessment of organisational capacity. This indicates that GOAL, ECF and the grantees had the intention to track capacity change over time. Whilst it is possible that OCAs were conducted internally, OCA scores and raw data do not appear to be available. Yet, the importance of tracking changes and generating timely data for decision-making cannot be understated. Measuring capacity is difficult, and self-scored assessments are no substitute for external assessments, but the OCA does provide a consistent measurement tool to inform capacity building. In the context of this evaluation, for example, it is difficult to make any robust assessment of capacity change in the absence of baseline or monitoring data. As such, the present 'status update' can serve to inform present capacity strengths and gaps, but it is of limited utility in terms of assessing the impact of GOAL's (or ECF's) support. Any attempt to replicate the capacity building approach should ensure that capacity metrics are integrated into the intervention from the outset and monitored effectively.
	Start where you want to end up: develop a proactive Exit Strategy to secure sustainable impact
	The present capacity building intervention was faced with a very constrained timeline, which inevitably made it difficult to factor in time to embed learnings and phase out support. Nonetheless, the feedback from grantees – whilst overwhelmingly positive – indicates that both organisations would have benefited from time to begin to embed what was learnt at a more systemic level, whilst still supported by GOAL, as support is gradually withdrawn.
	Further leverage in-house capacity for the provision of training to improve efficiency
	Interviews with the client indicated that available resources were sufficient to achieve the planned Outcomes. However, the use of external, international consultants is unlikely to have contributed to the efficient use of these resources, particularly where in-house capacity might have been leveraged. In most cases, GOAL did use internal resources and systems, as for the Internal Audits, or through the provision of mentorship by GOAL staff. It is recommended that both GOAL and ECF think strategically about resource allocations, with in-house capacity privileged where possible. On the other hand, the experience of providing 'hands on', 'immersive' support to the grantees reveals that it is crucial that roles and remits are made explicit to avoid the potential misalignment of expectations.

Annex 1: Tools and Sampling Approach

EvaluationTeam

Three international consultants and one national consultant led the data collection process. A national field lead coordinated a team of 16 enumeratorsm (8 for each grantee), who were organised into sub-teams of four enumerators (1 per village).

Instrument and Sample Approach Overview

The selected sample approach has been broken down by instrument, each of which has been designed to target specific stakeholder groups or categories. This is intended to promote efficiency and depth of data collection.

Document & Data Review	Data Call: Rolling basis
Rationale & Sample Approach	*Anticipated Approach*
Relevant documents and data held by the client and key partners will be solicited and analysed for insights into this assignment's key areas of focus. The document review will cover the documents and data shared by GOAL during the Inception Phase, including narrative reports, project management documentation and raw data, amongst others. This will be undertaken both before and during data collection. Review of existing data and documents allows for activity which builds on (rather than duplicates) existing resources.	Two rounds of data call anticipated and follow-up as appropriate. Note: Successful completion will require client response to requests

Organisational Capacity Assessment (OCA) Tool	Target sample: 7-10/grantee
Rationale & Sample Approach	*Anticipated Stakeholders*
Capacity development (and therefore assessment) in nutrition is complex due to the multi-faceted causes of malnutrition. The tool will take a multi-dimensional approach to explore organisational and individual capacities, in the context of the wider enabling environment. GOAL's capacity assessment will serve as the baseline to understand changes in capacity pre- and post-intervention. The original OCA was based on the McKinsey Organisational Capacity Assessment Tool (OCAT 2.0). A similar approach will be adopted for the present OCA, using the tool adopted during the GOAL baseline to allow for a robust comparison. However, this OCAT will be used as a guiding tool and a prompt for further discussion and questioning, as required. Consultants will facilitate the capacity assessment remotely.	❖ Grantee staff and implementing partners

Client & Partner KII-FGD[10]	Target Sample: c. 15 individuals
Rationale & Sample Approach	*Anticipated Stakeholders*
Client and implementing partner stakeholders are anticipated to have substantial insight into management, delivery, administration, accountability, transparency, oversight/monitoring of the project. As such, key insights will be collected from them using a specially designed tool. The tools will utilise conditional display logic, asking questions which are targeted to various levels or focus areas of insight (e.g., central-, field-level; specific sectoral focusses). The selected sample approach is both purposive and pragmatic; limited resources are	❖ Client staff (GOAL) ❖ ECF staff ❖ Implementing partner staff Grantee staff

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[10] Key Informant Interview

available, making it difficult to speak with each and every individual holding relevant insights. As such, the consultant will undertake to select as wide a range of relevant stakeholders as possible, undertaking to cover various respondent types and areas of insight. This may include field staff, field office staff, CSO volunteers, any myriad other key stakeholders selected in close collaboration with the client. Questions will be largely operational.

Tools will be developed as a combined KII-FGD to allow for varying schedules and availability of respondents. The consultants will facilitate these interactions remotely.

Government & Local Leader KII-FGD	Target Sample: c. 10 individuals
Rationale & Sample Approach	*Anticipated Stakeholders*
These stakeholders were closely consulted throughout the project and possess unique insights into their communities, as well as of the broader governance and services challenges facing target areas. It is therefore appropriate to develop a dedicated tool for use with these stakeholders. The selection approach will again be purposive, undertaking to speak with as many relevant stakeholders as possible. A degree of pragmatism and flexibility will necessarily underpin the approach to selecting these stakeholders. Tools will be developed as a combined KII-FGD to allow for varying schedules and availability of respondents. The consultants will facilitate these interactions remotely.	❖ Representatives of the SNCC, DNCC, and parish cultural and religious leaders' groups

Community-based Volunteers KIIs[11]	5 individuals/grantee
Rationale & Sample Approach	*Anticipated Stakeholders*
Both grantee projects utilised a community-based approach to training and outreach. The Care Group Model (and similar approaches for the agricultural component) was pivotal to the implementation of both grantee projects. These individuals also formed a key link between the grantees and the communities; as such, a separate tool will be designed for use with these stakeholders. Sampling will be purposive; the consultancy team will select lead members of the Community-based Volunteer Groups. Tools will be developed as a combined KII-FGD to allow for varying schedules and availability of respondents. The enumeration team will undertake these interactions.	• Care Group Promoters • Lead mothers • Community-based Horticulture Trainers

Community FGD[12]	5 FGDs per grantee
Rationale & Sample Approach	*Anticipated Stakeholders*
Discussions with between three and seven participants per focus group will be undertaken with community members, comprising both beneficiaries and non-beneficiaries. The FGD tool will consist of a range of open questions about grantee programming, all designed to solicit detailed responses from beneficiaries, which will provide insight into grantee project implementation and capacity. FGD questions will be specifically designed to triangulate questions in the beneficiary survey (if relevant). Local enumerators will conduct the FGDs. Those moderating FGDs will be trained in best practice, such as ensuring all members of the group contribute to the discussion and asking follow-up and clarificatory questions as appropriate. FGDs will be single gender to increase the likelihood of soliciting full and frank responses from both male and female participants.	❖ Adult beneficiaries ❖ Other members of the community

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[11] Focus Group Discussion
[12] Focus Group Discussion

The team will undertake to contact beneficiaries of each aspect of programme activity. It is unlikely completely random selection of these stakeholders will be possible; as such, the consultancy team will select members of the community who have benefitted from programmes, seeking to ensure appropriate gender, socio-cultural, and vulnerability representation throughout.

Household Survey[13]	400 / grantee

Rationale & Sample Approach	*Anticipated Stakeholders*

The beneficiary survey will utilise the testimony of beneficiaries to collect data on the implementation and impact of programming. Mobile data collection technology (SurveyCTO) will be used to script and deploy the survey.

❖ Beneficiaries

A wide range of questions will be asked to resolve selected indicators and triangulate findings. The survey will utilise a variety of question types such as open questions and questions using Likert-scales to generate data that is useful for both quantitative and qualitative analysis.

Extensive use of conditional display will be made to maximise the efficiency of data collection and minimise respondent attrition. The survey will consist of several modules: (i) Demographics and Household Characteristics; (ii) Beneficiary Profile (to allow subsequent questions to be tailored), (iii) Mother and Caretakers module (prenatal care and immediate breastfeeding, WASH); (iii) Child Module (IYCF), and (iv) Food Security and Coping Mechanisms Module. This structure is based on that used during the Baseline Evaluation and Supplementary Survey to allow for comparison. The Survey explicitly seeks to resolve Selected Indicators, as well as gather information corresponding to the OECD/DAC Evaluation Criteria.

The survey has been designed to allow for internal comparison of beneficiaries and non-beneficiaries, as well as to allow for comparison between present (end-line) beneficiaries) and baseline non-beneficiaries. This approach has been designed specifically to allow for a comparison of KAP indicators between beneficiaries and non-beneficiaries. Whilst this will not allow for robust attribution of causality in terms of any differences to grantee programming, it will allow for an assessment of contribution.

Pregnant women, lactating mothers and primary caregivers of children 0-23 months will be the main participants for the quantitative approach using Standardised Household Questionnaires. Respondents will be surveyed by local enumerators, using a stratified random sampling approach. Communities will be sampled proportionately to overall beneficiary population with the aim of achieving a 0.95 CL 0.05 CI sample of beneficiaries. Specifically, enumerators will be instructed to sample every n-th house in the target areas (likely determined based on the areas of operations of the Care Groups, but this may be adapted as more information becomes available regarding target areas). Where possible (based on connectivity), GPS data will be collected using the in-built feature of Survey CTO to ensure a sufficient spread of data points is achieved.

Male data collectors will be instructed to interview men, and female data collectors will be instructed to interview women. This will be done both to ensure the comfort and safety of respondents but also to increase the veracity of answers on potentially sensitive topics.

Anthropometric Data Collection	200 / grantee

Rationale & Sample Approach	*Anticipated Stakeholders*

Age, sex, weight and length will be measured for children between 6-23 months of age to assess nutrition status according to their ages and gender. Body weight will be measured using standard techniques on a mother and child electronic scale and read to the nearest 0.1 kg. Length for a child will be measured at laying down position with a standard technique to the nearest 1 mm by using the infant/child/adult height measuring boards.

Children between 6-23 months

Enumerators will be trained by GOAL staff who are experienced in taking anthropometric measurements. Anthropometry standard skills will be instructed during the training of the survey team to avoid inter-observer measurement bias. Stunting, wasting and underweight among children will be defined using height-for-age, weight-for-height and weight-for-age index values respectively and classified using the respective WHO Child Growth Standards.

Sampling

The final sample was broken down by tool, and relevant demographic markers (e.g., gender, age, location, organisation [where relevant]), seeking to achieve as high a degree of representativeness as possible.

For the **OCA,** the consultant aimed to assess 10 key staff from each grantee organisation (20 total). Sampling was purposive, seeking to assess core team members, such as the Executive Director, Deputy Executive Director, Maternal and Child Health and Nutrition (MCHN) Coordinators, Technical Advisors, Project Officers, Human Resource Officer, MEAL Officers, Livelihoods Officer and Finance Officers, as well as Board Members. The final sample size of 13 was determined by grantee responsiveness.

For the **Client and Implementing Partner KIIs/FGDs**, sampling was purposive; specific participants were selected through consultation with GOAL throughout the Inception Phase of this project. These interactions included core staff from ECF, GOAL, PACHEDO and PALM, as set out in the 'Key Stakeholders List' provided to Thuso by the client.

For the **Government and Local Leader KII/FGDs**, sampling was also purposive, seeking to contact stakeholders who had been directly or indirectly involved in the Projects, using a snowball sampling approach. This primarily included cultural and religious leaders from the Cultural and Religious Leaders' Group register (with groups sampled using a random number generator), and members of the SNCCs and DNCCs for both districts and all three sub-counties. It also included government authorities from *inter alia* District Local Governments, District Technical Planning Committees (DTPCs), County and Sub-County Local Governments and Planning Committees, Parish and Village Planning Committees, and any other community leaders, as appropriate and feasible.

For the **Community Volunteer KII/FGDs** with Care Group Leads, five Care Groups were sampled for PACHEDO, and four Care Groups and one FGD with Community-based Horticultural Trainers (CBHTs) for PALM. These Groups were selected to correspond the villages sampled for the Household Survey, which were randomly selected. Specifically, for PACHEDO, the following Village Care Groups were sampled: Katikati, Andara, Pereco, Pakuma, and Olinga. For PALM, Amatura, Amaama, Lecho and Oppi Okweni were sampled. A FGD was also held with CBHTs.

For the **Community FGDs**, the team undertook to contact community members in the villages where the projects were implemented. To maximise efficiency of data collection, the same villages were sampled for both household surveys and community FGDs. The consultancy team selected members of the community who had benefitted from various aspects of the programmes, seeking to ensure appropriate gender, socio-cultural, and vulnerability representation throughout. This was done using the beneficiary databases, local networks on the ground, and in discussion with the respective grantee organisations, as relevant.

Household Survey – Village Selection: Respondents were surveyed by local enumerators, using a stratified random sampling approach, whereby 5 villages are randomly selected for each grantee, using a random number generator to assign numbers to each village, and selecting the 5 lowest numbers for each grantee. The following ten villages were selected using this approach:

| PACHEDO | Katikati, Pereco, Andara, Pakuma, Olinga |
| PALM | Itialo, Gwere West, Oppi, Chokwe, Kochia |

Household Survey – Household Selection: The team aimed for a 1:1 sample for both grantees. Communities were sampled with the aim of achieving a 0.95 CL 0.05 CI sample of beneficiaries. For each grantee, **3 villages were sampled using a targeted**

'guided' approach, whereby Care Group volunteers used their in-depth local knowledge to guide enumerators to households with children under two, replicating the approach used at baseline. This sample contained mostly beneficiary households.

To sample non-beneficiary households, the remaining **2 villages were sampled using an incidental sampling approach**. Specifically, enumerators were instructed to sample every n-th house in the target villages. Where possible, GPS data was collected to ensure a sufficient spread of data points was achieved. This sample also included some beneficiary households, as well as non-beneficiary households. This allowed for some internal comparison between beneficiary and non-beneficiary households. The selection of sample approach used in the villages was random, as follows:

Organisation	Village	Enumerator Team	Sampling approach	Sample size
PACHEDO	Katikati	1	Incidental	80
	Pereco	2	Incidental	80
	Andara	1	Guided	80
	Pakuma	2	Guided	80
	Olinga	1 and 2	Guided	80
PALM	Itialo	3	Incidental	80
	Gwere West	4	Incidental	80
	Oppi	3	Guided	80
	Chokwe	4	Guided	80
	Kochia	3 and 4	Guided	80

Anthropometric measurements were taken in the same households as the Household Survey, provided there are children under two in that household. It should be noted that not all households had children under two (between 6 – 23 months), however, up to 3 children under two years of age in the sampled households were measured using the same techniques used at baseline. The survey sought to collect their age, sex, weight and length, allowing for the calculation of weight-for-height (WHZ; wasting), height-for-age (HAZ; stunting), weight-for-age (WAZ; underweight).

Annex 2: Indicator Resolution Matrix for the Total Survey Population and Non-Beneficiaries

Hierarchy of Results	Measurable Indicator[14]	Overall Survey Population (Beneficiary and Non-Beneficiary)	Non-Beneficiaries
Goal: Contribute to improved nutritional status among children under two years and Pregnant and Lactating women	Prevalence of Underweight (low weight-for-age) in CU2 (z score < -2)	9.16% (N=988)	9.5% (N=684)
	Prevalence of stunting (low height-for-age) in CU2 (z score < -2)	11.5% (N=968)	12.57% (N=684)
	Prevalence of wasting (low weight for height) in CU2 (z-score <-2)	4.79% (N=968)	3.43% (N=684)
SO 1: Improved IYCF, WASH practices and linkages to nutrition related health facility services	Proportion of children born in the last 24 months who were put to the breast within one hour of birth (Early Initiation of Breastfeeding)	81.27% (N=758)	69.26% (N=525)
	Proportion of infants 0–5 months of age who are fed exclusively on breast milk (EBF)	43.58% (N=748)	69.52% (N=520)
	Proportion of infants 6-8 months of age who receive solid, semi-solid, or soft foods		
	Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods the minimum number of times or more. (MMF)	52.05% (N=755)	69.54% (N=525)
	Proportion of children 6–23 months of age who receive foods from 4 or more food groups. (MDD)	11.55% (N=961)	11.55% (N=684)
	Proportion of children 6–23 months of age who receive a Minimum Acceptable Diet. (MAD)[15]	7.49% (N=961)	7.46% (N=684)
	Proportion of children 0-23 months of age who had diarrhoea in the two weeks preceding the survey.	21.37% (N=468)	24.78% (N=347)
	Proportion of children 0-23 months with diarrhoea who received ORS and Zinc	35% (N=100)	22.47% (N=86)
	Proportion of mothers of children 0–23 months of age who wash hands at all the four critical times.	33.79% (N=808)	36.90% (N=542)
	Proportion of households with soap and water at a hand washing station	65.46% (N=915)	63.84% (N=647)

[14] The selection of Indicators covered by the present evaluation is not exhaustive. However, Indicator selection sought to cover key LogFrame Indicators, which were covered at baseline or midline, or both. In order to avoid respondent attrition, certain representative indicators were selected for each cluster of questions. This selection was discussed at length and approved by the client, and the rationale is documented in the Indicator Resolution Matrix, which was shared previously.

[15] https://www.indikit.net/indicator/27-food-security/18-minimum-acceptable-diet-mad

	Proportion of households that use a safe drinking water source.	10.99% (N=910)	8.56% (N=636)
	Proportion of HHs with access to/using the available (improved) sanitation facility)[16]	54.32% (N=961)	53.51% (N=669)
IR 1.1: Increased knowledge and skills on IYCF nutrition practices at the household level	% PLW and caregivers of children 0-23 months with appropriate knowledge on recommended IYCF practices[17]	7.82% (N=563)	7.78% (N=360)
IR 1.2 Increased knowledge and skills on appropriate household water, sanitation and hygiene (WASH) practices	% of pregnant women, lactating mothers and caregivers of children 0-23 months who demonstrate understanding on recommended WASH	49.90% (N=519)	43.27% (N=349)
SO 2: Improved consumption of micronutrient and protein rich foods	Proportion of children 6-23 months who have consumed micronutrient and protein rich foods in the past 24 hours (by food type)[18]	79.40% (N=563)	81.11% (N=360)
	Proportion of children 6–23 months of age who consumed animal source protein rich foods in the last 24hrs by food type.[19]	70.87% (N=563)	75.50% (N=350)
IR 2.1 Increased availability and access of micronutrient and protein rich food crops throughout the year	Proportion of PLW who join VSLA groups.	64.01% (N=564)	59.59% (N=386)
	Proportion of PLW supported by other projects/programs	12.41% (N=572)	14.43% (N=388)
SO3: Strengthened nutrition governance	Sub-county nutrition action plan developed		

The analysis has been disaggregated at various levels to allow for multiple internal comparisons. All indicators were resolved separately for (i) the general survey population, including both beneficiaries and non-beneficiaries; (ii) beneficiaries of PACHEDO and PALM, respectively; and (ii) non-beneficiaries. This allows a qualitative assessment of the change in Indicator achievement relative to baseline/midline, and relative to non-beneficiaries. For example, if an Indicator appears to have improved within the beneficiary population, but this value is roughly equivalent within the non-beneficiary population, this may suggest that the indicator has improved within the community as a result of external factors. Conversely, if the indicator achievement is much higher for beneficiaries than for non-beneficiaries, or for the survey population as a whole, this suggests that CSO programming may have contributed to the improvement. It should be noted that this is not a statistically significant measure of change, nor a robust attempt at attributing causality, but rather a qualitative indication of possible change and a comment on plausible correlation.

In addition, a gender-disaggregated analysis was conducted for the anthropometrics.

PACHEDO			
Hierarchy of Results	Measurable Indicator[20]	Males	Females

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[16] Please note that this figure refers specifically to the proportion of households with *access* to available (improved) sanitation facility (defined here as either a toilet equipped with a flushing mechanism, or a covered pit latrine). The figures for unshared improved sanitation figures are markedly lower: (i) 24.66% for the sampled population as a whole; (ii) 25% across the beneficiary population as a whole; (iii) 18.75% for beneficiaries in Amuru; and (iv) 31.08% for beneficiaries in Moyo.

[17] Respondents were described as practicing recommended IYCF practices if they met the minimum conditions of Early Initiation of Breastfeeding, MMF and MMD.

[18] Defined as children having eaten at least one of the 7 nutrient- or protein-rich food sources in the last 24 hours.

[20] The selection of Indicators covered by the present evaluation is not exhaustive. However, Indicator selection sought to cover key LogFrame Indicators, which were covered at baseline or midline, or both. In order to avoid respondent attrition, certain representative indicators were selected for each cluster of questions. This selection was discussed at length and approved by the client, and the rationale is documented in the Indicator Resolution Matrix, which was shared previously.

		Baseline/ Midline	Endline		Baseline/ Midline	Endline	
Goal: Contribute to improved nutritional status among children under two years and Pregnant and Lactating women	Prevalence of Underweight (low weight-for-age) in CU2 (z score < -2SD)	19.4%	4.29%	✔	12.7%	9.80%	≈
	Prevalence of stunting (low height-for-age) in CU2 (z score < -2SD)	30.0%	24.8%	≈	16.67%	17.65%	≈
	Prevalence of wasting (low weight for height) in CU2 (z-score <-2SD)	8.4%	9.52%	≈	9.6%	5.88%	≈

PALM							
Hierarchy of Results	**Measurable Indicator[21]**	**Males**			**Females**		
		Baseline/ Midline	Endline		Baseline/ Midline	Endline	
Goal: Contribute to improved nutritional status among children under two years and Pregnant and Lactating women	Prevalence of Underweight (low weight-for-age) in CU2 (z score < -2SD)	15.8%	18.52%	≈	7.9%	2.94%	≈
	Prevalence of stunting (low height-for-age) in CU2 (z score < -2SD)	15.5%	22.22%	≈	8.8%	8.82%	≈
	Prevalence of wasting (low weight for height) in CU2 (z-score <-2SD)	10.1%	18.52%	≈	4.0%	2.94%	≈

PACHEDO

Hierarchy of Results	Measurable Indicator[22]	Paabo		Positive difference[23]		
		Baseline/Midline	Endline	Relative to baseline	Relative to general population	Relative to non-beneficiaries
Goal: Contribute to improved nutritional status among children under two years and Pregnant	Prevalence of Underweight (low weight-for-age) in CU2 (z score < -2)	16% (N=**401**)	9.03% (N=144)	≈	≈	≈
	Prevalence of stunting (low height-for-age) in CU2 (z score < -2)	27.3% (N=385)	11.11% (N=144)	✔	≈	≈

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[21] The selection of Indicators covered by the present evaluation is not exhaustive. However, Indicator selection sought to cover key LogFrame Indicators, which were covered at baseline or midline, or both. In order to avoid respondent attrition, certain representative indicators were selected for each cluster of questions. This selection was discussed at length and approved by the client, and the rationale is documented in the Indicator Resolution Matrix, which was shared previously.

[22] The selection of Indicators covered by the present evaluation is not exhaustive. However, Indicator selection sought to cover key LogFrame Indicators, which were covered at baseline or midline, or both. In order to avoid respondent attrition, certain representative indicators were selected for each cluster of questions. This selection was discussed at length and approved by the client, and the rationale is documented in the Indicator Resolution Matrix, which was shared previously.

[23] 'Positive difference' is <u>no</u>t a statistically significant measure; it merely reflects whether there is a difference in the desired direction of at least 10% points, relative to baseline/midline, relative to the general survey population, or relative to non-beneficiaries. However, the variability in sample sizes precludes any robust comparative analysis, and the difference may be down to random variability. The 10% cut-off is not a signifier of statistically significant difference, but rather a crude means of excluding some margin of sampling error.

	Indicator	Baseline	Endline			
and Lactating women	Prevalence of wasting (low weight for height) in CU2 (z-score <-2)	9% (N=388)	4.05% (N=148)	≈	≈	≈
SO 1: Improved IYCF, WASH practices and linkages to nutrition related health facility services	Proportion of children born in the last 24 months who were put to the breast within one hour of birth (Early Initiation of Breastfeeding)	45.3% (N=567)	88.62% (N=123)	✓	≈	✓
	Proportion of infants 0–5 months of age who are fed exclusively on breast milk (EBF)	50.3% (N=175)	42.50% (120)	≈	≈	👎
	Proportion of infants 6-8 months of age who receive solid, semi-solid, or soft foods		42.50% (N=120)			
	Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods the minimum number of times or more. (MMF)	22.7% (N=405)	47.92% (N=144)	✓	≈	👎
	Proportion of children 6–23 months of age who receive foods from 4 or more food groups. (MDD)	10.4% (N=405)	15.28% (N=144)	≈	≈	≈
	Proportion of children 6–23 months of age who receive a Minimum Acceptable Diet. (MAD)[24]	5.9% (N=405)	9.03% (N=144)	≈	≈	≈
	Proportion of children 0-23 months of age who had diarrhoea in the two weeks preceding the survey.	49.2% (N=577)	12.33% (N=73)	✓	≈	✓
	Proportion of children 0-23 months with diarrhoea who received ORS and Zinc		66.67% (N=9)		✓	✓
	Proportion of mothers of children 0–23 months of age who wash hands at all the four critical times	16.9% (N=567)	28.89% (N=135)	✓	≈	≈
	Proportion of households with soap and water at a hand washing station	9.9% (N=567)	76.76% (N=142)	✓	✓	✓
	Proportion of households that use a safe drinking water source.	8.2% (N=269)	16.06% (N=137)	≈	≈	≈
	Proportion of HHs with access to/using the available (improved) sanitation facility)[25]	15.5% (N=567)	58.33% (144)	✓	≈	≈

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[24] https://www.indikit.net/indicator/27-food-security/18-minimum-acceptable-diet-mad
[25] Please note that this figure refers specifically to the proportion of households with *access* to available (improved) sanitation facility (defined here as either a toilet equipped with a flushing mechanism, or a covered pit latrine). The figures for unshared improved sanitation figures are markedly lower: (i) 24.66% for the sampled population as a whole; (ii) 25% across the beneficiary population as a whole; (iii) 18.75% for beneficiaries in Amuru; and (iv) 31.08% for beneficiaries in Moyo.

IR 1.1: Increased knowledge and skills on IYCF nutrition practices at the household level	% PLW and caregivers of children 0-23 months with appropriate knowledge on recommended IYCF practices[26]	63.2%	7.34% (N=286)	≈	≈	≈
IR 1.2 Increased knowledge and skills on appropriate household water, sanitation and hygiene (WASH) practices	% of pregnant women, lactating mothers and caregivers of children 0-23 months who demonstrate understanding on recommended WASH	49.8%	35.09% (N=265)	≈	👎	≈
SO 2: Improved consumption of micronutrient and protein rich foods	Proportion of children 6-23 months who have consumed micronutrient and protein rich foods in the past 24 hours (by food type)[27]	*33.9%	57.64% (N=117)	✓	👎	👎
	Proportion of children 6–23 months of age who consumed animal source protein rich foods in the last 24hrs by food type.[28]	7.8%	70.94% (N=117)	✓	≈	≈
IR 2.1 Increased availability and access of micronutrient and protein rich food crops throughout the year	Proportion of PLW who join VSLA groups.	69.8%	71.88% (N=96)	≈	≈	✓
	Proportion of PLW supported by other projects/programs		8.25% (N=97)		≈	≈
SO3: Strengthened nutrition governance	Sub-county nutrition action plan developed		Yes	✓		

PALM Corps

Hierarchy of Results	Measurable Indicator[29]	Moyo		Positive Difference			Lefori		Dufile	
		Baseline / Midline	Endline	Relative to baseline	Relative to general population	Relative to non-beneficiaries	Baseline / Midline	Endline	Baseline/ Midline	Endline
Goal: Contribute to improved nutritional	Prevalence of Underweight (low weight-for-age) in CU2 (z score < -2)	11.5% (N=461)	7.43% (N=148)	≈	≈	≈	9.4%	10.29%	13.8%	4.94%

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[26] Respondents were described as practicing recommended IYCF practices if they met the minimum conditions of Early Initiation of Breastfeeding, MMF and MMD.

[27] Defined as children having eaten at least one of the 7 nutrient- or protein-rich food sources in the last 24 hours.

[29] The selection of Indicators covered by the present evaluation is not exhaustive. However, Indicator selection sought to cover key LogFrame Indicators, which were covered at baseline or midline, or both. In order to avoid respondent attrition, certain representative indicators were selected for each cluster of questions. This selection was discussed at length and approved by the client, and the rationale is documented in the Indicator Resolution Matrix, which was shared previously.

Category	Indicator									
status among children under two years and Pregnant and Lactating women	Prevalence of stunting (low height-for-age) in CU2 (z score < -2)	11.8% (N=457)	6.08% (N=148)	≈	≈	≈	9.4%	5.97%	14.5%	6.17%
	Prevalence of wasting (low weight for height) in CU2 (z-score <-2)	6.8% (N=457)	4.86% (N=144)	≈	≈	≈	6.4%	6.72%	7.6%	5.08%
SO 1: Improved IYCF, WASH practices and linkages to nutrition related health facility services	Proportion of children born in the last 24 months who were put to the breast within one hour of birth (Early Initiation of Breastfeeding)	54.2% (N=625)	78.99% (N=199)	✓	≈	≈		92.00%		69.57%
	Proportion of infants 0–5 months of age who are fed exclusively on breast milk (EBF)	65.0% (N=160)	69.75% (N=119)	≈	✓	≈		68.75%		70.42%
	Proportion of infants 6-8 months of age who receive solid, semi-solid, or soft foods		69.75% (N=119)							
	Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods the minimum number of times or more. (MMF)	57.92% (N=461)	54.72% (N=148)	≈	≈	👎		67.16%		44.44%
	Proportion of children 6–23 months of age who receive foods from 4 or more food groups. (MDD)	21.91% (N=461)	6.76% (N=148)	👎	≈	≈		5.97%		7.41%
	Proportion of children 6–23 months of age who receive a Minimum Acceptable Diet. (MAD)[30]	16.92% (N=461)	5.41% (N=148)	👎	≈	≈		0.94%		2.19%

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[30] https://www.indikit.net/indicator/27-food-security/18-minimum-acceptable-diet-mad

	Indicator									
	Proportion of children 0-23 months of age who had diarrhoea in the two weeks preceding the survey.	23.0% (N=617)	10.42% (N=48)	✓	✓	✓		No cases		16.13%
	Proportion of children 0-23 months with diarrhoea who received ORS and Zinc		20% (N=5)					N/A		20%
	Proportion of mothers of children 0–23 months of age who wash hands at all the four critical times.	12.6% (N=625)	25.95% (N=131)	✓	≈	👎		19.30%		31.08%
	Proportion of households with soap and water at a hand washing station		61.11% (N=126)					61.40%		60.87%
	Proportion of households that use a safe drinking water source	26.1% (N=23)	16.79% (N=137)	👎	≈	≈		16.39%		17.11%
	Proportion of HHs with access to/using the available (improved) sanitation facility[31]	21.0% (N=625)	54.05% (N=148)	✓	≈	≈		71.64%		39.51%
IR 1.1: Increased knowledge and skills on IYCF nutrition practices at the household level	% PLW and caregivers of children 0-23 months with appropriate knowledge on recommended IYCF practices[32]	48.8%	9.46% (N=74)	👎	≈	≈		11.11%		8.93%

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[31] Please note that this figure refers specifically to the proportion of households with *access* to available (improved) sanitation facility (defined here as either a toilet equipped with a flushing mechanism, or a covered pit latrine). The figures for unshared improved sanitation figures are markedly lower: (i) 24.66% for the sampled population as a whole; (ii) 25% across the beneficiary population as a whole; (iii) 18.75% for beneficiaries in Amuru; and (iv) 31.08% for beneficiaries in Moyo.

[32] Respondents were described as practicing recommended IYCF practices if they met the minimum conditions of Early Initiation of Breastfeeding, MMF and MMD.

								78.26%		65.57%
IR 1.2 Increased knowledge and skills on appropriate household water, sanitation and hygiene (WASH) practices	% pregnant women, lactating mothers and caregivers of children 0-23 months who demonstrate understanding on recommended WASH	45.15%	69.05% (N=84)	✓	✓	✓				
SO 2: Improved consumption of micronutrient and protein rich foods	Proportion of children 6-23 months who have consumed micronutrient and protein rich foods in the past 24 hours (by food type)[33]	*32.3%[34]	75.58% (N=89)	✓	≈	≈		76.00%		75.00%
	Proportion of children 6–23 months of age who consumed animal source protein rich foods in the last 24hrs by food type.[35]	18.3%	63.95% (N-86)	✓	≈	≈		50.00%		74.00%
IR 2.1 Increased availability and access of micronutrient and protein rich food crops throughout the year	Proportion of PLW who join VSLA groups.	68.8%	75.61% (N=82)	≈	≈	≈		70.45%		81.58%
	Proportion of PLW supported by other projects/programs		8.05% (N=87)		≈	≈		2.08%		15.38%
SO3: Strengthened nutrition governance	Sub-county nutrition action plan developed									

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[33] Defined as children having eaten at least one of the 7 nutrient- or protein-rich food sources in the last 24 hours.

[34] *Midline indicators included only the proportion of CU5 who consume Iron-rich foods, and the proportion of CU5 who consume protein rich foods. Given that the target group for both CSOs was CU2, the endline indicator is reflective of this age group, and measures the indicator as described in the table.

Annex 3: Full Scores for OCAs

PACHEDO Organisational Capacity Assessment

	Theme	Score[36]	Description
Aspirations	Mission	3.6	Clear expression of organisation's reason for existence which describes an enduring reality that reflects its values and purpose; broadly held within the organisation and frequently referred to
	Clarity of Vision	3.6	Clear, specific and compelling understanding of what organisation aspires to become or achieve; vision is broadly held across organisation and consistently used to direct actions and set priorities
	Boldness of Vision	3	Vision is distinctive along only one of following two attributes: reflects an inspiring view of future; demanding yet achievable
	Overarching Goals	3.6	Vision translated into clear, bold set of (up to three) goals that organisation aims to achieve, specified by concrete ways to measure success for each criterion, and by well-defined time frames for attaining goals; goals are broadly known within organisation and consistently used to direct actions and set priorities.
	Average Score for Aspirations	**3.5**	
Strategy	Overall Strategy	3.4	Coherent strategy has been developed and is linked to mission and vision but is not fully ready to be acted upon; strategy is mostly known, and day-to-day behaviour is partly driven by it
	Goals, performance targets	2.8	Quantified aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/ outcomes" (results of doing things right) with some "inputs" typically multiyear targets, though may lack milestones. Targets are known and adopted by most staff who usually use them to broadly guide work.
	Program relevance and integration	3.6	All programs and services well defined and fully aligned with mission and goals; program offering is clearly linked to one another and to overall strategy; synergies across programs are captured
	Program growth and replication	3.6	Frequent assessment of possibility of scaling up existing programs and when judged appropriate, action always taken; efficiently and effectively able to grow existing programs to meet needs of potential service recipients in local area or other geographies
	New program development	2	Limited assessment of gaps in ability of existing program to meet recipient needs, with little or limited action taken; some ability to modify existing programs and create new programs
	Funding model	3	Solid basis of fundraising for most types of funding source; some activities to hedge against market instabilities (e.g., building of endowment); organisation has developed some sustainable revenue-generating activity.
	Average Score for Strategy	**3**	
Organisational Skills	Performance management	3	Performance measured & progress tracked in multiple ways, several times a year, considering social, financial and organisational impact of program and activities; multiplicity of performance indicators; social impact measured, but not control group.
	Performance analysis and program adjustments	3.5	Comprehensive internal and external benchmarking part of the culture and used by staff in target setting and daily operations; high awareness of how all activities rate against internal and external best-in-class benchmarks; systematic practice of making adjustments and improvements on basis of benchmarking

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[36] Averaged across the organisation (N=5), out of a maximum score of 4. Scores are matched to description by rounding up or down to the nearest whole number.

	Planning: monitoring of the landscape	3	Solid knowledge of players and alternative models in program area; good ability to adapt behaviour based on acquired understanding, but only occasionally carried out
	Strategic planning	3.5	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near regular basis; strategic plan used to guide management decisions, quite extensively to guide management decisions, frequently used for planning, implementation, reporting and performance management.
	Financial planning and budgeting	3.5	Very solid financial plans, continuously updated; budget integrated into full operations. Budget develops from a process that incorporates & reflects organisational needs and objectives and used as a strategic tool. Well understood divisional (program or geographical) budgets within overall central budget; performance to budget closely and regularly monitored
	Operational planning	2.6	Ability and tendency to develop and refine concrete, realistic operational plan; operational planning carried out on a new regular basis; operational plan linked to strategic planning activities and used to guide operations.
	Human Resources Planning	2.3	Some ability and tendency to develop high level HR plan either internally or via external assistance; HR plan loosely or not linked to strategic planning activities and thoroughly guides HR activities.
	Fundraising	1.3	Generally weak fundraising skills and lack of expertise within the organisation and external support
	Revenue generation	3.2	Some internal revenue generation activities, however financial net contribution is marginal; revenue generation activities distract from programmatic work and often tie up senior management team
	Partnerships and alliances development and nurturing	3.8	Built, leveraged, & maintained strong, high impact relations with variety of relevant parties; relationships deeply anchored in stable, long term, mutually beneficial collaboration.
	Local community presence and involvement	2.4	Organisation's presence somewhat recognised, and generally regarded as positive within the community; some members of larger community constructively engaged with organisation
	PR and marketing	2.8	Organisation considers PR/ marketing to be useful, and actively seeks opportunities to engage in these activities; critical mass of internal expertise and experience in PR/ marketing or access to relevant external assistance.
	Influencing policy making	1.8	Organisation minimally capitalises on possibilities to influence policy making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions.
	Management of legal and liability maters	2.6	Legal support regularly available and consulted in planning; routine legal risk management & occasional review of insurance.
	Organisational processes, use and development	2.8	Solid, well-designed set of processes in place in core areas to ensure smooth, effective functioning of organisation; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made
	Average Score for Organisational Skills	2.8	
Human Resources, Diversity and Inclusion	Staffing levels	3	Positions within and peripheral to organisation are almost all staffed (no vacancies), few turnovers or attendance problems. Staff reflects the diversity of community are appropriately skilled for tasks required and strive to demonstrate culturally competent behaviours
	Board – composition and commitment	2.5	Good diversity in experience and expertise. Members represent most constituencies, diverse ethnic groups and consumers; good commitment to organisation's success, vision and mission and behaviour to suit; regular, purposeful meetings are well planned & attendance is consistently good, occasional subcommittee meetings.

	Board – involvement and support	3.8	Provide strong direction, support, & accountability to programmatic leadership & engaged as a strategic resource; communication between board & leadership reflects mutual respect, appreciation for roles & responsibilities shared commitment & valuing of collective wisdom; engaged in continuous learning and reflection
	CEO – Passion and vision	3.8	Contagiously energetic and highly committed; lives the organisation's vision; compellingly articulates path to achieving vision that enables others to see where they are going
	CEO – impact orientation	3.3	Sees financial soundness as essential part of organisational impact, together with social impact; focuses on ways to better use existing resources to deliver highest impact possible; has a sense of urgency in addressing issues and rapidly moves from decision to action; develops and implements actions to overcome resistance to change
	CEO – People and organisational leadership/effectiveness	3	Actively and easily builds rapport and trust with others; effectively encourages others to succeed; gives others freedom to work their own way; gives people freedom to try out ideas and grow
	CEO – personal and interpersonal effectiveness	3.3	Is respected and sought out by others for advice and counsel; has strong presence and charisma; uses multiple approaches to get buy-in, appreciates the impact of his/her words or actions; seeks new learning and personal development opportunities
	CEO – Analytical and strategic thinking	3.5	Has keen & exceptional ability to synthesise complexity; makes informed decisions in ambiguous, uncertain situations; develops operational priorities, strategic alternatives & identifies associated rewards, risks & actions to lower risks.
	CEO – financial judgement	2.8	Has sound Financial judgment; consistently considers financial implications of decisions
	CEO – experience and standing	3.8	Highly experienced in non-profit management; many distinctive capabilities from other field(s) (e.g., for-profit, academia); exceptional evidence of social entrepreneur-like qualities; possesses a comprehensive and deep understanding of the sector; recognised nationally as a leader/shaper in particular sector
	Management team and staff dependence on CEO	3.4	CEO/executive director; organisation would continue in similar way without his/her presence but areas such as fund-raising, or operations would likely suffer significantly during transition period; no member of management team could potentially take on CEO/ED role
	Senior management team	3.8	Team highly experienced in non-profit or for-profit management; drawn from full spectrum of Constituencies (non-profit, academia, corporate, government, etc.); outstanding capabilities and track record from other fields; outstanding track record of learning and personal development; contagiously energetic and committed
	Staff	2.5	Staff drawn from diverse backgrounds & experiences & brings a broad range of skills; most highly capable & committed to mission & strategy; eager to learn & develop, & assume increased responsibility
	Volunteers	3.8	Extremely capable set of individuals, bring complementary skills to organisation; reliable, loyal, highly committed to organisation's success and to "making things happen"; often go beyond call of duty; able to work in a way that serves organisation well, including ability to work easily with wide range of staff and play core roles without special supervision; volunteers managed very well and significantly contribute to overall success of organisation
	Average Score for Human Resources, Diversity and Inclusion	3.4	
Systems and infrastructure	Planning systems	3.2	Regular planning complemented by ad hoc planning when needed some data collected and used systematically to support planning effort and improve it
	Decision making framework	2.8	Clear, largely formal lines/ systems for decision making but decisions are not always appropriately implemented or followed; dissemination of decisions generally good but could be improved

	Financial operations management	2.3	Financial activities transparent, clearly and consistently recorded and documented, include appropriate checks and balances, and tracked to approve budget
	HR management – management, recruiting, development and retention	3.2	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalised; genuine concern for high-quality job occupancy; well-connected to potential sources of new talent
	HR management – incentives and/or benefits	2.8	Many elements of incentive system in place; includes a few of the following: competitive salary (partly performance-based), attractive career development options, opportunities for leadership and entrepreneurship; obvious effect in motivating staff to over deliver
	Knowledge management	2.6	Well-designed, user-friendly systems in some areas; not fully comprehensive; systems are known by many people within the organisation and often used
	Physical infrastructure	2	Physical infrastructure can be made to work well enough to suit organisation's most important and immediate needs; a number of improvements could greatly help increase effectiveness and efficiency (e.g., no good office space for teamwork, no possibility of holding confidential discussions, employees share desks)
	Technological infrastructure – telephone/fax	2.4	Adequate basic telephone and fax facilities accessible to most staff; may be moderately reliable or user-friendly, or may lack certain features that would increase effectiveness and efficiency (e.g., individual voicemail), or may not be easily accessible to some staff (e.g., frontline deliverers)
	Technological infrastructure – computers, applications, network, email	3	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency
	Technological infrastructure - website	2.8	Comprehensive Web site containing basic information on organisation as well as up-to-date latest developments; most information is organisation specific; easy to maintain and regularly maintained
	Technological infrastructure – databases and management reporting systems	2.8	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency
	Average score for systems and infrastructure	**2.8**	
Organisational structure	Board governance	2.2	Roles of legal board, advisory board and management are clear; board functions according to by-laws, reviews budgets, and occasionally sets organisational direction and targets, but does not regularly review CEO/ED performance, monitor potential conflicts of interest, scrutinise auditors, or review IRS and state filings
	Organisational design	3	Organisational entities are clearly defined; all roles and responsibilities of organisational entities are formalised but do not necessarily reflect organisational realities; organisation chart is complete but may be outdated
	Inter-functional coordination	2.8	All programs and units function together effectively with sharing of information and resources; few coordination issues
	Individual job design	3	All key roles have associated positions; most individuals have well-defined roles with clear activities and reporting relationships and minimal overlaps; job descriptions are continuously being redefined to allow for organisational development and individuals' growth within their jobs
	Average score for organisational structure	**2.8**	
Culture	Performance as shared value	3.2	Employee contribution to social, financial and organisational impact is typically considered as a preeminent criterion in making hiring,

			rewards and promotion decisions; important decisions about the organisation are embedded in comprehensive performance thinking
	Other shared beliefs and values	3.2	Common set of basic beliefs held by many people within the organisation; helps provide members a sense of identity; beliefs are aligned with organisational purpose and occasionally harnessed to produce impact
	Shared references and practices	3	Common set of references and practices exists, and are adopted by many people within the organisation; references and practices are aligned with organisational purpose and occasionally harnessed to drive towards impact
	Average score for culture	3	

PALM Organisational Capacity Assessment

	Theme	Score[37]	Description
Aspirations	Mission	3	Clear expression of organisation's reason for existence which reflects its values and purpose; held by many within organisation and often referred to
	Clarity of Vision	3.1	Clear and specific understanding of what organisation aspires to become or achieve; held by many within the organisation and often used to direct actions and set priorities.
	Boldness of Vision	3.5	Vision is distinctive along only one of following two attributes: reflects an inspiring view of future; demanding yet achievable
	Overarching Goals	3	Vision translated into small set of concrete goals, but goals lack at most two of following four attributes: clarity, boldness, associated metrics or time frame for measuring attainment; goals are known by many within organisation and often used by them to direct actions and set priorities.
	Average Score for Aspirations	3	
Strategy	Overall Strategy	3	Coherent strategy has been developed and is linked to mission and vision but is not fully ready to be acted upon; strategy is mostly known, and day-to-day behaviour is partly driven by it
	Goals, performance targets	2.6	Quantified aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/ outcomes" (results of doing things right) with some "inputs" typically multiyear targets, though may lack milestones. Targets are known and adopted by most staff who usually use them to broadly guide work.
	Program relevance and integration	3.3	Core programs and services well defined and aligned with mission and goals; program offerings fit together well as part of clear strategy
	Program growth and replication	3.4	Occasional assessment of possibility of scaling up existing programs and when judged appropriate, action occasionally taken; able to scale up or replicate existing programs
	New program development	1.9	Limited assessment of gaps in ability of existing program to meet recipient needs, with little or limited action taken; some ability to modify existing programs and create new programs
	Funding model	2.6	Solid basis of fundraising most types of funding source; some activities to hedge against market instabilities (e.g., building of endowment); organisation has developed some sustainable revenue-generating activity
	Average Score for Strategy	2.7	

[37] Averaged across the organisation (N = 8), out of a maximum score of 4. Scores are matched to description by rounding up or down to the nearest whole number.

Organisational Skills	Performance management	2.6	Performance measured & progress tracked in multiple ways, several times a year, considering social, financial and organisational impact of program and activities; multiplicity of performance indicators; social impact measured, but not control group.
	Performance analysis and program adjustments	2.5	Effective internal and external benchmarking occurs but driven largely by top management and/or confined to selected areas; learnings distributed throughout organisation, and often used to make adjustments and improvements
	Planning: monitoring of the landscape	2.7	Solid knowledge of players and alternative models in program area; good ability to adapt behaviour based on acquired understanding, but only occasionally carried out
	Strategic planning	3.1	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near regular basis; strategic plan used to guide management decisions, quite often used for planning, implementation, reporting and performance management.
	Financial planning and budgeting	2.8	Solid financial plans, regularly updated; budget integrated into operations; reflects organisational needs; solid efforts made to isolate divisional (program or geo-graphical) budgets within central budget; performance to budget monitored regularly.
	Operational planning	2.5	Ability and tendency to develop and refine concrete, realistic operational plan; operational planning carried out on a new regular basis; operational plan linked to strategic planning activities and used to guide operations.
	Human Resources Planning	2.7	Ability & tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near regular basis; HR plan linked to strategic planning activities and used to guide HR activities.
	Fundraising	2.7	Regular fundraising needs adequately covered by well-developed internal fundraising skills, occasional access to some external fundraising expertise.
	Revenue generation	3.1	Some internal revenue generation activities, however financial net contribution is marginal; revenue generation activities distract from programmatic work and often tie up senior management team
	Partnerships and alliances development and nurturing	3.3	Effectively build and leveraged some key relationships with few types of relevant parties (for profit, public and non-profit sector entities); some relations may be precarious or not fully "win-win".
	Local community presence and involvement	2.3	Organisation's presence either not recognised or generally not regarded as positive; few members of local community (e.g., government, academics, other non-profit leaders) constructively involved in the organisation
	PR and marketing	2.3	Organisation takes opportunities to engage in PR/ marketing as they arise; some PR/ marketing skills and experience within staff or via external assistance.
	Influencing policy making	2.6	Organisation is involved with influencing policy making & is one of several organisations an active in policy discussions on state or national level.
	Management of legal and liability maters	2.6	Legal support regularly available and consulted in planning; routine legal risk management & occasional review of insurance
	Organisational processes, use and development	2.6	Solid, well-designed set of processes in place in core areas to ensure smooth, effective functioning of organisation; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made
	Average Score for Organisational Skills	2.7	
Human Resources,	Staffing levels	3.1	Positions within and peripheral to organisation are almost all staffed (no vacancies), few turnovers or attendance problems. Staff reflects the diversity of community are appropriately skilled for tasks required and strive to demonstrate culturally competent behaviours.

	Board – composition and commitment	3.2	Good diversity in experience and expertise. Members represent most constituencies, diverse ethnic groups and consumers; good commitment to organisation's success, vision and mission and behaviour to suit; regular, purposeful meetings are well planned & attendance is consistently good, occasional subcommittee meetings.
	Board – involvement and support	3.1	Provide direction, support & accountability to programmatic leadership; fully informed of all matters, input & responses actively sought & valued; full participant in major decisions.
	CEO – Passion and vision	3.2	Inspiringly energetic; shows constant, visible commitment to organisation and its vision; excites others around vision
	CEO – impact orientation	3	Sees financial soundness as essential part of organisational impact, together with social impact; focuses on ways to better use existing resources to deliver highest impact possible; has a sense of urgency in addressing issues and rapidly moves from decision to action; develops and implements actions to overcome resistance to change
	CEO – People and organisational leadership/effectiveness	3.3	Actively and easily builds rapport and trust with others; effectively encourages others to succeed; gives others freedom to work their own way; gives people freedom to try out ideas and grow
	CEO – personal and interpersonal effectiveness	3.3	Is respected and sought out by others for advice and counsel; has strong presence and charisma; uses multiple approaches to get buy-in, appreciates the impact of his/her words or actions; seeks new learning and personal development opportunities
	CEO – Analytical and strategic thinking	2.2	Is able to cope with some complexity & ambiguity; able to analyse strategies but does not yet generate strategies
	CEO – financial judgement	3.2	Has sound Financial judgment; consistently considers financial implications of decisions
	CEO – experience and standing	2.5	Significant experience in non-profit management; many relevant capabilities from other field(s); significant evidence of social entrepreneur-like qualities; some national recognition as a leader/shaper in particular sector
	Management team and staff dependence on CEO	2.3	Executive Director: organisation would continue to exist without his/her presence, but likely in a very different form
	Senior management team	2.8	Team has significant experience in non-profit or for-profit management; team represents most constituencies (non-profit, academia, corporate, Government, etc.); significant relevant capabilities and track record from other fields; good track record of learning and personal development; highly energetic and committed
	Staff	2.3	Some variety of staff backgrounds & experiences; good capabilities, including some ability to solve problems as they arise; many interested in work beyond their current jobs & in the success of the organisation's mission.
	Volunteers	2.6	Very capable set of individuals bring required skills to organisation; reliable, loyal & highly committed to organisation's success & to "making things happen"; work easily with most staff, but do not generally play core roles without substantial staff supervision; volunteers are managed and contribute to the overall success of the organisation
	Average Score for Human Resources, Diversity and Inclusion	2.9	
Systems infrastructure and	Planning systems	2.6	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it
	Decision making framework	3	Clear, largely formal lines/ systems for decision making but decisions are not always appropriately implemented or followed; dissemination of decisions generally good but could be improved
	Financial operations management	2.7	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management

	HR management – management, recruiting, development and retention	2.6		Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalised; genuine concern for high-quality job occupancy; well-connected to potential sources of new talent
	HR management – incentives and/or benefits	2.4		Some basic elements of incentive system in place; may include one of following: competitive salary (possibly partly performance based), attractive career development options, or opportunities for leadership and entrepreneurship; some evidence of motivational effect on staff performance
	Knowledge management	2.6		Well-designed, user-friendly systems in some areas; not fully comprehensive; systems are known by many people within the organisation and often used
	Physical infrastructure	2.1		Physical infrastructure can be made to work well enough to suit organisation's most important and immediate needs; a number of improvements could greatly help increase effectiveness and efficiency (e.g., no good office space for teamwork, no possibility of holding confidential discussions, employees share desks)
	Technological infrastructure – telephone/fax	2.6		Solid basic telephone and fax facilities accessible to entire staff (in office and at front line); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voicemail)
	Technological infrastructure – computers, applications, network, email	2.1		Well-equipped at central level; incomplete/limited infrastructure at locations aside from central offices; equipment sharing may be common; satisfactory use of IT infrastructure by staff
	Technological infrastructure - website	2.7		Comprehensive Web site containing basic information on organisation as well as up-to-date latest developments; most information is organisation specific; easy to maintain and regularly maintained
	Technological infrastructure – databases and management reporting systems	2.4		Electronic databases and management reporting systems exist only in few areas; systems perform only basic features, are awkward to use or are used only occasionally by staff
	Average score for systems and infrastructure	**2.3**		
Organisational structure	Board governance	3		Roles of legal board, advisory board, and managers are clear and function well; board reviews budgets, audits, IRS and state filings; size of board set for maximum effectiveness with rigorous nomination process; board co-defines performance targets and actively encourages CEO/ED to meet targets; annual review of CEO's performance, but board not prepared to hire or fire CEO
	Organisational design	3.2		Organisational entities are clearly defined; all roles and responsibilities of organisational entities are formalised but do not necessarily reflect organisational realities; organisation chart is complete but may be outdated
	Inter-functional coordination	2.4		Interactions between different programs and organisational units are generally good, though coordination issues do exist; some pooling of resources
	Individual job design	2.9		All key roles have associated positions; most individuals have well-defined roles with clear activities and reporting relationships and minimal overlaps; job descriptions are continuously being redefined to allow for organisational development and individuals' growth within their jobs
	Average score for organisational structure	**2.9**		
Culture	Performance as shared value	2.6		Employee contribution to social, financial and organisational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organisation are embedded in comprehensive performance thinking

Other shared beliefs and values	2.8	Common set of basic beliefs held by many people within the organisation; helps provide members a sense of identity; beliefs are aligned with organisational purpose and occasionally harnessed to produce impact	
Shared references and practices	2	Common set of references and practices exists in some groups within the organisation, but are not shared broadly; may be only partially aligned with organisational purpose or only rarely harnessed to produce impact	
Average score for culture	2.5		

Annex 4: Baseline and Midline Indicators

Indicators Measured At Baseline	Indicators Missed At Baseline And Measured At Midline
The proportion of children under two with low weight- for-age (underweight)	Proportion of children who receive deworming tablets.
The proportion of children under two with low height- for-age (stunting)	Proportion of PLW who consume animal source protein rich foods.
The proportion of children under two with low weight- for-height (wasting)	Proportion of children 6–23 months of age who consume micronutrient rich food crops in the last 24 hrs.
Proportion of children born in the last 24 months who were put to the breast within one hour of birth.	Proportion of children 6–23 months of age who consume protein rich food crops in the last 24 hrs.
Proportion of infants 0–5 months of age who are fed exclusively with breast milk.	Proportion of children 0-23 months with diarrhoea who received ORS and Zinc.
Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods the minimum number of times or more.	Proportion of target HHs using safe drinking water.
Proportion of children 6–23 months of age who receive foods from 4 or more food groups.	Proportion of households with soap and water at a hand washing station
Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk).	Proportion of HHs storing treated water in safe storage containers.
Percentage of children 0-23 months of age who had in the two weeks preceding the survey,	Proportion of CU2 whose feces were disposed of safely.
Proportion of children 6–23 months of age who receive an iron-rich food or iron-fortified food.	Proportion of target beneficiaries who receive nutrition services (VAS, Deworming, IFA)
Proportion of household members in households using unimproved drinking water who use an appropriate treatment method.	Proportion of children with SAM referred who are treated
Proportion of household members using improved sanitation facilities which are not shared.	
Proportion of mothers of children 0–23 months of age who wash hand at all the four critical times.	
Proportion of households with a specific place for hand washing where water and soap or other cleansing agent are present.	
Proportion of CU2 with anaemia	
Proportion of non-pregnant women with anaemia	
Proportion of children who received measles vaccination with card or recall (9-59 months)	
Proportion of children who receive Vitamin A supplementation within past 6 months with card or recall.	
Proportion of households reporting using none of the coping strategies over the past month.	
Average HDDS (mean, SD/ range)	

Annex 5: Timeline of the Response

[icon]	2016	ECF partner with the University of Texas (UT) Policy Research Project (PRP) team to establish a portfolio entitled Uganda Grassroots for Nutrition (UGN)
[icon]	July 2017	Uganda Grassroots Nutrition (UGN) grant program and grantee Project (ANIP, IACM) Start Date (Implementation began August 2017)
[icon]	August 2018	ECF Uganda Programme Coordinator Recruited
[icon]	Dec 2017 - March 2018	Baseline Evaluation and Formative Research: Report submitted in March 2018.
[icon]	June – August 2018	Formative research for the SBCC Strategy
[icon]	August – December 2018	Revisions of Project Proposals and LogFrames, and associated Budget realignments
[icon]	June 2019	Organisational Capacity Assessment of both grantees, by Esteem International Consultants
[icon]	January 2019	Barrier Analysis and Household Survey: Report Submitted by MASH Research Africa
[icon]	July 2019	ECF Strategic Review with the decision made to commission external support for the grantees. ECF entered into a grant agreement with GOAL Uganda to take over grant management responsibility. No-cost Extension (NCE) granted to grantees to December 2020.
[icon]	July 2019 – December 2020	Mentoring and Support from GOAL, including external Trainings on: • Nutrition Strategy Development • Board Roles and Responsibilities • Finance Management • KOBO Training
[icon]	March – May 2021	Final Evaluation by Thuso
[icon]	27 May 2021	Final Learning Event hosted by GOAL Uganda

Annex 6: Templates of Data Collection Tools Used

The Data Collection Tools that were used to gather primary data over the course of this assignment are listed below, together with an open link to the tool as a Google spreadsheet.

	Organisational Capacity Assessment Tool (OCAT) – McKinsey OCAT 2.0	Link
	Client and Implementing Partner KIi/FGD	Link
	Community FGD	Link
	Community Volunteers FGD	Link
	Government and Local Leader KII/FGD	Link
	Household Survey	Link

Annex 8: Terms of Reference (TOR)

Final Evaluation of the Eleanor Crook Foundation-funded Uganda Grassroots Nutrition (UGN) projects (x2) and GOAL Uganda's capacity building approach and outcomes
Terms of Reference

. INTRODUCTION

1.1 BACKGROUND

The Eleanor Crook Foundation (ECF) are currently implementing the Uganda Grassroots Nutrition (UGN) grant program in Uganda which focuses on building the capacity of local CSOs implementing nutrition-focused projects to improve their engagement, programming potential and quality and governance. The focus on local CSOs is reflective of the need to tap into existing knowledge, social capital, networks and localised contextual understanding to ensure nutrition programming is responsive, applicable and feasible in a chosen place. The UGN grant program is premised that local NGOs and CSOs offer a comparative advantage, often being able to deliver services and projects more effectively, efficiently and sustainably. However, the current capacity of local NGOs and CSOs remains low. Key challenges include inconsistent governance structures, lack of professional staffing structures and over-reliance on one 'star' executive director or leader, without whom the organisation might close, weak support systems including weak financial and audit procedures to enable access to a wide range of donor funds, and limited attention to qualitative-based program monitoring, evaluation and learning.

To support their broader mandate to promote improved nutrition and build the capacity of local NGOs and CSOs, in 2017 ECF provided two three-year grants to two Uganda CSOs: (1) PACHEDO and (2) PALM. To support the grants, ECF hired a Kampala-based coordinator tasked with conducting reviews, providing mentoring, facilitating overall capacity building needs and providing monitoring and evaluation oversight to understand the overall impact of ECF's investment.

Grantee	Project Title	Project Start Date	Project End Date	Total Budget
PALM Corps	Integrated Action for Combating Malnutrition among Infants &Young Children in Moyo District, (IACM)	Assume July 2017	NCE to 31 December 2020	USD 240,358
PACHEDO	Amuru Nutrition Improvement Project	July 2017	NCE to 31 December 2020	USD 224,988

In 2019 ECF underwent a strategy review process, during which it was agreed that they no longer had the capacity to provide the requisite level of hands-on support required to fulfil the vision of the UGN grant program. As a result, ECF has decided that funding for this initiative will not continue following the end of the current UGN grant period.

With a view to honour their commitments to the grantees, ECF entered into a grant agreement in July 2019 with GOAL Uganda to take over grant management responsibility up to grant end in December 2020.

1.2 GOAL'S PROGRAMMES

Established in 1977, GOAL is an international humanitarian and development agency, committed to working with communities to achieve sustainable and innovative early response in crises, and lasting solutions to poverty and vulnerability. GOAL has worked in over 60 countries and responded to almost every major humanitarian disaster. We are currently operational in 13 countries globally. Our work is multi-sectoral including health, nutrition, WASH and food security-livelihoods-market development, while our systems approach incorporates resilience, inclusion, and social and behavior change in all of our programming.

GOAL has been operational in Uganda since the early 1970s employing a market-based approach that strengthens households and community capability to anticipate and adapt to risks and to absorb, respond, and recover from shocks and stresses in a timely and effective manner. Programs in Uganda focus on building community resilience and support socio-economic development with a focus on water, sanitation and hygiene, health systems strengthening, nutrition, and agricultural market systems.

GOAL is currently implementing nutrition specific and sensitive interventions in nine countries and has developed global expertise in nutrition and in a range of complementary areas. GOAL's core nutrition competencies in both humanitarian and development contexts include quality curative and preventative nutritional services, community empowerment for own wellbeing (Family MUAC, Nutrition Impact and Positive Practice (NIPP), NSCG[38]), emergency nutrition interventions, nutrition sensitive initiatives and nutrition research and innovation.

In 2018 GOAL Uganda began implementation of the One Nutrition in Complex Environments (ONCE) project. This USAID-funded research project is led by Tufts University and is using a robust research methodology to means-test GOAL's Nutrition Impact and Positive Practice (NIPP) approach. The NIPP approach is a gendered, grass-roots approach, that directly tackles a package of underlying behavioral causes of malnutrition. It is both preventative and treatment in nature and aims to reduce malnutrition in the longer term. Since 2012, the NIPP approach has reached over 19,000 direct beneficiaries across GOAL's country programmes.

In taking on the ECF UGN project GOAL Uganda planned a series of activities to support organisational capacity development, ensure project quality assurance and support and promote adaptive management and learning.

The original organisational capacity assessment conducted during baseline was used to identify both immediate, short term and long-term capacity needs on which tangible action could be taken. Due to the short grant period, GOAL prioritised addressing immediate capacity building needs as well as setting the ground for long term capacity needs.

As a part of GOAL's scope of work under the UGN project, we commissioned a short study on the underlying drivers and contributors of malnutrition in the grantee areas, and a survey to capture data that was missed under the original baseline.

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[38] Nutrition-Sensitive Care Group

A final learning event focusing on capacity building needs and approaches to support CSOs and others to bring about improved nutrition outcomes in their target communities is due to be held in March 2021.

2. DEFINITIONS AND SCOPE

As part of GOAL's agreement with ECF, we are due to commission an evaluation, aiming for an approach that enables partner engagement while maintaining impartiality.

The objectives of the evaluation are to explore:

(1) The success and sustainable impact of ECF's (GOAL's) grantee capacity building approach, looking at both organisational capacity in relation to governance and management as well as operational approaches and thematic technical expertise, and;

(2) The success and sustainable impact of the grantees' interventions measured against each grantee's results framework and overarching project goals.

The scope of this exercise will therefore include evaluation of the PALM and PACHEDO projects, as well as an evaluation of GOAL's capacity building approach to these partners.

2.1 PROJECT OBJECTIVES

The below outlines the planned objectives in relation to both GOAL's grant agreement with ECF and the ECF UGN grantee's projects.

(1) GOAL's grantee capacity building approach planned outcomes:
  a. Grantees have received mentoring, support and targeted training as outlined in their organisational capacity development plans as relates to short-term/immediate capacity needs
  b. GOAL has supported Grantees to submit high quality and detailed final reports and verification documents to ECF
  c. ECF and grantees, and a wider network of nutrition advocates in Uganda, have had the opportunity to come together, share learning, hear recommendations and identify best practice in relation to (1) community-based approaches focused on extending the reach of basic nutrition services to some of the most marginalised communities and (2) strategies to building capacity for NGOs/CSOs in Uganda.

(2) PALM's project objectives:

Project Goal: Contribute to improved nutritional status of children under two years in two sub-counties in Moyo district

Strategic Objective 1: Improved IYCF, WASH practices and linkage to nutrition related health services

Intermediate Result 1.1: Improved knowledge and skills on IYCF practices

Intermediate Result 1.2: Improved knowledge and skills on water, sanitation and hygiene (WASH) practices among target households

Intermediate Result 1.3: Strengthened linkages to key health & nutrition services including referral for acutely malnourished children and PLW

Strategic Objective 2: Increased consumption of micronutrient and protein rich foods among PLW and CU2

Intermediate Result 2.1: Increased availability and access of micronutrient and protein rich food crops throughout the year

Intermediate Result 2.2: Increased access and availability to animal source protein

Strategic Objective 3: Strengthened nutrition governance

Intermediate Result 3.1: Strengthened Sub- County nutrition coordination committees

Intermediate Result 3.2: Strengthened advocacy and partnerships

Intermediate Result 3.3: Strengthened M&E system, evidence generation and program oversight

A revised theory of change was completed in early 2019

(3) PACHEDO's project objectives:
Project Goal: b

Strategic Objective: Improved Nutrition in Pregnant women, lactating mothers and children 0-23 months

Strategic Objective 1: Improved IYCF, WASH practices and linkage to nutrition related health services

Intermediate Result 1.1: Increased knowledge and skills on IYCF nutrition practices at the household level

Intermediate Result 1.2: Increased knowledge and skills on appropriate WASH practices

Intermediate Result 1.3: Strengthened linkages to key H&N services and referral for acutely malnourished CU2

Intermediate Result 1.4: Change in perceptions regarding negative and cultural beliefs among influencers

Strategic Objective 2: Improved access and availability of micronutrient and protein rich foods

Intermediate Result 2.1: Increased availability of micronutrient and protein rich crops

Intermediate Result 2.2: Increased access to animal source foods (eggs, silver fish, milk)

Strategic Objective 3: Strengthened nutrition governance

Intermediate Result 3.1: Strengthened functionality of DNCC/SNCC

Intermediate Result 3.2: Strengthened advocacy and partnerships

Intermediate Result 3.3: Strengthened information systems, evidence generation and M&E

A revised theory of change was completed in early 2019.

2.2 EVALUATION PURPOSE

The purpose of this evaluation is to assess both GOAL Uganda and the UGN grantee's performance and delivery of the ECF-funded project according to OECD evaluation criteria. The evaluation will help GOAL, ECF and the UGN grantees to improve its future programming through lessons learned and best practices generated through this program.

Specific expectations of the format of the evaluation include:

- A follow-up organisational capacity assessment for the UGN grantees, using the original assessment conducted at baseline and ensuring scope for self-scoring and external auditing of progress made.
- A contribution assessment in relation to grantee capacity changes and GOAL's interventions

-   A combination of qualitative and quantitative methodologies to be used.

2.3 EVALUATION SCOPE

The evaluation should be organised around OECD evaluation criteria as follows, with suggested evaluation questions provided.

Effectiveness: To what extent did the interventions of GOAL, PALM and PACHEDO achieve their objectives and meet their results and targets? Were the monitoring mechanisms effective in providing timely data to inform programming decisions?

Impact: To what extent did the interventions of GOAL, PALM and PACHEDO achieve the intended outcome and impact? What was the performance against the stated indicators? Are there any ill effects or unplanned impacts (whether positive or negative) as a result of the interventions?

Efficiency: Were adequate human and financial resources applied to delivering planned outcomes? Were outputs delivered in a timely fashion? Was technology deployed to improve efficiency?

Sustainability: To what extent are the net benefits of the interventions of GOAL, PALM and PACHEDO likely to continue? Is an exit strategy developed to ensure sustainability? Is the intervention of GOAL, PALM and PACHEDO replicable/scalable?

Relevance: The extent to which the objectives and design of the interventions of GOAL, PALM and PACHEDO respond to beneficiaries, country, and other partners needs, policies and priorities. Did the interventions of PALM and PACHEDO effectively reach the most vulnerable households? Did they address their priority needs?

2.4 EVALUATION PROJECT TASKS

1. Refine the evaluation objectives and primary evaluation questions in consultation with GOAL's technical and management teams
2. Devise and test a methodology and evaluation tools to address the specific objectives and individual questions of the evaluation
3. Conduct secondary data collection and research, including using the UGN grantee and GOAL's existing project monitoring data, to identify gaps in data coverage and knowledge
4. Collect primary data to establish UGN grantee and GOAL's performance against selected project indicators and criteria outlined above; this should include a follow-up organisational capacity assessment of each of the UGN grantees
5. Facilitate an online workshop to validate the findings of the evaluation with UGN grantees, GOAL and ECF
6. Incorporate GOAL feedback into a draft report and prepare a final report. The final report should both describe the results of the evaluation, and provide actionable recommendations for improving UGN grantee and GOAL's programming and approaches
7. Participate in a learning roundtable event to present findings from the evaluation based on discussion with GOAL and ECF

3. METHODOLOGY

A recommended methodology is outlined below, but the final methodology and tools to be used is to be determined by the evaluation team and will be contingent on the above tasks. GOAL recommends a mixed methods approach quantitative and qualitative.

It is expected that the evaluation team will have representatives in Uganda who can facilitate primary data collection.

3.1 PLANNING

During an inception phase the evaluation team will do the following:

- Review key internal and external documents
- In partnership with the GOAL Uganda Nutrition Coordinator, MEAL Deputy Programme Director, the Assistant Country Director for Programmes and an HQ MEAL representative, refine and finalise the specific evaluation questions to be explored from the scope described above
- Propose to the GOAL team the appropriate methodology to be developed for the context to evaluate the projects and address the OECD evaluation criteria
- Prepare an outline of the data collection methods that are required and the relevant survey templates and participatory data collection guides to be used for data collection- Note: ideally the majority of the data collections should be similar to and comparable with those used during the baseline evaluation.
- Develop a work plan consisting of key milestones required for data collection in order for logistics to be arranged by the MEAL Deputy Programme Director

Before commencing field work the evaluation team will:

- Hold a short planning meeting with all members of the evaluation team including the MEAL Deputy Programme Director and relevant programme teams, to review and amend the questions as needed for the data collection tools
- Liaise with the MEAL Deputy Programme Director on the training and recruitment of any data collection staff and the use of mobile data collection for the proposed survey tools and qualitative guides, as primary data collection will be required for the study
- Hold a brief workshop with the GOAL Team to communicate evaluation methods, objectives, and outcomes. This will include a short description of the evaluation questions and methods proposed.

Post-site visit

- Data analysis, report development, prepare summary of findings and dissemination

3.2 PRIMARY DATA COLLECTION

Area/s of primary data collection include Moyo (PACHEDO project location), Arua (PALM project and office location), Gulu (PACHEDO office location), and Kampala (GOAL office location). To the greatest extent possible, the evaluation should consider both beneficiaries and non-beneficiaries, examining any potential positive or negative spill over effects.

While quantitative methods are desirable for the measurement of indicators, GOAL expects a balance of quantitative and qualitative methods to better understand the mechanisms that produce certain results or hinder greater results.

3.3 DATA ANALYSIS

GOAL expects all quantitative data to be rigorously analysed and representative of the project area within the reasonable limits and constraints of the context. Qualitative data should also be rigorously analysed and should primarily focus on developing a deeper understanding about the relevance of the programme, and providing recommendations for improving or strengthening the effectiveness, efficiency, and sustainability of the results of the programme.

4. PRESENTATION AND DOCUMENTATION OF FINDINGS AND RECOMMENDATIONS

This consultancy will take place at the end of the grant period, starting no earlier than 15 December 2020 with the final approved report submitted by no later than 28 February 2021. A 1-day learning event will be held in March 2021 and will require consultant time for preparation and presentation.

The findings of the evaluation must be shared with GOAL in the following formats:

- Closing workshop(s) with UGN grantee and GOAL staff to present findings and get feedback
  - Agreed lessons learned and best practices that can be incorporated into relevant sectors' programming
  - Agreed recommendations that will inform and improve UGN grantees and GOAL's future programmatic strategy, with agreed action points and deadlines
- Draft Evaluation Report submitted to MEAL DPD, Assistant Country Director for Programmes, and Country Director for feedback and comments, two weeks after conclusion of field visit.
- Final Evaluation Report- The report must be clear and concise and the following sections must be included as a minimum: Executive Summary, Literature Review , Methodology, Analysis of Findings, Recommendations, Annexes: TORs, a timeline of the response, a list of individuals interviewed, statistical outputs, templates of data collection tools used, a description of the methods employed, a summary of survey results (if appropriate) and any other relevant materials.
- Learning event presentation on the basis of 1 hour presentation, 30 minutes Q&A over a virtual platform

> **DELIVERABLE 1: PRESENTATION OF KEY FINDINGS**
>
> **DELIVERABLE 2: FINAL EVALUATION REPORT**
>
> **DELIVERABLE 3: LEARNING EVENT PRESENTATION**

5. DISSEMINATION OF FINDINGS

Results and recommendations will be made available externally to interested stakeholders at the discretion of GOAL local senior management. The final report and any primary data collected will be the property of GOAL.

If particular sections of the evaluation are deemed useful or informative for the greater humanitarian community as lessons learned or opportunities to improve programming, GOAL reserves the right to create a separate report with excerpts from the final evaluation report to share with the wider community.

6. ETHICAL CONSIDERATIONS

The evaluation team will make clear to all participating stakeholders that they are under no obligation to participate in the evaluation study. All participants will be assured that there will be no negative consequences if they choose not to participate. The evaluation team will obtain informed consent from the participants. The team will ensure prior permission is received for taking and use of visual still/ moving images for specific purposes, i.e., 'for evaluation report and presentations'. The evaluation team will assure the participants' anonymity and confidentiality and will ensure the visual data is protected and used for agreed purposes only. In particular, the evaluation team will employ robust data security measures to further ensure participants' confidentiality and anonymity. The evaluation team is responsible for determining whether or not their proposed methodology would require Institutional Review Board (IRB) clearance, and will be responsible for clearing the process and training if such approval is required.

The evaluation team will be required to follow GOAL COVID-19 Standard Operating Procedures for field-based engagement and must outline in their methodology strategies to mitigate the risk of exposure to both the evaluation team and evaluation respondents.

7. ASSUMPTIONS AND REQUIREMENTS

- Evaluator(s) will have access to all documentation and can take part in relevant meetings and field trips within the project implementation areas.
- GOAL will provide a focal point within GOAL staff in the field site for coordination on planning and conducting the assessment.
- Evaluator(s) will have access to key staff in the responding GOAL offices in Kampala and partner offices in Gulu and Moyo to obtain adequate information provided.
- The evaluation team will have access to members of the targeted groups for conducting interviews.
- Evaluator(s) will take confidentiality and objectivity into consideration during the process.
- GOAL to provide relevant security briefings and organise relevant travel permits if required.
- Security concerns could impact the timing and the scope of the evaluation. It is important for the team to remain flexible. They must be open to making changes to the schedule and itinerary such as visiting alternate sites, conducting remote reviews and interviews, etc.
- The consultant will cover all field-related and evaluation costs including but not limited to travel, per diems, enumerator and data collection etc.
- GOAL will provide logistical support.

8. CONSULTANT(S) PROFILE

For the purposes of this evaluation, GOAL welcomes international and national evaluators to apply.

The profile of the consultant(s) is:

- Individuals or firms in academia, social research, or humanitarian evaluation with a background in nutrition or health sciences, research methods, development economics, organisational development or other related fields
- Extensive experience of conducting evaluations along DAC OECD evaluation criteria, ideally leading an evaluation team and experience of designing evaluation methodology / tools, data analysis etc.

- Background of evaluating or assessing nutrition-oriented projects and programmes in developing contexts
- Experience in conducting organisational capacity assessments in developing contexts for civil society organisations
- Experience of working in humanitarian contexts and good understanding of humanitarian response work – both in programmes and operations
- In-depth knowledge of quantitative and qualitative research methods
- Competent in using statistical packages for quantitative and qualitative analyses
- Excellent presentation and writing skills
- Capacity to work collaboratively with multiple stakeholders
- Excellent analytical and writing in English

9. PROPOSAL DETAILS AND SUBMISSION

The deadline for submission of the technical and financial proposal and accompanying documents is 4/01/2021 to procurement@ug.goal.ie The application should include:

1. Technical proposal including detailed tasks, recommended methodology summary and proposed schedule, your relevant experience, how you meet the profile required and details of time required (maximum 12 pages)
2. Up to three relevant examples of past assessments or research completed
3. CVs of key personnel involved in undertaking the evaluation
4. Detailed, itemised cost proposal, including daily fee and any other associated costs
5. Details of referees

Applications lacking any of the above requirements will not be considered.

SIGNED:	

PRINT NAME:		POSITION:	

COMPANY NAME:		DATE:	

ADDRESS:	