

An Evaluation of WFP's Nutrition Programs in the Karamoja region: Community Based Supplementary Feeding Programme (PRRO 200249) and Maternal Child Health Nutrition (CP 108070) in Uganda from 2013 to 2015

Vol. II - Annexes

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Table of Contents

Annex 1. Terms of Reference	2
Annex 2. Evaluation Matrix.....	3
Annex 3. Documents Reviewed	11
Annex 4. Stakeholders Interviewed Kampala and Karamoja.....	18
Annex 5. Data Collection Tools.....	21
Annex 6. Karamoja District Characteristics and Indicators.....	45
Annex 7. List of MCHN and CBSFP Sites and Beneficiary Numbers	46
Annex 8. List of MCHN and CBSFP Sites visited by ET	50
Annex 9. Trend of Acute Malnutrition and Food Consumption Scores by Districts and Karamoja Region	51
Annex 10. CBSFP rations: Children 6 to 59 months and older beneficiaries.....	52
Annex 11. MCHN ANC Enrolment and PNC Visits by District and Year	54
Annex 12. CBSFP Outcome Indicators by Lifecycle and Age Groups.....	55
Annex 13. Compiled Information from MoH CBSFP Register and Client Cards Reviews	56
Annex 14. Trends in Women and Children Undernutrition Nutrition Indicators	57
Annex 15. Comparison of District VHT Screening and CBSFP Enrolment Data with Estimated Coverage	58
Annex 16. MCHN and CBSFP Information of Food Storage and Management.....	59
Annex 17. Observations from MCHN and CBSFP Food Distributions.....	61
Annex 18. MCHN and CBSFP Beneficiaries Recall of Nutrition Messages.....	63
Annex 19. Information on MCHN and CBSFP Food Rations.....	65
Annex 20. Evaluation’s schedules.....	66
Annex 21. Karamoja Child Anthropometric Indicators and CBSFP Beneficiaries by Sex.....	68
Annex 22. MCHN and CBSFP Number of Children Beneficiaries by Sex.....	69

Annex 1. Terms of Reference

(to be included in the pdf final version)

Annex 2. Evaluation Matrix

Key Question1: How appropriate are the MCHN and CBSFP interventions?						
Evaluation criterion: Relevance, Coherence, Complementarity						
No.	Sub-questions	Measure/Indicator	Main sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
1.1	Were MCHN/CBSFP appropriate at the project design stage to the needs of the food insecure and malnourished population including the distinct needs of women, men, boys and girls from different groups, as applicable, and remained so over time?	<p>1.1.1. Geographical Targeting -Appropriateness of geographical targeting criteria vis-à-vis the available information on vulnerability (including gender, food security and nutrition indicators) from:</p> <ul style="list-style-type: none"> National/regional studies and WFP and other studies/surveys <p>1.1.2. Relevance of the objectives of the operation regarding the context and needs identified -Process and quality of disaggregated assessments of nutrition and gender needs and the extent to which these informed the design of the operation -*Extent to which the operation represents and appropriately responded to identified needs over the life of the project -Extent to which alternative intervention strategies were examined and assessed during the design and life of the project</p> <p>1.1.3. Relevance of activities and transfer modalities implemented -Appropriateness to needs of the approaches proposed (stunting prevention, MAM treatment) -Appropriateness of MCHN & CBSFP food rations to needs, food habits and expected results -Level of participation of stakeholders, including beneficiaries, in the definition of activities, modalities and ration composition -Level of satisfaction of beneficiaries on activities implemented -*inclusion of gender and protection considerations and principles on Accountability to Affected Populations (AAP)</p> <ul style="list-style-type: none"> number of design modifications based on gender <p>1.1.4. Beneficiary Selection Criteria -Precision of the criteria to select beneficiaries -Transparency/clarity of the selection process -Appropriateness of the selection process vis-à-vis:</p> <ul style="list-style-type: none"> The priority groups identified in health/nutrition strategies & guidelines 	<p>-WFP Program staff implicated in the MCHN/CBSFP design</p> <p>-MoH staff national/regional/ local) involved in CHN/CBSFP</p> <p>-WFP CP: AFC, CAFH staff</p> <p>-Beneficiaries (all groups)</p> <p>-WFP Program documents</p> <p>-WFP CP Monitoring reports</p> <p>-WFP Food Security & Nutrition Assessment Reports</p> <p>-MoH MCHN and IMAM guidelines</p> <p>-WFP and international SFP/ CMAM and MCHN guidelines</p>	<p>-Semi-structured interviews</p> <p>-Observations</p> <p>-Review of WFP, MoH, CP reports and documents</p> <p>-Validation during debriefing on preliminary findings</p>	<p>Triangulation of evidence</p> <p>Validation of preliminary findings in restitutions</p> <p>Comparative analysis of national studies with WFP studies</p> <p>Comparative analysis of MCHN/SFP beneficiary selection criteria with MoH, WFP and international guidelines</p>	<p>OK</p> <p>Documents needed available</p>

		<ul style="list-style-type: none"> Selection criteria are based on eligibility as defined by WFP, GoU nutrition/health protocols/guidelines 				
		<p>1.1.5.*¹ What linkages to agriculture programs existed (or were absent) in the design that could be added in the future for improved nutrition security?</p> <p>-Assessment of CBSFP/MCHN current linkages with agriculture programs</p> <p>-Number and type of agriculture programs in Karamoja region by districts</p> <ul style="list-style-type: none"> Number with nutrition-sensitive activities 	<p>-WFP staff, CP staff</p> <p>-Nutrition/Agriculture Partner staff (e.g. Mercy Corps, FAO) in Karamoja region</p> <p>-Karamoja region district nutrition/agriculture/food security intervention mapping reports documents</p> <p>-Local Government Development Plans</p> <p>-Community leaders</p> <p>-Beneficiaries</p>	<p>Semi-structured Interviews</p> <p>Document review</p> <p>FGD</p>	<p>Compiling information from interviews and documents and triangulate</p>	<p>Availability of mapping of Karamoja region nutrition/ agriculture interventions not known</p> <p>Availability of Local Govern. Development Plans not known</p>
1.2	To what extent have the MCHN and CBSFP interventions been coherent with relevant national policy, strategies and guidelines?	<p>1.2.1 Coherence of MCHN & CBSFP with national policy, strategies and guidelines:</p> <ul style="list-style-type: none"> MoH MCHN and IMAM guidelines MoH Health Sector Plan Uganda Nutrition Action Plan Uganda nutrition policy and strategy 	<p>-MoH nutrition staff</p> <p>-Review of MoH documents</p>	<p>Semi-structured interviews</p> <p>Document review</p>	<p>Comparison of MCHN/CBSFP objectives, activities, standards and approaches with national policy and guidelines</p>	OK
1.3	How coherent are the MCHN and CBSFP interventions with WFP corporate policies and global best practice?	<p>1.3.1 *Congruency between MCHN & CBSFP with WFP corporate strategy, policy and guidance and global best practice?</p> <ul style="list-style-type: none"> WFP Strategic Results Framework and Strategic Plan 2014-2017 WFP nutrition (2012); gender (2015) policies WFP nutrition program guidance WFP Gender action plan (2016-2020) WFP Corporate Partnership Strategy Global guidance on MCHN and MAM 	<p>-WFP Representative and HoP</p> <p>-WFP strategic and policy documents</p> <p>-WFP Regional Nutrition Advisor</p> <p>-WFP Gender staff</p>	<p>Semi-structured interviews</p> <p>Document review</p>	<p>Comparison of programme's objectives, activities, standards and approaches with the objectives and guidance of WFP strategy, policy and technical documents</p>	OK
1.4	Do the MCHN and CBSFP complement other nutrition-	<p>1.4.1 Complementarity between MCHN/CBSFP and other interventions:</p>	<p>-WFP Program Staff</p> <p>-UN Agencies (UNICEF etc.)</p>	<p>Semi-structured interviews</p> <p>Document review</p>	<p>Triangulation of information provided by</p>	UN Agency and nutrition partner

¹*/asterisked questions refer to questions specifically requested in the TOR.

	specific and nutrition-sensitive interventions?	-Congruency of the MCHN/CBSF with the UNDAF's nutrition priorities and activities -Number of consultations between WFP and actors in overlapping areas with nutrition-specific and nutrition-sensitive interventions during the development of the CP and PRRO -Knowledge of Partners of WFP's nutrition interventions and WFP staff of partners nutrition interventions -Number of MOU/LOI and their appropriateness regarding the nutrition interventions objectives and activities	-Bilateral donors -UNDAF document & UN Agency yearly plans -Program documents of primary nutrition partners -WFP/UNICEF and other MOUs -Direct Observation during site visits		various actors Review/analysis of documents	documents need to be located
1.5	How have the established nutrition coordination mechanisms supported (or not) the complementarity of WFP and partner nutrition programmes?	1.5.1 *Role of coordination mechanisms, including REACH, in supporting (or not) the complementarity of WFP and partner nutrition programs: -Presence of regional/district nutrition coordination bodies -Regularity & attendance of WFP and nutrition partners at region/district nutrition coordination meeting -National/District Coordination structures: Number of decisions taken related to WFP and nutrition collaboration -Availability of Local Government Development Plans (District) with activities to coordinate nutrition partners -Availability of current Karamoja nutrition program mapping	-WFP, REACH, UNICEF and nutrition partner staff -TORs and minutes for Nutrition Multi-Sectoral Technical Committee, Nutrition Development Partner Working Group, District Nutrition Coordination Committees -Karamoja region district nutrition-specific and nutrition-sensitive intervention mapping documents -Local Government Development Plans	Semi-structured interviews Document review	Review and analysis of documents	Documents will be requested; unsure of availability of all

Key Question 2: What are the results of the CBSFP and MCHN activities?

Evaluation criterion: Effectiveness, Efficiency

No.	Sub-questions	Measure/Indicator	Main sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
2.1	How much progress have been achieved by the WFP nutrition programs towards delivery of planned outputs?	MCHN and CBSFP -*Number of targeted persons receiving food & specialized food products, compared to planned numbers -MT of food & specialized food products distributed compared to planned -Daily food rations: foods and (gm/person/day) actual compared to planned <ul style="list-style-type: none"> MCHN-P/L Women & children 6-23 months MAM- infants/young children; children, adults 	-MoH MCHN/CBSFP Reports and/or data base if available -WFP SPR -CP and PRRO documents -CP (AFC, CACH) reports	Compilation of MoH/CP (AFC, CACH) monthly/ quarterly reports of output data or data base (?) Semi-structured interviews	Analysis of data quality and comparison of SPR data (beneficiary numbers, mt of food distributed) with compiled reports	SPRs available; Unknown if SC and SC+ can be disaggregated; and if they can be reported by CP and PRRO; and PRRO by refugee and CBSFP

						Unknown if MoH/CP monthly or quarterly reports are available, or quality of data
2.2	How much progress have been made by the WFP nutrition programs towards achievement of intended outcomes?	<p>Effectiveness of the MCHN and CBSFP to improve nutrition outcomes among targeted groups²</p> <ul style="list-style-type: none"> • Prevalence of stunting, underweight and wasting among young children in MCHN/CBSFP program areas compared (baseline 2009 to end- 2015) • Prevalence of LBW in MCHN/CBSFP program areas compared (baseline 2009 to program end 2015) • Defaulting rate³ (SPHERE): percent of MAM infant, children, women and men fault from program • Mortality rate: percent of MAM beneficiaries who die during treatment • Recovery rate: percent of MAM child beneficiaries who recover within a specific time period 	<p>-WFP Food Security & Nutrition Assessments (2008, 2014, 2015) -UDHS reports (2011) -Karamoja Nutrition studies/ Surveys</p> <p>-SPR CP/PRRO (2013-2015)</p> <p>-MOH Reports</p> <p>-WFP CP (AFC, CAFH) reports</p>	<p>Review of child anthropometric data in nutrition assessment reports/surveys /studies</p> <p>Compilation of MoH/CP (AFC, CACH) monthly/ quarterly reports of outcome data or data base (?)</p> <p>Semi-structured interviews</p>	<p>Comparison of Karamoja region child anthropometric and LBW data from 2013 and 2015</p> <p>Analysis of data quality and comparison of SPR data (SPHERE SFP outcomes) with compiled reports</p>	<p>SPRs available; No outcome data available for MCHN</p> <p>Unknown quality of SPR CBSFP outcome data; & and if MoH/CP monthly reports can be located and their quality (this will be partially assessed during field work site visits)</p>
2.3	To what extent have the outputs led to the realisation of outcomes and these contributed to the realisation of Strategic Objectives (SO)?	<p>Extent the outputs have led to outcomes and realisation of SO (1 & 4) (results from 2.1 and 2.2 feed into 2.3)</p> <p>-Effects of level of outputs achieved on outcomes achieved</p> <p>-SO1-saving lives</p> <ul style="list-style-type: none"> • infant/child mortality rates at baseline 2013 to 2015 <p>-SO4-reduce chronic hunger & undernutrition</p> <ul style="list-style-type: none"> • food security levels at baseline to end 2015 • stunting & wasting at baseline to end 2015 	<p>-MCHN and CBSFP Output data and outcome data; information on other factors influencing outcomes</p> <p>-WFP Food Security & Nutrition Assessments (2014, 2015)</p> <p>-UDHS reports (2011) -Karamoja Nutrition studies/ Surveys</p>	<p>-Presentation of MCHN & CBSFP outputs and outcomes</p> <p>-Review of child anthropometric data in nutrition assessment reports/surveys /studies</p> <p>-Semi-structured interviews</p>	<p>Analysis of outputs to outcomes and other factors</p> <p>Comparison of Karamoja region child anthropometric and food security data from 2013 to 2015</p>	<p>Unknown if Karamoja region baseline data (2013) exists</p> <p>Unknown quality of WFP, MoH and CP output and outcome data</p>

² This question also addresses one of the evaluation questions included in the TOR: What has been WFP's contribution to nutrition prevention (MCHN) and treatment (CBSFP) programmes in addressing malnutrition? Question 2.3 also helps to answer the TOR question.

³ The defaulting, mortality and recovery rates used by WFP align with the SPHERE standards.

2.4	How can the CBSFP and MCHN interventions be adjusted to ensure better community participation to enhance effectiveness and coverage and reduce defaulting?	<p>*Increasing Community involvement to improve MCHN/CBSFP outcomes</p> <p>-MCHN/CBSFP strategy to involve communities:</p> <ul style="list-style-type: none"> • initial and ongoing community mobilization activities • MCHN/CBSFP ongoing data sharing activities • MCHN/CBSFP approaches for screening and tracing defaulters • feedback mechanisms to improve accountability of CBSFP/MCHN to communities <p>-level of community involvement over CBSFP/MCHN program 2013-15</p>	<p>-CP/PRRO documents</p> <p>-SPR reports</p> <p>-CP (AFC, CACH) community mobilization & implementation strategies</p> <p>-MoH, CP (AFC, CACH) monthly, quarterly, yearly reports</p> <p>-WFP, MoH, CP staff</p> <p>-Community leaders</p> <p>-Beneficiaries</p>	<p>Compilation of CBSFP coverage and defaulting data by district 2013 to 2015</p> <p>-Semi-structured interviews</p> <p>-Focus Group Discussion (FGD)</p>	<p>Comparison of coverage and defaulting data over time</p> <p>Triangulation of information from reports, interviews and FGD</p>	<p>The availability and quality of MoH/CP data is not known</p>
2.5	What is the efficiency of the MCHN and CBSFP delivery models vis-a-vis results of the respective programmes?	<p>*Efficiency of MCHN & CBSFP Delivery Models Value for Money:</p> <ul style="list-style-type: none"> • Alpha and Omega values compared to chosen modalities and analysis of cost of imported vs locally produced food or cash • Extent to which resource forecast was accurate • Existence of evidence showing how resources were optimized to achieve best results • Evolution of the breakdown of Direct Support Cost budget line • Analysis of associated costs given to cooperating partners vs quality of the services provided • Timeliness: management of distribution cycles and efforts to contain distribution costs • Efficiency in the implementation: planned vs mobilized resources actually used <p>-Cost per beneficiary for MCHN & CBSFP</p> <p>-Timely implementation of activities by MCHN & CBSFP</p>	<p>-WFP Program/M&E /RB and Rome Staff</p> <p>-SPR</p> <p>-WFP yearly budget and finance reports</p> <p>-WFP Resource forecast reports</p> <p>-MoH and CP reports</p> <p>-IFPRI study on cash vs. specialized nutrition products</p> <p>-Field Mission Reports</p> <p>-Site visits</p>	<p>Compilation of MCHN & CBSFP cost data</p> <p>Document Review</p> <p>Semi-structured Interviews</p> <p>Observation during site visits</p>	<p>Calculation of cost per beneficiary using SPR data and MoH/CP data</p> <p>Triangulation of various sources of information</p>	<p>SPR are available, quality of data (cost, beneficiary) has not been assessed</p> <p>Availability and quality of MoH and CP data is not known</p> <p>Reports (MoH, CP and field mission reports) will be requested</p> <p>Site visits are planned</p>

Key Question 3: Why and how have the CBSFP and MCHN activities produced the observed results, including the gender results?⁴

Evaluation criterion: Internal Factors, External Factors

No.	Sub-questions	Measure/Indicator	Main sources of Information	Data Collection Methods	Data Analysis Methods	Evidence Quality
3.1	Which internal factors contributed to the level of	3.1.1. Quality and efficiency of the operation's implementation, in term of:	WFP management, program, M&E & HR staff MoH staff (all levels)	Document review	Review & analysis of reports	Missing reports and information will be

⁴ Question 3 was not requested in the TOR, however, the ET felt it was important to include so the findings of the evaluation that is, the results could be explained and understood.

	<p>results obtained (and to what extent)?</p>	<p>-Planning process and appropriateness and respect of activities' implementing periods</p> <ul style="list-style-type: none"> - Institutional arrangements, decision making process and constraints management - Quality of logistic and food procurement of WFP and MoH/CPs (procurement, transport, storage, losses, management of pipeline breaks, etc.) - Normative guidance for MCHN/CBSFP interventions - Administrative and financial management of the operation (appropriateness and respect of procedures) - AME Unit - Resource mobilisation strategy - Appropriateness, competences and capacities of staff <ul style="list-style-type: none"> • Rate of national staff turn-over & promotion • Number of staff development training sessions by year • Percent of budgeted staff positions filled • Gender staff ratio (2013-2015) <p>- Participation in nutrition sectorial coordination mechanisms</p>	<p>MoU/FLAs documents</p> <p>CP/PRRO documents WFP/MoH nutrition program guidelines</p> <p>SPR; WFP/MoH logistics, food procurement and food Stock reports</p> <p>Resource mobilization strategy</p> <p>CO organigram</p> <p>Nutrition coordination working group minutes</p> <p>CP/PRRO Operation Log Frameworks</p> <p>WFP budget/financial reports</p> <p>Observation</p>	<p>Semi-structured Interviews</p> <p>Site visits to food warehouses</p>	<p>Triangulation of various sources of information</p>	<p>requested; not evaluable at this time</p>
		<p>3.1.2. Does the data collected through MCHN/ CBSFP activities provide the information needed to track the performance indicators?</p> <ul style="list-style-type: none"> • M&E procedures in place & adapted to needs, including tracking gender indicators and disaggregating data by sex • Precision of tools: definitions/instructions • Provision of registers/forms to MoH/CP staff • Consistency of data collected (type of data collected/submitted) with the indicators tracked • Management of data: precision & appropriateness of submission/analysis of data • Completion of the reports submitted by: health facilities, NGOs and the MoH staff responsible for compiling and analysing data at the district/regional levels • *Activities and/or changes added to the MCHN/CBSFP programmes to support real-time monitoring that promotes timely, quality data efficiently? 	<p>WFP, CP, MoH staff, particularly staff directly involved in implementing activities</p> <p>Operation Logical Framework</p> <p>AME Unit data base/reports of MCHN/CBSFP indicators;</p> <p>MoH/CP monthly, quarterly, yearly reports</p> <p>ET results from questions- 2.2, 2.4 & 2.5</p>	<p>Report review</p> <p>Review of reporting forms/ registers during site visits</p> <p>Semi-structured Interviews</p> <p>FGD with local implementing staff (MoH, CP, WFP)</p>	<p>Compare data collection tools with data required for Logical framework nutrition indicators</p> <p>Review & analysis of reports/studies</p> <p>Triangulation of various sources of information</p>	<p>Evaluability unknown; it will depend on the availability and quality of data to assess and answer question 2.2, 2.4, 2.5</p>

		<ul style="list-style-type: none"> Assessment of current CBSFP/MCHN monitoring systems, feedback system; staff and volunteer capacity Evidence on efficiency and quality of CBSFP/MCHN activities 				
		<p>3.1.3. Were the lessons learned from previous CP and PRRO nutrition programs appropriately used in the development and implementation of the current CP?</p> <p>-Extent of incorporation of lessons learned in CP/PRRO documents -Extent of incorporation of lessons learned in program/activity implementation</p>	<p>WFP Management & Program Staff</p> <p>CP/PRRO documents</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>Triangulation of Various sources of information</p>	<p>Documents available and staff should be able to provide information: OK</p>
		<p>3.1.4. Is the choice of partners consistent with the criteria established & the technical demands and resources required to achieve the expected results?</p> <p>-CP selection process</p> <ul style="list-style-type: none"> Are WFP efforts to support its partners adequate? -MoU/CP human and technical resources, materials and financing Has Partners' performance affected program implementation? -Partners' achievement of expected outputs by MCHN and CBSFP program by year 	<p>WFP/MoH/CP staff</p> <p>Evaluation mission reports</p> <p>MoH/CP monthly, quarterly and yearly reports</p> <p>MoU/FLA documents</p> <p>Performance & monitoring reports</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>Triangulation of Various sources of information</p>	<p>Some documents available, others will be requested; not evaluative at this time</p>
		<p>3.1.5. Does the nutrition technical support from the RB & Rome respond to the CO needs in a timely way?</p> <p>Appropriateness of the technical support provided by the RB and WFP Rome:</p> <ul style="list-style-type: none"> Number and type of missions Appropriateness of mission recommendations Incorporation of mission recommendations in APP 	<p>WFP CO, RB, Rome Nutrition Technical staff;</p> <p>Nutrition Technical Mission Reports</p> <p>APPs</p>	<p>Document review</p> <p>Semi-structured Interviews</p>	<p>Triangulation of Various sources of information</p>	<p>Documents will be requested; not evaluative at this time</p>
		<p>3.1.6. What internal factors helped or hindered the achievement of gender-related results?</p> <p>-Presence of a CO gender accountability framework -Presence of CP design modifications to incorporate gender -Availability and capacity of gender expertise in WFP CO -WFP staff familiarity with WFP Gender Policy (2015), WFP Gender Action Plan, etc.</p>	<p>WFP Management and Program Staff</p> <p>CP and PRRO documents</p> <p>Gender accountability framework</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>triangulation of various sources of information</p>	<p>Document will be requested; staff should be able to provide information: OK</p>
3.2	<p>What are the main opportunities and threats in the external</p>	<p>3.2.1 Levels of Funding</p> <p>What were the effects of underfunding on implementation of the MCHN and CBSFP and the ability of the CO to act strategically?</p>	<p>WFP CO Management/Program Staff</p> <p>SPR</p>	<p>Semi-structure Interviews</p> <p>Document review</p>	<p>triangulation of various sources of information</p>	<p>SPR available; other information will be requested</p>

	<p>operating environment that have influenced results?</p>	<ul style="list-style-type: none"> Funds received and allocated to MCHN/CBSFP compared to the needs of both Decision taken by the CO when faced by inadequate funding levels Donors perceptions vis-à-vis MCHN/CBSFP activities <p>Was the GoU/MoH able to fulfil its financial commitment? If not, how has this affected MCHN/CBSFP activities?</p> <ul style="list-style-type: none"> Comparison of planned vs. actual GOU/MoH contributions by year List of activities curtailed or modified due to funding constraints, if any 	<p>WFP yearly budgets (actual vs. planned)</p> <p>WFP Funding reports (actual vs. planned)</p>			
		<p>3.2.2 How has the existence/quality/ appropriateness of national policies and strategies, and institutional support contributed (or not) to the MCHN/CBSFP interventions?</p> <ul style="list-style-type: none"> Relevant national policies/strategies and their congruence with the MCHN, CBSFP Level of GoU support to MCHN/CBSFP interventions 	<p>WFP Program staff</p> <p>MoH staff (all levels)</p> <p>Ministry of Gender staff</p> <p>GoU national policies and strategies (nutrition, food security, gender)</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>Triangulation of various sources of information</p>	<p>Documents available; interviews will be requested</p>
		<p>3.2.3. Did the political, economic, institutional or natural events, such as, drought affect MCHN/CBSFP results?</p> <ul style="list-style-type: none"> Evolution of the food security and livelihoods situation Evolution of the political and economic situation 	<p>WFP Management and Program staff</p> <p>MoH/CP/UN staff</p>	<p>Semi-structured Interviews</p>	<p>Triangulation of various sources of information</p>	<p>OK</p>
		<p>3.2.4. Were there any issues related to the targeted beneficiaries that have affected MCHN/CBSFP results?</p> <ul style="list-style-type: none"> Did beneficiaries have any difficulties accessing MCHN/CBSFP activities? Or face other constraints? <ul style="list-style-type: none"> Program coverage data Are there particular socio-cultural characteristics, knowledge and practices among the targeted ethnic groups that affected MCHN/CBSFP results? <ul style="list-style-type: none"> Diet diversity and minimum adequate diet data 	<p>WFP/MoH/CP staff</p> <p>WFP SPR</p> <p>MoH/CP program reports</p> <p>Anthropological reports (or sections of reports) containing information on behaviours affecting food consumption and dietary practices of ethnic groups in the Karamoja region</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>Triangulation of various sources of information</p>	<p>Not sure if reports with anthropological information exist</p>
		<p>3.2.5. What external factors helped or hindered the achievement of gender- related results</p> <p>-Strength/weakness of GoU Gender Policies</p> <p>-Extend of WFP dialogue with other actors working on gender in Ghana</p> <p>-Strength of 'gender agenda' and WFP involvement within the UNCT</p>	<p>WFP Program staff</p> <p>UN Staff</p> <p>GoU Gender Policy</p> <p>UNDAF/UNCT documents</p>	<p>Semi-structured Interviews</p> <p>Document review</p>	<p>Triangulation of various sources of information</p>	<p>Some documents available; others will be requested along with interviews</p>

Annex 3. Documents Reviewed

Document Type	Comment / Titles & dates of documents received	Received - Y/N (N/A)	Link to Evaluation matrix
Project related documents [if applicable]			
Appraisal mission report			
Project document (including Logical Framework in Annex)	PRRO-200429, January 2013-December 2015 PRRO-200852, January 2016-December 2018 CP 108070 (2009-2014) CP 200894 (2016-2020)	Y	1-3
Standard Project Reports	Standard Project Report 2013, 2014, 2015	Y	1-3
Budget Revisions	<ol style="list-style-type: none"> 1. Budget revision to Uganda country program 108070 2. Budget increases to Development activities—Uganda country Programme 108070 received 3. budget revision 01 to Uganda protracted relief and recovery operation (PRRO) 200429 4. budget revision no.5 to protracted relief and recovery operation PRRO 200429 5. uganda Country Programme (CP) No.: 108070 B/R No.: 01PROJECT REVISION FOR THE APPROVAL OF Deputy Executive Director and COO - Operations Department 	Y	1-3
Note for the record (NFR) from Programme Review Committee meeting (for original operation and budget revisions if any)	NFR- PRC, July 2012 PRRO 200429 NFR-PRC, July 2009 CP 108070	Y	1
Approved Excel budget (for original intervention and budget revisions if any)			
Intervention/Project Plan (breakdown of beneficiary figures and food requirements by region/activity/month and partners)			

Other	Community-based supplementary feeding programme (CBSFP) implementation strategy for South Karamoja, AFC 2015	Y	2
Country Office Strategic Documents (if applicable)			
Country Strategy Document (if any)	Uganda Country Strategy (2009-2014)	Y	1
Other			
Assessment Reports (if applicable)			
Comprehensive Food Security and Vulnerability Assessments	WFP & UBOS, 2013, Comprehensive food security and vulnerability analysis; Uganda – Government of Uganda	Y	1, 2
Crop and Food Security Assessments (FAO/WFP)			
Emergency Food Security Assessments		Y	
Food Security Monitoring System Bulletins			
Market Assessments and Bulletins	Monthly Market Bulletin august 2013-May 2016	Y	2
Joint Assessment Missions (UNHCR/WFP)	Uganda Joint Assessment Mission, 2014 received	Y	1-3
Inter-Agency Assessments	WFP, UNICEF (2013, 2014, 2015, 2016), Food Security and Nutrition Assessment, Karamoja Region, Uganda, June WFP, UNICEF (2012, 2013, 2014, 2015), Food Security and Nutrition Assessment, Karamoja Region, Uganda, December FAO/UNDP/UNICEF/WFP, Resilience Context Analysis Resilience to food insecurity and malnutrition in Karamoja, April 2015	Y	1-3
Rapid needs assessments			
Cash and voucher feasibility studies	Feasibility Study of Cash Transfer Programmes in Karamoja, November 2014	Y	1-3
Other	Trends Analysis of Food Security and Nutrition Indicators 2009-2015 Karamoja Region, Uganda, AME FSNA, Karamoja, July, 2016: Gender Supplement, AME FSNA, Karamoja, July 2016: District Supplement, AME Coverage assessment of SFP to treat MAM in Karamoja April- June, 2016, draft CMN/ACF/WFP	Y	2-3

	SLEAC/SQEAC Coverage Assessment Survey Report Karamoja (2015), UNICEF/WFP/ACF/MoH		
Monitoring & Reporting (if applicable)			
M&E Plan			
Country Situation Report (SITREP)			
Country Executive Brief			
Food Distribution and Post-distribution Monitoring Reports	AME Outcome Monitoring Report January to December 2015; 2016 CBSFP PDM reports: Moroto and Napak, AFC, 5/2016; Nakapiripirit and Amudat, AFC, 5/2016; Moroto, AFC, 11/2015; Abim, CACH, 8/2013 and 3/2014; Kaabong, CACH, 6/2014, Kotido, Abim and Kaabong, CACH, Jan.-March 2014	Y	2
Monthly Monitoring Reports	Monthly Progress Bulletin January-May;	Y	2
Beneficiary Verification Reports			
Donor specific reports	DFID Bi-annual Progress Reporting October 2015-March 2016	Y	2-3
Output monitoring reports (if applicable)	Monthly progress reports April 2014-May 2015 received ON 7th July	Y	
Actual and Planned beneficiaries by activity and district/ location by year	Appear in the monthly progress reports from April 2014 to May 2015 received on 7 th July 2015 and AME Outcome Monitoring Report Community Based Supplementary Feeding programme reports	Y	2
Male vs. Female beneficiaries by activity and district/ location by year	2016 CBSFP Beneficiaries by district, community/site and sub county; MCHN beneficiaries by district, health centre and sub county	Y	
Beneficiaries by age group	Pseudo factsheet reviewed on planned/actual beneficiaries & transfers: nutrition programming in Karamoja 2013-2015	Y	2
Actual and Planned tonnage distributed by activity by year			
Commodity type by activity			

Actual and Planned cash/voucher requirements (US\$) by activity by year			
Operational documents (if applicable)			
Organigram for main office and sub-offices	Uganda CO Organisational Chart; Karamoja Area Office and Moroto Field Office	Y	2-3
Activity Guidelines	-UNHCR/WFP, Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies, May 2009. -WFP Programming for Nutrition Specific Interventions, 2012 -WFP MCHN Toolkit, 2011 -WFP Nutrition: Measuring Nutrition Indicators in the Strategic Results Framework (2014-2017) Briefing Package - WFP Minimum Monitoring Requirements, August 2014. -MoH/WFP Guidelines for Planning and Implementation of MCHN Programme in Uganda 2 nd Edition, February 2007 -MoH Guidelines for Integrated Management of Acute Malnutrition in Uganda, January 2016.	Y	1, 2, 3
Mission Reports	WFP, August 2013. Karamoja Sub-Region Nutrition Programme Review Workshop Report, Observations and Recommendations	Y	1
Pipeline overview for the period covered by the evaluation			
Logistics capacity assessment			
Partners (if applicable)			
Annual reports from cooperating partners	AFC and CAFH: Community based supplementary feeding programme 2013-2015	Y	2
List of partners (Government, NGOs, UN agencies) by location/ activity/ role/ tonnage handled			
Field level agreements (FLAs), Memorandum of Understanding (MOUs)	FLAs: Andre Food Consult MoU: WFP and Kotido District Local Government	Y	2
Cluster/ Coordination meetings (if applicable)			

Logistics/Food Security/nutrition cluster documents			
NFRs of coordination meetings			
Other			
Evaluations/ Reviews			
Evaluations/ reviews of past or on-going operation	-WFP Uganda Country Portfolio Evaluation October 2014 Thematic Review of WFP Food Aid for Nutrition: Mother and Child -Nutrition Interventions - Full Report, December 2005 -Gilligan et al (2013), Impact Evaluation of Cash and Food Transfers at Early Childhood Development Centers in Karamoja, Uganda; Final Impact Report, WFP, UNICEF, IFPRI. -Hailey and Muwaga, (2015), Karamoja Nutrition Programme review report, UNICEF Uganda. -CBSFP Program Data Review 2015, June 2016 -Review of WFP CBSFP Karamoja Region, August, 2016	ET	2-3
Resource mobilisation (if applicable)			
Resource Situation			
Contribution statistics by month			
Resource mobilization strategy			
NFRs Donor meetings			
Maps (if applicable)			
Operational Map			
Logistics Map			
Food/Cash/voucher Distribution Location Map			
Food Security Map			
Other documents collected by the team (including external ones) (if applicable)			
Nutrition stakeholder mapping	FAO, 2013. <i>Food and Nutrition Security Stakeholder Mapping and Capacity Assessment Report</i>		1

UNAP	Government of Uganda 2010, the Uganda Nutrition Action Plan 2011 - 2016		1
POLICY	Ministry of Health, 2003. The Uganda food and Nutrition policy: Kampala, Government of Uganda		1
Health strategic plan	Government of Uganda. 2010. "Health Sector Strategic Plan"		1
Demographic and Health Survey	Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2006 and 2012. Uganda Demographic and Health Survey 2005 and 2011. Kampala, Uganda		1, 2
Hunger index	2014 Global Hunger Index: The Challenge of Hidden Hunger. Bonn, Washington, D.C., and Dublin: Welthungerhilfe, International Food Policy Research Institute, and Concern Worldwide		1
Human development report	Human Development Report 2015, UNDP		1
	USAID Uganda, (2010), Feed the Future Strategic Review		1
Census	Uganda Bureau of Statistics (UBOS) 2014. The National Population and Housing Census, November 2014		1
	Uganda National Household Survey, 2013.		1
	Uganda Poverty Status Report, 2014		1
Journal/research articles	Dror DK, Allen LH. The importance of milk and other animal-source foods for children in low-income countries. Food Nutr Bull. 2011;32:227-43.		1
	Bhutta et al (2013), Maternal and Child Nutrition 2: Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet Nutrition Series, Lancet.		1
	Roberfroid et al, (2015), Inconsistent diagnosis of acute malnutrition by weight-for-height and MUAC: contributors in 16 cross sectional surveys from South Sudan, the Philippines, Chad, and Bangladesh, Nutrition Journal 14:86		2

	Laillou et al, (2014), Optimal Screening of Children with Acute Malnutrition Requires a Change in Current WHO Guidelines as MUAC and WHZ Identify Different Patient Groups, PLOS one, vol. 9, issue 7.		2
	De Pee et al, Prevention of acute malnutrition: Distribution of special nutritious foods and cash, and addressing underlying causes—what to recommend when, where, for whom, and how, Food Nutr Bull, vol. 36, no. 2; 2015 (supplement)		2
	Langendorf et al, Preventing Acute Malnutrition among Young Children in Crises: A Prospective Intervention Study in Niger, PLOS Medicine, Sept 2014, Vol. 11 Issue 9.		2
	Kandpal et al, A Conditional Cash Transfer Program in the Philippines Reduces Severe Stunting, J of Nutr, July 2016: 10.3945		
CMAM Forum	How do we estimate case load for SAM and/or MAM in children 6 – 59 months in a given time period?, Mark Myatt.		2
	ENN/CMN, (2014), Coverage Matters: A Collation of Content on Coverage Monitoring of CMAM Programs.		2
	Preventing MAM through Nutrition Sensitive Interventions; CMAM Forum Technical Bulletin; December 2014.		2-3
	Preventing MAM through Nutrition Specific Interventions; CMAM Forum Technical Bulletin; September 2014.		2-3
WHO	WHO Neonatal and Child Health Profile Uganda (2013)		2

Annex 4. Stakeholders Interviewed Kampala and Karamoja

Table 1: List of Stakeholders Interviewed in Kampala

Date	Person Met	Job Title / Designation	Organization	Evaluation Team Member(s)
8/10/2016	John Jama	Security Officer	WFP	EA, AG
	Cheryl Harrison	Deputy Country Director	WFP	EA, AG
	Amos Mwesigye	Monitoring and evaluation officer	WFP	EA, AG
	Mary Namanda	National Nutrition Officer - /Presentation on WFP Nutrition Programs	WFP	EA, AG
	Grace Namugayi	IT and Data officer	WFP	EA, AG
	Tigest Sendaba	Gender and Protection Advisor	WFP	EA, AG
	Catherine Gimono	Safety Nets and Resilience Officer	WFP	EA, AG
8/11/2016	Irving Prado	Head of Supply Chain	WFP	EA, AG
	Ben Cattermoul	Livelihoods Adviser	DFID	EA, AG
	Nelly Birungi	Nutrition Specialist	UNICEF	EA, AG
	Melaku Yirga	Director of programs	Mercy Corps	EA, AG
	Sean Granville-Ross	Country Director	Mercy Corps	EA, AG
	Emmanuel Ahimbisibwe	Public Health Specialist Senior Officer (working on nutrition)	MoH	EA, AG
8/12/2016	Edith Wamalwa	Senior Logistics Assistant	WFP	AG
	Siddharth Krishnaswamy	Head-Analysis, Monitoring and Evaluation	WFP	AG
	Andrew Kiiri	Head/Director, Nutritionist	Andre Consult	EA, AG
	Henriettah Nakisozi	Program officer	Andre Consult	EA, AG
	John Muyonga	Head/Director	CAFH	EA, AG
	Sophie	Nutritionist	CAFH	EA, AG
	Ms. Stella Sengendo	Food Security Program Officer	FAO	EA, AG
	Claire Kimurahebwa	Nutrition Coordinator	ACF	EA, AG
	Duncan Bell	Country Director	ACF	EA, AG
	Ross Smith	Head of Program	WFP	EA, AG
	8/13/2016	Christina Blanchard-Horan	Team Leader, UNICEF Karamoja Nutrition Programs Evaluation	Global Health Liaisons
Brenda Muwaga		Nutrition Specialist	UNICEF	AG
8/22/2016	Mary Namanda	National Nutrition Officer-meeting	WFP	EA
	Chandan Shrestha	Head of Finance and Admin	WFP	AG
	Siti Halati	Head of Nutrition	WFP	AG
8/23/2016	Judith Kizza	Resource Management	WFP	AG
	Christine Wright	Head of Safety Nets and Resilience	WFP	AG
	Siddharth Krishnaswamy	Head-Analysis, Monitoring and Evaluation	WFP	AG
9/2016 phone and e-mail	Leslie E. Jones	WFP Intern, Review of WFP CBSFP Program 2016	NYU MPH student	AG
9/2016 e-mail	Ben Allen	ACF Global Emergency Coverage Advisor	ACF, UK	AG
9/2016 e-mail	Jo Jacobsen	Regional nutritionist, Uganda Focal Point	WFP RB, Nairobi	AG

Table 2: List of Stakeholders Interviewed During Karamoja Field Visits

Date	Location (District/Town)	Person Met	Job Title / Designation	Government/ Organization	Evaluation Team Member(s)
8/14/16	Kotido district	Gilbert Buzu	Head of Sub Office – Kotido	WFP	EA, AG
		Alex Ogenworth	Head of Sub Office – Kaabong	WFP	
8/15/2016	Kaabong district	Patrick Baraza	District Team Leader	CAFH	EA, AG
		Viola Ddungu	District Nutritionist	CAFH	AG
		Ojok Patience	Senior nursing officer	Kaabong Hospital Government	AG
		Ajok Doreen	Senior nursing officer	Kaabong Hospital Government	AG
8/16/2016	Kotido District	Hadija Musoae	Nutrition Focal Point	WFP	AG
		Mary Achen	Facility Support Team Leader	Mercy Corps	AG
		Dr. Phillip Olinga	Distric Health Officer/District Nutrition Focal Point	Kotido District Health Office	AG
		Lilian Adwar	MHCN in-charge and Midwife	Kotido Cou HCIII Non-Govt	EA
		Samuel Ongom	MHCN in-charge and Midwife	Losilong Health Center Non-Govt	EA
		Joyce Alok	MHCN in-charge	Nakapelimoru HC III Govt	EA
		Helen	HF nurse-in charge of HIV clinic and focal point for OTC/SFP at Kotido Health Center	MoH and CACH (MoH salary top-up)	AG
		Margaret Nakuya	District Nutritionist	CACH	AG
8/17/2016	Moroto District	Carol Ayere	MHCN in-charge and Midwife	St.Pius Kidepo HCIII Non-Govt	EA
		Tom Ahinbisibwa	Head of Sub Office	WFP Moroto	AG
		Evelyn Njue	Team Leader- WFP Food Assistance for Assets Program	Acacia Consultants	AG

		Agnes Angom	Health facility -In-charge	St.Pius Kidepo HCIII Non-Govt	EA
		Florence Achilu	MHCN in-charge and Midwife	Kakingol HCIII Government	EA
		Timothy Chewere	Nutritionist	AFC	AG
		Rebecca Oketcho	Nutrition Manager RWANU	CONCERN Worldwide	AG
		Judith Kizza	Nutrition Consultant supporting CBSFP screening/reporting	WFP Moroto District	AG, EA
8/18/2016	Moroto District	Rebecca Acech	MHCN in-charge and Assistant Nursing officer	Rupa HCIII Government	EA
		Irene Birabwa	Nutritionist	AFC	AG
		Natapar Acocu	Community Leader	Longilec Outpost	AG
		Cornelius Anyakun	Nurse Loputuk HC; focal point for OTC/ITC and SFP	MoH	AG
		John Adoongar	CBSFP Focal Point	AFC	AG
		John Bosco	WASH Specialist	UNICEF Moroto	AG
8/19/2016	Amudat district	Martha Mutiket	In-charge-MHCN	Amudat Hospital Government	EA
8/19/2016	Nakapapiripit district	Lucy Atim	District Nutritionist	AFC	AG
		James Apungure	Sub-office Monitor	WFP	AG
8/20/2016	Tororo	Charles Gimoyoi	Storekeeper WFP Regional Food Storage Warehouse	WFP	AG, EA

Annex 5. Data Collection Tools

CBSFP Observation Checklist for Sites (Community, Schools, Health Centres)

Date	Location		Name and type of Facility/Site (Health, School, Stand Alone)
	District	Community/town	
Distance to nearest health facility:		Name of Health facility & level:	

- **Availability of Infrastructure:**

- Water: yes no
- Handwashing facility: yes no
- Latrine: yes no

Food Storage

- What foods are stored in the facility?
 - CSB+: yes no
 - CSB: yes no
 - Oil: yes no
 - Sugar: yes no
- If a food is missing, list it and the date when it was last in stock: _____
- Are the foods stored properly? yes no (in rows, off ground, not against walls, with stock cards)
 - If not, which foods are not stored properly?
 - CSB+: yes no (in boxes, but not stacked too high)
 - CSB: yes no (if bags are partially used are they closed up tight?)
 - Oil: yes no (if a container is partially used it is properly closed?)
 - Sugar: yes no (if open bags are they closed up tight?)
 - If any food is not stored properly, list the food storage violation?
- Check expiration dates on foods: any expired of the foods in the store past use date?
 - If so, please list the food and the quantity of expired food: _____
- Have the staff responsible for food storage been trained? yes no
 - If yes, date: _____ # of hours _____
 - Last WFP/MoH food storage supervisory visit: _____
- Food record keeping book present? yes no

- If yes, is it up to date? yes no Date of last entry: _____
- Is it legible? yes no
- Is it well organized with one section for deliveries and another for distributions? yes no

Observation of Making the CSB Pre-mix (Ration for beneficiaries > 2 years)

- Is it done in a hygienically:
 - Do the workers wear gloves? yes no
 - Availability of water, did the workers wash their hands before starting? yes no
 - Was the premix recipe (amount of 3 foods added) followed correct? yes no
 - Are the containers used to mix food clean? yes no
 - Are the premix rations stored? yes no
 - Or mixed and provided directly to beneficiaries?
 - If stored, how long are the pre-mix rations stored before distribution?

1/ Are the appropriate individuals identified for the SFP? Observe screening and check ration cards

- MAM: P/L Women: yes no
- children 6 to 59 months: yes no
- older children 5 to 18 years: yes no
- Adults and elderly: yes no
- Check returning beneficiaries for current screening and compare to their admission and other follow-up visits (observe screening and check ration cards):
 - Were they eligible at admission? yes no
 - Are beneficiaries eligible for discharge properly discharged? yes no
- Do health workers do anything special or additional for beneficiaries losing or failing to gain weight? yes no If yes, what?
- Anything to note regarding the less usual beneficiaries: P/L women, older children, adults, elderly and, in particular, men and boys?

2/ Observation of Individual Nutrition counselling

- Was individual nutrition counselling included in the screening and assessment session? yes no
- Was the counselling appropriate, i.e. based on the assessment? yes no
- Were nutrition education materials used? yes no If yes, list materials:
- Did the health worker ask the patient questions and wait for his/her response? yes no
- Was the patient engaged and interested in the information? yes no
- Was a specific “change” negotiated to address the assessed problem? yes no If yes, what was the change discussed and agreed to?

3/ Are the services provided in a timely way?

- How long is the average wait for screening? _____
- How long is the wait and transaction to receive food? _____
- Clinic flow, including ration provision, does it seem to go smoothly? yes no If no, what is the bottleneck?

4/ Observation of Group Nutrition/Health Education Session

- Is it appropriate for the participants (P/L Women and women with infants & YC)?
 yes no What was the topic?
- Did the educator ask questions of the audience and encourage their participation?
 yes no
- Were the participants engaged and interested in the information presented? yes no
- Did the educator use any educational materials in the presentation? yes no If so, list:
- Were there any alternative approaches to providing messages, such as, drama, song, etc.?
 yes no
- Was a specific “change” negotiated to address the assessed problem? yes no If yes, what were the changes discussed?

5/Is appropriate information provided to the patients identified for food assistance?

- How, when and which foods to pick up?
- The quantities of foods to pick up?
- Length of their participation in the program?
- Accountability: vehicle for complaints and problem solving

Monthly Food Distribution:

Were foods provided at the visit? yes no If not, why not?

- Are the 3 foods (CSB, oil, sugar as a premix) provided to beneficiaries over age 2 in the correct amounts? yes no [6.8 kg. CSB, 870 gram Vegetable oil, 870 g. sugar]
- Is CSB+ provided to children 6 to 23 months in the correct amounts? yes no

6/ Record Keeping:

Review CBSFP Patient Registers [for all beneficiaries]: available- yes no

- Legible yes no

- Up-to-date yes no Date of the last entry: _____
- Completely filled out, i.e. all columns are completed? yes no
 - If information missing, what is missing?
- Are the patients' (select 5 randomly to check) properly admitted and discharged?
 - yes no (see admission and discharge criteria for SFP beneficiary groups: young children, older children, adults, P/L women and elderly)
 - Explain discrepancies, if any are found for the 5 patients selected:
 - Are any on the beneficiary reviewed on the program longer than 3 months? If yes, how long?

Review Health Facility Monthly Reports: available- yes no If available: list dates of years and months (between 2013-2015 and 2016)

- Legible yes no
- Up-to-date yes no
- Completely filled out, i.e. all columns and totals completed? yes no
 - If information missing, what is missing?
- Check 3 of the reports (randomly selected) against the patient registers: do the registers tally the monthly totals of admissions and discharges by defaulter, non-responder, death, recovery?
 - If yes, is it done correctly? yes no
 - If yes, is it transferred correctly to the monthly reporting forms? yes no
- If not, tally the admissions and discharges by defaulter, non-responder, death and recovery in the patient register and compare to the monthly report? Is the monthly report correct? yes no
- List errors and discrepancies found if any

If copies of the Health Facility reports are not available use the WFP copies and answer the questions above.

MCHN Observation Checklist for MOH Facilities (Health Centers, Outreach Clinics and Hospitals)

Date	Location		Name and type of Facility
	Region/District	Community	

Background Information:

- **Availability of Infrastructure:**

- Water: yes no
- Handwashing: yes no
- Latrine: yes no

- **Food Storage**

- Are the foods stored properly? (in lines, off ground, not against walls)
- CSB available? Are they stored properly?
 - Any open sacks of CSB: are they infested with bugs or have they gone bad?
- Oil: open containers; if so, are they fresh?
- Is sugar available? Is it stored properly? Open bags?
- Expiration dates on foods:
- Record keeping of food commodities

- **Observation of Making the CSB Pre-mix (Ration for P/L Women)**

- Is it done in a hygiene fashion?
 - Do the workers wear gloves?
 - Availability of water, did they wash their hands?
 - Are the containers clean?
 - Are the premix rations in proper bags/containers?
 - How long are they stored before distribution?

Q1 Relevancy

1/ Does the screening for MCHN as observed properly identify the intended beneficiaries?

- MCHN: P/L women and children 6 to 59 months

2/ Are the services provided in a timely way?

- How long is the average wait for screening and admission?
- How long does the average screening take?
 - Did it include all the ANC screening according to MoH protocol?
 - Weight
 - BP
 - history

- Is nutrition education and counselling done?
 - If yes, how long does the nutrition education and counselling take?
 - Do patient wait again for this service or is it included with the screening?
- Clinic flow, does it seem to go smoothly?
- Was individual (1-on-1) counselling provided?
 - If yes, was it on an appropriate topic? List:
 - Was the client engaged and interested? Yes ___ No ___
 - Were nutrition education materials used? Which ones?
 - Was a specific “change” negotiated to address the assessed problem? yes no

3/ Are all the Complementary Supplies available:

- Scales: women and children
- WFP Food
- Other equipment needed for ANC screening (BP cuff, etc.)

4/ Is appropriate information provided to the P/L women and children identified for MCHN?

- How, when and which foods to pick up?
- Quantities of foods to pick up?
- Length of program participation?
- Accountability: vehicle for complaints and problem solving
- Food Distribution:
 - Are the 3 foods (CSB, oil, sugar as a premix) provided to women in the correct amounts?
 - Is CSB+/CSB++ provided to children 6 to 23 months in the correct amounts?

5/ Observation of Group Nutrition/Health Education Session

- Is it appropriate based on the participants (P/L Women and IYC)? yes no
- Was the participants engaged and interested in the information? yes no
- Was a specific “change” negotiated to address the assessed problem? yes no

Q2 Results

1/ Record Keeping:

- Review Patient Registers: available- yes no
 - Legible
 - Up-to-date
 - Are the patient program start dates congruent with their exit dates?
 - Explain discrepancies, if any are found

Review Monthly Reports: available- yes no

- Legible
- Up-to-date
- Are the patient program start dates congruent with their exit dates?
- Explain discrepancies, if any are found

Compare the sample of MCHN Monthly reports with the appropriate month in the MCHN register?

- Are the forms completed properly based on the register information?

- Additional comments:

When are monthly reports sent to the District Health Office and WFP?

Were foods provided at the visit? yes no Or at another time?

(if foods provided review the distribution checklist)

Checklist for WFP and MoH Regional/District Nutrition Staff

Date	Name	Position / main responsibilities	Contact

Length of service at this position:

Personal experience of working on WFP supported nutrition activities:

Background information

- Overview of Region/District nutrition and MCH programs/activities and data collection and how this relates to WFP MCHN and CBSFP activities
- History of the CP partnership with WFP and previous experience on CBSFP activities
- History of MoH partnership with WFP and previous experience with MCHN program
- Summary of the Health Districts/Facility's achievements under MCHN and CBSFP: Number of health facilities with MCHN; geographical coverage of CBSFP, food tonnage handled, number of beneficiaries

Q1 Relevancy

1/ Are the MCHN/CBSFP objectives appropriate to the overall context, regional/district priorities, food security situation and population needs:

- Coherence with the district/health facility priorities?
- Degree of complementarity with the interventions of government and development partners in Karamoja?
- Balance between Health District and Health Facility capacities and requirements to implement / monitor MCHN and CBSFP activities?

2/ Is the targeting appropriate to local needs:

- Relevance of the geographical targeting, in particular with respect to food insecurity and undernutrition indicators?
- Do the MCHN and CBSFP programs complement other Partners interventions?
 - Are the MCHN and CBSFP activities linked with other activities (livelihood, WASH, health, Social Protection, agriculture) to support and help maintain improvements in nutrition?
- Are there districts where more MCHN and CBSFP activities are implemented; and if so, why?

3/ Are the choices of activities, rations and beneficiary selection criteria appropriate in relation to nutrition and food security problems in targeted areas:

- Do the program activities address the identified nutrition and food security problems among the targeted population (MCHN, and those with MAM) in your Region/District/health facility catchment? Are the groups targeted able to participate in program activities?

- Are the food rations appropriate? (foods locally acceptable, foods consumed by intended beneficiaries, quality, etc.)
- Were there any discrepancies between planned food rations and actual ones e.g. due to transportation problems, pipeline breaks, etc.?
- Frequency and timeliness of food distributions: was the frequency in food distributions appropriate and as recommended by national guidance? Did the food distributions take place when scheduled, or were they late? Were there any periods when no food was available?
- Are the criteria used to select MCHN and CBSFP beneficiaries based on National Policies/regional/district priorities?

Q2 Results

1/ How are MCHN and CBSFP results measured and monitored:

- Existence and utilization of MoH HMIS data base to track output and outcomes indicators? How do the district and health facilities feed information into the system? How does this work in terms of data quality and timeliness?
- Types of data and reports requested by WFP, DHO and facilities? Timeliness of feedback? Main constraints faced e.g. too much paper work, lack of means, insufficient training?
- Types of data and reports prepared by DHO/health facility and CPs? Main constraints faced in terms of data collection from the CBSFP, health facilities and DHOs?
- Frequency and objectives of MoH joint WFP/CP (and other nutrition partners?) supervision visits? What are the main constraints?

2/ What is the level of achievement of MCHN and CBSFP activities:

- Differences between expected results and achieved results at their respective level (district/health facility/CBSFP site)?

3/ To what extent did the outputs lead to the realization of the operation objectives as well as to unintended effects:

- Actual values of logframe outcome indicators at their respective level? Are they available by CP and/or district? CBSFP outcome indicators
- Level of achievement of MCHN/CBSFP objectives between Jan 2012 and Dec. 2015, in terms of reductions in LBW, mortality and undernutrition indicators among young children.
- Observation of positive and negative impacts of MCHN or CBSFP activities? Effects on women? Any effects on men?

Q3 Factors that affected how results were achieved

1/ Were negative impacts avoided or mitigated:

- Main problems faced during the implementation of MCHN and CBSFP activities?
- Type of actions and decisions taken for problem-solving?

2/ Are resources used in an optimal manner:

- Partnership of health facilities/DHO with WFP, have they been able to carry out their activities as planned and has WFP and MoH provided resources and support as planned?
- Coverage: Do program activities (MCHN, CBSFP) in targeted areas reach all eligible beneficiaries?

3/ Main internal and external factors that caused the observed changes and affected how results were achieved:

- Has the MoH central, regional, district and health facility capacities (strengths and weaknesses) been assessed and a plan to address gaps/weaknesses developed? In particular, M&E and nutrition programming capacities? Any trainings to date?
- Synergies or overlapping between MoH and other actors involved in MCHN and acute malnutrition treatment in targeted areas?
 - Linkages referrals with other programs to support HH food security and other interventions to improve/maintain nutrition
- Funding levels and impacts on the planning and implementation of MCHN and CBSFP activities?
- Main lessons learning mechanisms? What types of documents does the MoH and CPs use to report CBSFP and MCHN activities and draw lessons (e.g. best practices)?

Conclusions & recommendations:

1/ Key strengths and challenges of the component 2 so far?

2/ Main recommendations for the rest of the programme and for future operations?

Key documents to collect:

- MoH and CP District and Health Facility

FGD Guide for Beneficiaries CBSFP (all age groups and men)

Date	Location		Number of participants		Ages of Participants
	District	Town	Women	Men	

Introduction: Introduce the team and the purpose of the FGD. Explain that their responses are confidential and that we appreciate their voluntary participation. It should take around 45 minutes to 1 hour. Their participation is voluntary; they will not receive anything for participating and it will not affect their participation in the CBSFP program.

Background information

- Main livelihoods, sources of food/incomes, including seasonal patterns.
- Cultural food practices (food taboos, gender related issues) that affect women, men, children, elderly in terms of food consumption
- Usual eating patterns:
- How/why do they became malnourished?
- Can you tell me whether there have been any changes in the number of meals you have before and after going the program?

1/ Do the activities help address the targeted area's undernutrition problems and food insecurity needs?

- When/where were the beneficiaries first screened for acute malnutrition?
- Do they feel the program is relevant to their nutrition and food security situation?
- Existence of other priority nutrition needs not covered by the project?
- Availability of complementary activities, such as, nutrition education, gardening/agriculture, WASH, health, IGA?
 - And if available, numbers assisted?

2/ Is the targeting appropriate to local needs:

- Do you understand why you were selected for the program?
- Are people who are potentially eligible for the program able to access the services? (Sufficient outreach; access to CBSFP sites)
- Have you been referred to other programs by CBSFP staff? If so, which ones?
- How long have you/your child been on the program?
 - Have they been on the program more than one period of 3 months?
 - Are you or your child gaining increasing MUAC/weight at the bi-weekly sessions?
 - Why or why not?
- Do you know if any of the SFP beneficiaries have been referred to the health facility? If so, why?

3/ Linkage of the MCHN program with Communities

- Were there any initial community mobilization activities to promote the program? Are there any ongoing ones?
- Are there any feedback mechanisms between the MCHN program and your community? If so, what are they?
- Does your community have any role in the MCHN program? If so, what?

4/ Are the choices of activities and of transfer modalities suitable to local needs:

- Have you attended at nutrition education sessions at the CBSFP site?
 - If yes, what are your impressions of the nutrition education activities?
 - Did the information provided address your nutrition concerns?
 - What were the nutrition topics you have seen presented?
 - Were methods other than presentation used, such as, drama, song, etc.?
 - Were the sessions engaging? Interesting? What topics interested you most?
 - Have you made any changes in your or your family's food consumption based on what you learned? If so, what was the change?
 - Can you remember any of the messages heard at the sessions?
- What are the food/foods provided and in what amounts?
 - Do you like the foods? Which one do you like the most?
 - Who in your household eats the foods you or your child receives?
 - Who eats most of the foods provided?
 - How long does the food last?
 - What about the quality of the food? Any problems?
- Have the food/foods you received over the time you have been in the program been the same?
 - Have there been any times when you came and there wasn't any food?
 - Does the frequency (2 times a month) of food distributions work well for you?
 - Did the food distributions take place when scheduled, or were they late?
- What are your impressions regarding the criteria used to select CBSFP beneficiaries?
 - When you were admitted to the program, was your or your child's upper arm measured?
 - Were you provided individual (1 on 1 counselling) about how to improve you/your child's weight overcome malnutrition when you were admitted to the program?
 - If yes, how many times has this occurred?
- Have you experienced any problems when picking up foods at distribution points and carrying them home?
 - Is there a way for you to provide feedback or get help with a problem that you might experience with the program?
- How far is the CBSFP site from their home? How long does it take to get to the CBSFP site?

- Anything that you would like to mention regarding the less usual beneficiaries? older children, adults and elderly beneficiaries? Male beneficiaries?

5/ Fathers/husbands Involvement and gender issues:

- Have the program activities generated any positive or negative change in the situation of women and girls, and in their relations with men/boys? If yes, describe:
- Is your husband involved in the program in any way? If yes, describe:

6/ Beneficiary Satisfaction with Program:

- What do they like about the program that they may not have mentioned? What do they dislike? What changes would they recommend to improve the program?
- Is there anything that they would like to tell us about the program?

FGD Guide for MHCN Beneficiaries

Date	Location		Number of participants		Ages of Participants
	District and village	Health facility	Women	Men	

Introduction: Introduce the team and the purpose of the FGD. Explain that their responses are confidential and that we appreciate their voluntary participation. It should take around 45 minutes to 1 hour. Their participation is voluntary; they will not receive anything for participating and it will not affect their participation in the MCHN program.

Background information (ask 1 & 5; other questions can be asked at the end if there is time)

1. Main livelihoods, sources of food/incomes, including seasonal patterns.
2. Cultural food practices (food taboos, gender related issues) that affect women, men, children, elderly in terms of food consumption
3. Other factors that affect health care access and utilization
4. Usual eating patterns: any variations?

1/ Do the activities help address the targeted area's undernutrition problems and food insecurity needs?

- When/where were the beneficiaries first screened for the MCHN program?
- Relevance of program to beneficiaries' nutrition and food security situation?
- Existence of other priority nutrition needs not covered by the project?
 - Are there any complementary activities to the MCHN programs that you participate in? [Probe for agriculture, WASH, health, IGA etc. and if available, numbers assisted?]
- Can you tell me whether there have been any changes in the number of meals you have before and after starting the program?

2/ Is the targeting appropriate to local needs:

- Do you understand why you were selected for the program?
 - What are your impressions regarding the criteria used to select MCHN beneficiaries?
- Are people who are potentially eligible for the program able to access the services? (Sufficient outreach; access to MCHN clinics/sites)
- Have you been referred to other programs by MCHN staff? If so, which ones?
- How long have you/your child been on the program?

3/ Linkage of the MCHN program with Communities

- Were there any initial community mobilization activities to promote the program? Are there any ongoing ones?

- Are there any feedback mechanisms between the MCHN program and your community? If so, what are they?
- Does your community have any role in the MCHN program? If so, what?

4/ Are the choices of activities and of transfer modalities suitable to local needs:

- Have you attended at nutrition counselling/education sessions at the MHCN site?
 - If yes, what are your impressions of these nutrition activities?
 - Did the information provided address you nutrition concerns?
 - What were the nutrition topics you have seen presented?
 - Were the sessions engaging? Interesting? What topics interested you most?
 - Have learned anything you didn't know about nutrition? If yes, what?
 - Have you made any changes in yours or your family's food consumption patterns based on what you learned?
 - If so, what was the change?
 - Can you remember any of the messages heard at the sessions?
 - If yes, of those mentioned, which can you repeat?
- What are the food/foods provided and in what amounts?
 - Do you like the foods?
 - Which foods do you like more? The most? List:
 - Who in your household eats the foods you or your child receives? List them:
 - Of those who eat the food, who eats most of it?
 - How long does the food last?
 - What about the quality of the food; have you noticed any problems?
- Have the food/foods you received over the time you have been in the program been the same?
 - Have there been any times when you came and there wasn't any food?
 - Does the frequency (1 time per month) of food distributions work well for you?
 - Did the food distributions at the clinic take place when scheduled, or were they late?
 - Were you provided individual (1 on 1 counselling) at any visit?
 - If yes, what were the topics covered?

-Have you experienced any problems when picking up foods at MCHN sites and carrying them home?

- Is there a way for you to provide feedback or get help with a problem that you might experience with the program?
- How far is the MCHN site from their home?
 - How long does it take to get to the MCHN site?

5/ Fathers/husbands Involvement and gender issues:

- Have the program activities generated any positive or negative change in the situation of women and girls, and in their relations with men/boys? If yes, describe:
- Is your husband involved in the program in any way? If yes, describe:

6/ Beneficiary Satisfaction with Program:

- What do they like about the program that they may not have mentioned? What do they dislike? What changes would they recommend to improve the program?
- Is there anything that they would like to tell us about the program?

Checklist for CBSFP AFC and CACF Staff

Date	Name	Position/main responsibilities	Program Site

Length of service at this position:

Personal experience of working on WFP supported nutrition activities:

Background information

- Short overview of Region/District nutrition CBSFP activities

- History of the CP partnership with WFP and previous experience on CBSFP activities

- Summary of the CP achievements under CBSFP: food tonnage handled, number of beneficiaries

- Catchment area and number of health posts the CBSFP serves

1/ Are the MCHN/CBSFP objectives appropriate to the overall context, regional/district priorities, food security situation and population needs:

- Coherence with the district health and health facility priorities?

- Degree of complementarity with the interventions of government and development partners in your program area?

- Do you and your staff have the capacity to implement/monitor MCHN and CBSFP activities?
 - How many CP staff do you have at this site? (experience, training)
 - How many VHT team members do you provide incentives for? (experience, training)

- Are there any linkages between the CBSFP including the VHT and the health facilities?
 - If so, please describe and explain how well they are working?

2/ Is the targeting appropriate to local needs:

- Is the CBSFP relevant in year area when undernutrition indicators are considered? yes no

- Do the CBSFP programs complement other GoU/Partners interventions? yes no
 - Are the MCHN and CBSFP activities linked with other activities (livelihood, WASH, health, Social Protection, agriculture) to support and help maintain improvements in nutrition? yes no
- Inclusion of older children, elderly and adults (men): anything of interest (problems, positives, etc.) regarding meeting their needs or targeting the program to them? yes no

3/ Are the choices of activities, rations and beneficiary selection criteria appropriate in relation to nutrition and food security problems in targeted areas:

- Are there activities to reduce MCHN defaulters? yes no
 - If so, what are they?
 - How well are they working?
 - • Are the food rations appropriate? (describe your responses)
 - foods locally acceptable? yes no
 - foods consumed by intended beneficiaries? yes no
 - Of good quality? yes no
- Were there any discrepancies between planned food rations and actual ones e.g. due to transportation problems, pipeline breaks, etc.?
- Frequency and timeliness of food distributions: was the frequency in food distributions appropriate and as recommended by national IMAM guidelines?
- Did the food distributions take place when scheduled, or were they late? Were there any periods when no food was available? (please describe)
- Are the criteria used to select CBSFP beneficiaries based on National guidelines?
 - Referrals between VHT and Health Facilities: is this working? And, if yes, how?
 - Referrals from HF to CBSFP, are these occurring? If yes, is it working well?
 - Referrals of SAM graduated to MAM, are these referrals occurring?
- Are you using the family peer groups to support MAM treatment non-responders?
 - If so, was this found to be effective?

- How was it used; what worked particularly well?
- Can I observe one?
- Recovery rates by lifecycle/age groups: did this vary?
 - If so, what strategies approaches, if any, were applied for the groups that didn't recover as well?

4/ How are MCHN and CBSFP results measured and monitored:

- How are tracking and reporting on the CBSFP? (probe: VHT screening data, SFP admission/discharge registers, monthly reports, food log books)
 - Where are the reports sent?
 - Do they link with the health facilities? With the MoH HMIS-2? [2013-2015]
- Is there any monitoring of your program by WFP field staff? MoH and/or other partners? If yes, describe and date of last visit:

5/ What is the level of achievement of MCHN and CBSFP activities:

- Differences between expected results and achieved results for your program? [2012-2015]

6/ To what extent did the outputs lead to the realization of the operation objectives as well as to unintended effects:

- Observation of positive and negative impacts of activities? Effects on children, women? Any effects on men?

7/ Were negative impacts avoided or mitigated:

- Main problems faced during the implementation of CBSFP activities?
- Type of actions and decisions taken for problem-solving? (probe: AFC/CACF; WFP)

8/ Are resources used in an optimal manner:

- CP, have they been able to carry out their activities as planned and has WFP and MoH provided resources and support as planned? Why or why not?
- Coverage: Do CBSFP activities in your area reach all eligible beneficiaries?
 - For yes/no, how do you know?
 - Any challenges that affect coverage of CBSFP in your catchment area? If so how can they be solved?

9/ Main internal and external factors that caused the observed changes and affected how results were achieved:

- Have there been any problems involving program funding?

-Were there any unexpected results?

- If yes, please describe.
- Anything results related to men and/or HH decision making?

-What has been the role of the community in the CBSFP program? (including community mobilization)

- Main lessons learning mechanisms? What types of documents does the CPs use to report CBSFP and MCHN activities and draw lessons (e.g. best practices)?

Conclusions & recommendations:

1/ Key strengths and challenges of the CBSFP 2012-2015?

2/ Main recommendations for the rest of the programme and for future operations?

Checklist for MoH Facility Staff (MCHN Program)

Date	Name	Position / main responsibilities	Contact

Length of service at this position:

Personal experience of working on WFP supported nutrition activities:

Background information

- Short overview of MCH Program at the facility and activities implemented at the facility and how this relates to WFP MCHN activities.
- Partners (UNICEF) that are working with the Health facility.
 - Describe UNICEF activities including technical support from CUAMM
- Summary of the Facility's achievements under MCHN:
- Catchment area and number of health posts the health center serves general and MCHN

1/ Are the MCHN/CBSFP objectives appropriate to the overall context, regional/district priorities, food security situation and population needs:

- Coherence with the health facility priorities? Explain?
- Degree of complementarity with the interventions of government and development partners in their district?
- Do they have the capacity to implement and monitor MCHN activities?
 - Number of staff and positions funded by WFP for MCHN?
- Are there any linkages between the MCHN and the SAM treatment program? And the CBSFP?
 - If so, please describe and explain how well they are working together.

2/ Is the targeting appropriate to local needs:

- Relevance of the geographical targeting to their district/HF catchment area, in particular with respect to food insecurity, undernutrition indicators and MCH?
- Does the health facility's MCHN program complement other Partners interventions? yes no If yes, which ones (list)?

- Are the MCHN activities linked with other activities (livelihood, WASH, health, Social Protection, agriculture) to support and help maintain improvements in nutrition in the health facility catchment? yes no If yes, list:

- Does the facility carry out outreach programs under the MCHN activities to increase its coverage? yes no If yes, please describe including frequency.

- Does the health facility management committee support the MCHN programs?
 - If yes, how?

3/ Are the choices of activities, rations and beneficiary selection criteria appropriate in relation to nutrition and food security problems in targeted areas:

- Are there activities to reduce MCHN defaulters? yes no
 - If so, what are they?
 - How well are they working?

- Are the food rations appropriate? (describe your responses)
 - foods locally acceptable? yes no
 - foods consumed by intended beneficiaries? yes no
 - Of good quality? yes no

- • Were there any discrepancies between planned food rations and actual ones e.g. due to transportation problems, pipeline breaks, etc.? between 2013 and 2015? Are there activities to reduce MCHN defaulters? yes no
 - If so, what are they?
 - How well are they working?

- • Are the food rations appropriate? (describe your responses)
 - foods locally acceptable? yes no
 - foods consumed by intended beneficiaries? yes no
 - Of good quality? yes no

How many times (Frequency?)

- Frequency and timeliness of food distributions (2013 and 2015): was the frequency in food distributions appropriate and as recommended by national guidance? Did the food distributions take place when scheduled, or were they late? Were there any periods when no food was available?

-What about nutrition education and counselling? How has this been integrated or not in your MCHN program? Explain

- Are the criteria used to select MCHN beneficiaries based on the Uganda MCHN guidelines? yes no
 - Do you agree with the way the beneficiaries are selected? yes no Explain:

1/ How are MCHN and CBSFP results measured and monitored:

- How does this health facility data feed information into the HMIS/DHIS-2 system?
 - When are your monthly reports due? When do you send them and where to?
 - Does anyone check reports for accuracy and provide feedback?
- Between 2013 and 2015, what MOH and WFP/IP reporting formats were they using for the MCHN program?
 - What formats are you using now?
 - Do you have any constraints related to reporting? yes no
 - If yes, what are the main constraints faced e.g. too much paper work, lack of means, insufficient training?

2/ What is the level of achievement of MCHN and CBSFP activities:

- Are there any differences between expected results and achieved results at health facility/CBSFP site)? If so what are they? And do you have any reasons for this result?

1/ Were negative impacts avoided or mitigated:

- Main problems faced during the implementation of MCHN activities?
 - Who were affected most?
- Type of actions and decisions taken for problem-solving? (probe: health management committee)

2/ Are resources used in an optimal manner:

- Have you been able to carry out all the activities as planned and has WFP and MoH provided resources and supported you as required/planned? yes no If no, list activities not carried out:
 - Is there any support you would have required? yes no If yes, what was it?
- Coverage: Do program activities (MCHN) in targeted areas reach all eligible beneficiaries? Explain in detail.
 - Any challenges you see as workers that affect coverage of MCHN in your catchment area? If so how can they be solved?

3/ Main internal and external factors that caused the observed changes and affected how results were achieved:

- Has there been any health facility capacity assessment done to understand the strengths and weaknesses? yes no
 - Any plan developed to address these gaps/weaknesses? yes no
 - In particular, M&E and nutrition programming capacities? yes no
 - Any trainings to date? yes no
 - anything else? yes no
- Synergies or overlapping between MoH and other actors involved in MCHN and acute malnutrition treatment in targeted areas?
 - Linkages referrals with other programs to support HH food security and other interventions to improve/maintain nutrition?
- What has been the role, if any, of District Nutrition coordination structures in supporting the MCHN program (supervision; nutrition partner coordination; input/recommendations for program improvement; leadership in district nutrition planning)? Please list roles, if any:
- Have funding levels impacted the planning and implementation of MCHN activities? yes no If yes, how?
- Main lessons learning mechanisms? What types of documents does the MoH and CPs use to report CBSFP and MCHN activities and draw lessons (e.g. best practices)?

Conclusions & recommendations:

1/ Key strengths and challenges of the MCHN program over the last 3 years?

2/ Main recommendations for the rest of the programme and for future operations?

Annex 6. Karamoja District Characteristics and Indicators

District ⁵	Population	Prevalence of GAM (6 -59 months) June 2015	Prevalence of Stunting (6 -59 months) June 2015	Antenatal Care Coverage	Underweight (non-pregnant women)	Percent of Female Headed Households	Livelihood Zone	Food Security (moderately & severely food insecure)
Kotido*	248,900	13.1%	30.6%	na	17%	67%	Central sorghum & livestock; Western mixed crop farming	53%
Abim	57,200	9.1%	22.8%	na	19%	44%	Western mixed crop farming; Central sorghum & livestock;	44%
Kaabong*	422,300	15.7%	40.3%	na	32%	32%	Central sorghum & livestock; National Park; Western mixed crop farming; North Eastern Highland Agriculture & potato zone	42%
Moroto*	57,200	18.3%	32.4%	na	49%	34%	Central sorghum & livestock; Mountain and foothills maize and cattle zone; Game reserve	62%
Napak	209,100	16.2%	46.4%	na	38%	52%	Central sorghum & livestock; Western mixed crop farming; Game reserve	48%
Amudat	120,500	10.1%	27.3%	na	29%	38%	South Eastern cattle maize zone	26%
Nakapiripirit*	171,100	15.3%	30.5%	na	41%	38%	Central sorghum & livestock; Western mixed crop farming; Mountain and foothills maize and cattle zone	40%

Source: Resilience Context Analysis (2015), FSNS 2015, DHS 2011.

⁵ An asterisk "*" denotes a WFP field office.

Annex 7. List of MCHN and CBSFP Sites and Beneficiary Numbers⁶

1. CBSFP sites and beneficiaries

ALBIM

	Months		17yrs		18-59 Yrs		PLW	(60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
Morulem HC IV	173	304	412	327	6	10	6	7	11	598	658	1.256
Abim Hospital	70	120	522	384	4	5	2	5	3	601	514	1.115
Nyakwae HC III	73	110	83	70	2	3	0	3	6	161	189	350
Orwamuge Health centre II	53	29	77	51	2	3	2	3	3	135	88	223
Alerek Health Centre III	91	153	163	90	2	4	0	0	3	256	250	506
	460	716	1257	922	16	25	10	18	26	1751	1699	3.450

KOTIDO

	6-59 Months		17yrs		18-59 Yrs		PLW	(60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
Kanawat HC III	534	553	125	63	0	0	0	0	0	659	616	1.275
Kacheri Primary School	383	414	194	125	30	21	82	0	0	607	642	1.249
Losakucha Primary School	138	128	116	83	0	2	0	0	1	254	214	468
Lokiding Primary School	213	233	337	154	51	29	36	0	0	601	452	1.053
Nakwakwa Primary School	393	433	267	252	0	0	16	0	0	660	701	1.361
Lopuyo Primary School	518	546	272	194	0	0	8	0	0	790	748	1.538
Rengen Primary School	401	457	261	220	4	24	6	0	0	666	707	1.373
Lokitalaebu Primary School	474	563	155	169	2	9	10	0	0	631	751	1.382
Kotido mixed PS	311	286	89	96	2	9	7	0	0	402	398	800
Nakapelimoru Primary School	191	206	25	30	0	0	0	0	0	216	236	452
Loorok Primary School	289	271	83	75	0	8	0	0	0	372	354	726
Panyangara Primary School	648	573	381	322	0	3	0	0	0	1.029	898	1.927
Rikitae Primary School	282	246	167	119	0	0	5	0	0	449	370	819
Napumpum Primary School	408	446	51	52	0	3	14	0	0	459	515	974
Kotido Girls primary school	236	259	36	18	0	0	4	0	0	272	281	553
Kamoru - CBSFP	281	326	80	115	0	2	4	0	0	361	447	808
Kanair - CBSFP	322	422	36	22	0	0	0	0	0	358	444	802
Lobanya - CBSFP	364	366	188	140	0	0	26	0	0	552	532	1.084
	6386	6728	2863	2249	89	110	218	0	1	9338	9306	18.644

MOROTO

	Months		Months-		18-59 Yrs		PLW	(60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
Nadunget H/C III	707	729	26	17	0	0	370	0	0	733	1.116	1.849
St Pius Kidepo H/C III	546	598	18	10	0	0	287	0	0	564	895	1.459
Loputuk H/C III	912	986	35	31	0	0	278	0	0	947	1.295	2.242
Matany SC	131	141	1	0	0	0	94	0	0	132	235	367
Moroto Municipality	259	288	8	15	0	0	169	0	0	267	472	739
Kakingol HC III	161	115	7	2	0	0	64	0	0	168	181	349
Tapac Health Center III	110	176	1	0	0	0	156	0	0	111	332	443
	2826	3033	96	75	0	0	1418	0	0	2922	4.526	7.448

⁶ The source of MCHN and CBSFP program site and beneficiary data was the CO AME Unit.

KAABONG

	6-59 Months		60 Months-17yrs		18-59 Yrs		PLW	Elderly (60yrs)			Total		Overall Total
	M	F	M	F	M	F		M	F	M	F		
	Kakwanga ps	39	33	42	16	0		0	0	0	0	81	
Kaabong Hospital	110	140	61	82	6	33	79	0	0	177	334	511	
Kapedo HC III	85	68	99	84	0	0	51	0	0	184	203	387	
Kaabong Mission HC III	120	149	59	74	0	0	68	0	0	179	291	470	
Biafra	13	21	29	11	0	0	8	0	0	42	40	82	
Lokolia	202	219	6	3	0	0	9	0	0	208	231	439	
Lomeris	214	276	150	157	0	0	52	0	0	364	485	849	
Lokerui	120	153	5	4	0	0	8	0	0	125	165	290	
Kaimese	103	109	36	25	0	0	6	1	4	140	144	284	
Lokanayona	53	57	0	0	0	0	0	0	0	53	57	110	
Kopoth	73	68	61	65	0	5	1	0	0	134	139	273	
Locherep	41	77	124	115	0	0	20	0	0	165	212	377	
Lochom	99	109	77	72	4	7	16	0	0	180	204	384	
Kakamar	251	281	48	41	0	0	67	0	0	299	389	688	
Kamion	60	82	17	14	0	0	65	0	0	77	161	238	
Timu	121	111	39	55	1	1	60	0	0	161	227	388	
Kalapata centre	205	286	29	25	0	0	0	0	0	234	311	545	
Lokwakaramoe	51	76	11	9	4	7	38	2	3	68	133	201	
Lotim	108	134	26	30	0	0	17	0	0	134	181	315	
Morungole HC	41	47	88	40	1	8	11	0	0	130	106	236	
Morukori	158	188	58	51	0	0	12	0	0	216	251	467	
Kathile centre	148	250	81	88	0	0	55	1	0	230	393	623	
Kamacharikol	162	187	43	27	0	0	55	0	0	205	269	474	
Narengepak	107	128	48	35	4	6	19	2	6	161	194	355	
Nariamaoi	241	236	38	45	2	3	66	1	4	282	354	636	
Kapedo centre	38	61	109	47	0	0	3	0	0	147	111	258	
Kawalakol	151	127	72	62	6	4	2	0	0	229	195	424	
Kocholo	63	78	88	93	18	16	6	3	3	172	196	368	
Lobalangit	139	168	73	94	0	0	5	0	0	212	267	479	
Sarachom	47	79	43	29	2	0	2	1	0	93	110	203	
Pire	92	93	90	77	0	0	10	0	0	182	180	362	
Karenga centre	149	172	168	159	0	10	27	0	0	317	368	685	
Lokori	69	70	67	43	2	3	18	0	0	138	134	272	
Lomodoch	130	155	146	87	1	0	60	0	0	277	302	579	
Loyoro HC III	46	66	41	34	0	0	10	0	0	87	110	197	
Lochom PS-CBSFP	8	4	1	2	0	0	1	0	0	9	7	16	
Kalimon HC III	51	89	52	34	0	1	22	0	0	103	146	249	
St Jude - CBSFP	90	126	0	8	0	0	36	1	6	91	176	267	
Kotome Centre	121	143	12	8	3	18	40	0	18	136	227	363	
Lodwar-CBSFP	88	127	21	32	0	0	9	0	0	109	168	277	
Lomusian PS - CBSFP	173	179	65	39	0	0	12	0	0	238	230	468	
Usake SFP	110	120	126	85	0	3	108	0	0	236	316	552	
Kalokudo PS CBSFP	32	54	16	27	0	0	16	2	5	50	102	152	
Lokasangate P/S	174	241	117	74	0	0	80	0	0	291	395	686	
	4696	5637	2582	2202	54	125	1250	14	49	7346	9263	16609	

NAPAK

	6-59 Months		60 Months-17yrs		18-59 Yrs		PLW	Elderly (60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
	Iriiri H/C III	625	606	5	4	0		0	247	0	0	
Kangole H/C III	238	198	1	0	0	0	82	0	0	239	280	519
Lotome H/C III	424	459	37	21	0	0	158	0	0	461	638	1.099
Lokopo H/C III	408	462	3	1	0	0	153	0	0	411	616	1.027
Lopei H/C III	269	388	7	2	0	0	164	0	0	276	554	830
Lorengechora H/C III	215	306	6	4	0	0	107	0	0	221	417	638
Matany SC	271	350	10	3	0	0	128	0	0	281	481	762
Apeitolim HC II	150	186	12	16	1	0	90	0	0	163	292	455
Nabwal Health Center II	298	426	5	2	0	0	140	0	0	303	568	871
	2898	3381	86	53	1	0	1269	0	0	2985	4703	7.688

NAKAPIRIPIRIT

	6-59 Months		60 Months-17yrs		18-59 Yrs		PLW	Elderly (60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
	Nabilatuk H/C IV	1.038	1.647	30	14	4		30	23	0	0	
Tokora H/C IV	961	1.059	59	29	21	18	33	0	0	1.041	1.139	2.180
Namalu H/C III	983	1.007	38	33	17	16	10	0	0	1.038	1.066	2.104
Lolachat H/C III	1.009	1.248	17	12	10	32	43	0	0	1.036	1.335	2.371
Lorengdwat H/C III	312	400	25	7	4	28	36	0	0	341	471	812
Nakapiripirit H/C III	382	397	43	32	15	34	51	0	0	440	514	954
Nabulenger HC II	827	1.059	14	9	0	0	9	0	0	841	1.077	1.918
	5.512	6.817	226	136	71	158	205	0	0	5.809	7.316	13.125

AMUDAT

	6-59 Months		60 Months-17yrs		18-59 Yrs		PLW	Elderly (60yrs)		Total		Overall Total
	M	F	M	F	M	F		M	F	M	F	
	Amudat Hospital	383	494	23	22	4		20	64	0	0	
Loroo HC	496	568	13	14	1	3	132	0	0	510	717	1.227
Karita HC	381	438	21	20	0	4	44	0	0	402	506	908
Cheptapoyo HC	170	219	26	17	1	7	17	0	0	197	260	457
	1430	1719	83	73	6	34	257	0	0	1519	2083	3.602

2. MCHN beneficiaries by FDP by district

MCHN BENEFICIARIES BY DISTRICT, HEALTH CENTRE AND SUB COUNTY								
Health Facility	P	L	T(P/L)	F	M	TOTAL (CHILDREN)	TOTAL BEN	Subcounty
Moroto								
Moroto Hospital	435	617	1.052	136	112	248	1.300	Town council
Nadunget H/C III	258	113	371	260	224	484	855	Nadunget
St Pius Kidepo H/C III	235	363	598	93	59	152	750	Rupa
Loputuk H/C III	196	39	235	240	267	507	742	Loputuk
Tapac H/C III	60	204	264	109	116	225	489	Tapac
Rupa Health Centre II	84	31	115	57	37	94	209	Rupa
Kankingol Health Centre II	78	42	120	69	42	111	231	Katikekile
Total	1.346	1.409	2.755	964	857	1.821	4.576	
Kaabong								
Kalapata HC III	222	112	334	63	49	112	446	Kalapata
Kaabong Hospital	336	513	849	169	141	310	1159	Kaabong East
Kapedo HC III	197	138	335	83	72	422	757	Kapedo
Kaabong Mission HC III	51	37	88	36	24	60	148	Kaabong west
Karenga HC IV	150	98	248	48	55	103	351	Karenga
Lokolia HC III	142	101	243	47	37	163	406	lololia
Kathile HC III	212	94	306	28	26	54	360	Kathile
Kopoth HC III	20	15	35	49	49	98	133	Kapedo
Lobalangit	51	19	70	125	120	152	222	Lobalangit
Total	1381	1127	2508	648	573	1221	1385	
Kotido								
Nakapelimoru HC III	165	0	165	426	423	849	1.014	Nakapelimoru
Kacheri HC III	174	253	427	316	304	620	1.047	Kacheri
Kotido COU	98	172	270	300	296	596	989	Kotido TC
Rengen	398	188	586	397	443	840	1.426	Rengen
Panyangara HC III	94	813	907	400	413	813	1.720	Panyangara
Kanawat HC III	190	79	269	498	395	893	1.162	Kanawat
Lokitalaebu HC III	126	496	622	153	149	302	924	Kotido SC
Losakucha HC II	116	25	141	24	40	64	205	Kacheri
Lopuyo HC II	75	27	102	98	90	188	290	Rengen
Losilang HC II	27	22	49	24	23	47	96	Panyangara
Total	1463	2075	3538	2636	2576	5212	8.873	
Nakapiripirit								
Namalu H/C III	152	155	307	166	142	308	615	Namalu
Lolachat H/C III	361	286	647	583	526	1.109	1.756	Lolachat
Lorengedwat H/C III	99	192	291	288	295	583	874	Lorengedwat
Nakapiripirit H/C III	129	96	225	659	671	1.330	1.555	Nakapiripiti TC
Amaler HC II	121	157	278	172	162	334	612	Namalu
Lemsui HC II	261	206	467	217	347	564	1.031	Moruita
Nabulenger HC II	151	107	258	174	152	326	584	Lorengai
Tokora H/C IV	262	573	835	492	391	883	1.718	Tokora
Nabilatuk H/C IV	261	263	524	670	537	1.207	1.731	Nabilatuk
Total	1797	2035	3832	3421	3223	6644	10.476	
Amudat								
Cheptapoyo	169	157	326	361	360	721	1.047	Karita
Alakas	57	82	139	131	151	282	421	Amudat
Amudat Hospital	92	183	275	153	142	295	570	Town council
Loroo HC	79	424	503	568	441	1.009	1.512	Loroo
Karita HC	92	34	126	177	191	368	494	Karita
Total	489	880	1369	1390	1285	2675	4.044	
Napak								
Lorengchora H/C III	193	248	441	340	298	638	1.079	Lorengchora
Lopei H/C III	198	119	317	315	302	617	934	Lopei
Kangole H/C III	109	14	123	79	85	164	287	Matany
Lotome H/C III	86	150	236	212	206	418	654	lotome
Lokopo H/C III	89	171	260	183	188	371	631	Lokopo
Iriiri H/C III	131	116	247	117	122	239	486	Iriiri
Total	806	818	1624	1246	1201	2447	4.071	
Abim								
Orwamuge Health centre II	148	132	280	247	281	528	808	Orwamuge
Alerek Health Centre III	127	243	370	219	227	446	816	Alerek
Abim hospital	135	113	248	65	40	105	353	Town Council
Nyakwae HC III	265	123	388	416	393	809	1.197	Nyakwae
Morulem HC IV	243	364	607	174	185	359	966	Morulem
Total	918	975	1893	1121	1126	2247	4.140	
Grand Total							37.565	

Annex 8. List of MCHN and CBSFP Sites visited by ET

Date	Location (District/Town)	MCHN or CBSFP	Health Facility or Outpost Site Visited	WFP CP, MoH	Evaluation Team Member(s)
8/15/2016	Kaabong district	MCHN	Kaabong Hospital	WFP CP MoH	EA, AG
		MCHN	Kapoth HC II	MoH	EA, AG
8/16/2016	Kotido District	MCHN	Kotido Cou HC III	MoH	EA
		MCHN	Losilang HC II	MoH	EA
		MCHN	Nakapelimoru HC III	MoH	EA
		CBSFP	Kotido HC III, Narenmru, Ministry of Works	CACH	AG
		CBSFP	Kamari School, Panyangara	CACH	AG
8/17/2016	Moroto District	MCHN	Kakingol HCIII	MoH	EA
		MCHN	St.Pius Kidepo HCIII	MoH	EA
		CBSFP	Tapac HC/Longilec Outpost	AFC	AG
8/18/2016	Moroto District	MCHN	Rupa HCIII	MoH	EA
		MCHN	Moroto Regional referral Hospital	MoH	EA
		CBSFP	Loputuk HC/Loputuk Outpost	AFC	AG
		CBSFP	Loputuk HC/Lotirir Outpost	AFC	AG
8/19/2016	Amudat District	MCHN	Amudat Hospital	MoH	EA
	Nakapirpirit District	CBSFP	Lolachat HC III-Nakaala Outpost	AFC	AG
		CBSFP	Lolachat HC III-Lokitela Outpost	AFC	AG

Annex 9. Trend of Acute Malnutrition and Food Consumption Scores by Districts and Karamoja Region

Table 1: Trend of Global Acute Malnutrition (GAM) by District and Karamoja Region
(Lean Season-2010-2016)

District	GAM 2010	GAM 2011	GAM 2012	GAM 2013	GAM 2014	GAM 2015	GAM 2016
Abim	8.9%	8.6%	9.4%	6.3%	8.4%	9.1%	6.7%
Amudat	11.9%	11.9%	10.1%	10.1%	11.2%	10.1%	10.9%
Kaabong	13%	8.5%	11.6%	11.4%	13.5%	15.7%	12.8%
Kotido	10.4%	14.1%	13.1%	10.5%	11.9%	13.1%	12.1%
Moroto	15.8%	13.3%	11%	20.2%	22.2%	18.3%	13.7%
Nakapiripirit	9.4%	20.4%	13.1%	14.5%	14.6%	15.3%	8.3%
Napak	--	--	--	13.3%	13.2%	16.2%	13.6%
Karamoja Region	11.5%	12.8%	11.7%	12.5%	13.4%	14.1%	11%

Source: FSNA reports

Table 2: Trend in Acceptable Food Consumption Scores by District and Karamoja Region
(Lean Season- 2012-2016)

District	% HH with Acceptable FCS 2012	% HH with Acceptable FCS 2013	% HH with Acceptable FCS 2014	% HH with Acceptable FCS 2015	% HH with Acceptable FCS 2016
Abim	55%	68%	28%	42%	40%
Amudat	84%	82%	73%	84%	80%
Kaabong	53%	38%	31%	56%	19%
Kotido	57%	36%	26%	42%	38%
Moroto	33%	33%	59%	30%	52%
Nakapiripirit	72%	55%	34%	59%	71%
Napak	--	34%	26%	38%	39%
Karamoja Region	59%	43%	40%	50%	48%

Source: FSNA reports

Annex 10. CBSFP rations: Children 6 to 59 months and older beneficiaries⁷

Ration for Children 6 to 59 months with MAM

Table 1: Energy and vitamins

RATION CONTENTS	Daily Ration	Vitamin A	Thiamine Vitamin B1	Riboflavin Vitamin B2	Niacin Vitamin B3	Pantothenate Vitamin B5	Pyridoxine Vitamin B6	Folate Vitamin B9	Cobalamin Vitamin B12	Vitamin C	Vitamin D	Vitamin E	Vitamin K
	g/person/day	<u>µg RAE</u>	mg	mg	mg	mg	mg	<u>µg DFE</u>	µg	mg	µg	mg	µg
CSB SUPERCEREAL PLUS (CSB++) [WFP]	200	1,085	1.08	1.58	20.8	4.5	2.9	316	5	202.9	13.3	19.6	-

Table 2: Energy, macronutrients and minerals

RATION CONTENTS	Daily Ration	Energy	Protein	Fat	Calcium	Copper	Iodine	Iron	Magnesium	Selenium	Zinc
	g/person/day	kcal	g	g	mg	mg	µg	mg	mg	µg	mg
CSB SUPERCEREAL PLUS (CSB++) [WFP]	200	787	32.6	20.3	991	0.8	118	17.8	-	30.3	15.1

⁷ The food rations were analysed using NutVal 4.1 ration calculator and that is the source for the nutrition composition data provided here.

Ration for Children > 5 years and Adults including Malnourished Pregnant and Lactating Women

Table 3: Energy, macronutrients and minerals

Ration Contents	Daily Ration	Energy	Protein	Fat	Calcium	Copper	Iodine	Iron	Magnesium	Selenium	Zinc
	g/person/day	kcal	g	g	mg	mg	µg	mg	mg	µg	mg
Vegetable Oil	25	221	0.0	25.0	0	-	-	0.0	-	-	-
Supercereal Plus	229	861	35.0	18.4	908	1.1	92	21.5	-	36.6	17.6
Sugar	15	58	0.0	0.0	0	0.0	-	0.0	0	0.1	0.0
Total	269	1,140	35.0	43.4	908	1.1	92	21.6	0	36.7	17.6

Ration for Children > 5 years and Adults including Malnourished Pregnant and Lactating Women (cont.)

Table 4: Vitamins

	Daily Ration	Vitamin A	Thiamine Vitamin B1	Riboflavin Vitamin B2	Niacin Vitamin B3	Pantothenate Vitamin B5	Pyridoxine Vitamin B6	Folate Vitamin B9	Folic Acid	Cobalamin Vitamin B12	Vitamin C	Vitamin D	Vitamin E
	g/person/day	µg RAE	mg	mg	mg	mg	mg	µg DFE	µg	µg	mg	µg	mg
Veg. Oil	25	225	0.00	0.00	0.0	0.0	0.0	0	0	0	0.0	1.9	-
SC Plus	229	1,271	1.35	1.63	25.3	4.6	3.5	362	137	5	231.1	13.7	22.0
Sugar	15	0	0.00	0.00	0.0	0.0	0.0	0	0	0	0.0	0.0	0.0
Total	269	1,496	1.35	1.63	25.3	4.6	3.5	362	137	5	231.1	15.6	22.0

Annex 11. MCHN ANC Enrolment and PNC Visits by District and Year

Table 1: ANC Program Enrolment Data from MCHN Participating Health Facilities⁸
(2011-2015)

District	2011	2012	Evaluation Period			Percent increase between 2013 and 2015
			2013	2014	2015	
Amudat	258	327	524	584	1131	116%
Abim	809	804	995	640	1019	2.4%
Napak	921	933	859	885	1103	28.4%
Moroto	1140	1533	1,164	1216	1649	-6.0%
Kaabong	1210	1672	1245	1198	1344	7.9%
Nakapiripirit	1336	1529	1670	1173	1246	-25.4%
Kotido	1342	1622	1537	1217	1964	27.8%
Total	7,016	8,42	7,994	6,913	9,456	18.3%

Source: Promis Data Base and ET calculation

Table 2: Trend in Number of PNC Visits from MCHN Health Facility Visits (2011-2015)

District	2011	2012	Evaluation Period			Percent increase between 2013 and 2015
			2013	2014	2015	
Amudat	186	314	529	688	641	21.2%
Abim	569	525	763	260	470	-38.4%
Napak	373	340	379	316	410	8.2%
Moroto	613	642	564	789	979	73.6%
Kaabong	840	1,21	1,108	529	677	-38.9%
Nakapiripirit	1,46	1,218	1,502	923	763	-49.2%
Kotido	716	625	656	669	1,08	64.6%
Total	4757	4874	5501	4174	5020	-8.7%

Source: Promis Data Base and ET calculation

⁸ The data counts each ANC participant once; this may be why the numbers of lower than the MCHN program beneficiaries.

Annex 12. CBSFP Outcome Indicators by Lifecycle and Age Groups

Lifecycle/Age group category	Year	Recovery or Cure rates (> 75 %)	Defaulting rate (<15%)	Death rates (<3%)	Non-Response rates (<15% WFP; <10% MoH IMAM)
Children- 6 to 59 Months	2013	83%	7%	0%	10%
	2014	82%	8%	1%	9%
	2015	78%	9%	0%	13%
	Average	81%	8%	0%	11%
Children- 5 to 18 years	2013	80%	6%	1%	13%
	2014	82%	6%	0%	11%
	2015	72%	9%	0%	18%
	Average	78%	7%	0%	14%
Adults- 18 to 59 years	2013	90%	7%	0%	3%
	2014	90%	7%	0%	4%
	2015	86%	7%	0%	6%
	Average	89%	7%	0%	4%
Adults- Pregnant/Lactating Women	2013	71%	5%	2%	23%
	2014	78%	8%	0%	14%
	2015	66%	10%	0%	24%
	Average	72%	8%	1%	20%
Adults- Elderly (>60 years)	2013	62%	7%	0%	30%
	2014	62%	9%	0%	29%
	2015	60%	8%	0%	31%
	Average	61%	8%	0%	30%

Source: Promis Data base

Annex 13. Compiled Information from MoH CBSFP Register and Client Cards Reviews⁹

Table 1: MoH SFP Register Reviews^{10 11}

Health Facility	2014	2015	2016
<i>Health Facility 1</i>			
Information entered correctly	4	1	1
Information entered incorrectly	1 (defaulter not identified)	3 (2 defaulter not identified; 1 non-responder not identified)	4 (missing information; mixed age information with weight)
Can't tell if information is correct		1 (no space for target weight)	1 (weight information missing)
<i>Health Facility 2</i>			
Information entered correctly	NA	2	Not completed
Information entered incorrectly	NA	5 (2 defaulters not identified; 1 non-responder not identified; 2 on the program > 3 months)	Not completed
Can't tell if information is correct	NA	3 (no space for target weight)	Not completed

CBSFP Discharged Client Card Review

Table 2: Type and Accuracy of Discharge

Outpost	Correctly Discharged	Correctly Discharged Defaulter	Correctly Discharged Non-response	Correctly Discharged Deceased	Incorrectly Discharged	Should have been Discharged sooner	Incorrect Admission	Correct Transfer
	Cured							
1	15	0	1	0	1	6	1	1
2	1	1	1	0	1	6	0	0
3	8	0	5	1	0	0	0	0
4	17	1	3	0	4	0	0	0

Table 3: How Beneficiaries were Referred to CBSFP

Outpost	OTC	VHT	Other	Other SFP	Self
1	0	18	0	0	1
2	0	10	0	0	0
3	0	24	0	0	0

⁹ The information presented in the tables below came from the ET review of SFP registers and SFP client cards.

¹⁰ A sample of 5 or 10 patient records were reviewed for each year from randomly selected pages and the summaries are presented here. In some areas visited, health facility registers were not available to the ET.

¹¹ For Health Facility 2: the SFP register for 2014 and 2016 were not available to ET, because the person responsible for the register was away. The CBSFP data had not been entered in the 2016 register.

Annex 14. Trends in Women and Children Undernutrition Nutrition Indicators

Table 1: DHS Trends in Undernutrition Indicators Impacted by MCHN Programs

Undernutrition Indicator	2006	2011	2016
Underweight Women (BMI < 18.5)	32.2%	32.8%	Not available until 2017
Low birth weight	10.3%	9.8%	
Chronic malnutrition/stunting (6 to 59 months)	53.6%	45%	
Global acute malnutrition	10.5%	7.1%	

Source: DHS reports (2006, 2011)

Table 2: FSNA Trends in Undernutrition Indicators Impacted by MCHN Programs (May/June/July 2013-2016)

Undernutrition Indicator	2013	2014	2015	2016
Underweight Women (BMI < 18.5)	24%	28%	32%	30%
Low birth weight	NA	NA	NA	NA
Chronic malnutrition/stunting (6 to 59 months)	34.9%	32.3%	32.7%	28%
Global acute malnutrition	12.5%	13.4%	14.1%	11.0%

Source: FSNA reports (June 2013 to 2016)

Annex 15. Comparison of District VHT Screening and CBSFP Enrolment Data with Estimated Coverage

District	Estimated population 6-59 months	% population screened	% of screened referred	% of referred enrolled on CBSFP	# of child on SF end of month	Caseload estimate (using MUAC prevalence)	% of estimated population (6-59 mos.) on program	FSNA MUAC 12/2015	Estimated Point Coverage SLEAC (2015)
Abim	19,627	92%	4.3%	10.3%	365	523	1.8%	4.1%	NA ¹²
Amudat	20,116	87%	9.0%	49.7%	918	321	4.6%	2.8%	0.57
Kaabong	30,469	84%	3.2%	94.7%	1,657	2,367	5.4%	11.1%	0.70
Kotido	32,204	40%	4.0%	71.8%	1,116	915	3.6%	7.1%	0.42
Moroto	18,817	97%	4.3%	67.4%	1,724	329	9.2%	10.8%	0.19
Nakapiripirit	30,544	83%	8.7%	78.2%	3,626	709	11.9%	8.6%	0.27
Napak	26,139	106%	2.9%	61.0%	1,887	2,100	7.2%	10.3%	0.78

Source: SLEAC Coverage Survey Report (2015), Review of WFP CBSFP Karamoja (draft report, 8/2016), FSNA reports and ET Calculation

The percent of the child population reportedly screened is generally high with six of the seven districts reporting a minimum of 83 percent of young children screened. On the other hand four of the seven districts refer a significantly lower percent of cases screened than would be eligible based on MUAC prevalence indicating lower identification than expected and in another district where more than three times the expected number of children were referred than expected based on MUAC prevalence the opposite problem exists. In two districts Abim and Nakapiripirit the percent referred and the MUAC prevalence are similar as anticipated. This underlines the VHT screening and referral problem identified. (From this comparison it's not possible to determine the accuracy of the referrals made.)

¹² For Abim, categorized as having high coverage, a 0.65 estimated point coverage was used to estimate caseload as this was the average of the four other districts with high coverage.

Annex 16. MCHN and CBSFP Information of Food Storage and Management

Table 1: MCHN Food Storage Sites

Facility	Food Stored on Pallets?	Any food near of past best use day?	Food Stacked Properly?	Presence of pests or rodents?	Presence of food commodity register? Up to date?	Comments
1	Yes, SC on pallets and No, SC+ boxes on floor	None.	Yes, stacked against wall; in rows and has enough light but mixed with other supplies	No	Yes, up to date	The store keeps other hospital materials and equipment.
2	Yes	None	No, 2 bags partially opened and not closed properly	No	Yes up-to-date	Space for storage is not enough
3	Yes	Oil- (3 box) 9/2016	Yes	No	Yes, the food register up to date	The store is big enough the food handler well trained in food handling
4	Yes	None	Yes but in 2 stores.	No	Yes up-to-date	food storage challenge
5	No	Oil- (3 box) 9/2016	No, stacked against container wall, Bags touch the container, there are mixed up, food touches the ceiling, it's abit moist too	Yes. There were even visible signs that rodents were feeding on the CSB	No , the food register was not up to date	Food in stored is very poor. Food is not well kept, leftover oil containers are open and there is visible dirt. Special attention needed
6	No	Not seen	Yes	No	Yes, the food register up to date	Food in stored in a metallic container. Very hot inside
7	Some	No	No, against walls and no rows or space between CSB bags	Yes, signs of pest seen.	Update to date	Need continued visit
8	No	None	No, stacked against walls & up to ceiling. Store is small	No	Up to date	Food handler complained: WFP sometimes bring spoiled food, or about to expire e.g food for march and April 2016

Table 2: CBSFP Food Storage Sites

Facility	Food Stored on Pallets?	Any food near of past best use day? (list any foods & dates)	Food Stacked Properly?	Presence of pests or rodents?	Presence of food commodity register? Up to date?	Comments
1	Yes, SC on pallets and No, SC+ boxes on floor	SC- 9/2016	No, stacked against wall; boxes on floor	No	Yes, up to date	August 2016 food delivery was for 2 months
2	Yes	SC and oil- 9/2016	No, stacked against wall	No	Not available	
3	Yes	Oil- (1 box) 9/2016	No, stacked against wall	No	Yes, chart and register up to date	
4	No	Oil- 11/2016 other food dates in 2017	No, against walls and no rows or space between food	No	Wall chart-up to date	August food delivery was for 2 months
5 a (2 separate storerooms, 1 facility)	No	SC+- 6/2016	No, stacked against walls & up to ceiling	No	No wall chart as foods from 2 warehouses were tracked together	Dark as no light bulb in light fixture
5 b	No	Oil- 11/2016 other food dates in 2017	No, food was stored against the walls	Yes, rats were eating the SC+ packets they were not in boxes	Wall chart was no up to date and register was not available	Food was stored with other MoH materials

Annex 17. Observations from MCHN and CBSFP Food Distributions¹³

Table 1: MCHN
(Yellow and Red highlights show where the ration provided was less than planned)

MCHN Site	Quantity of Food Given per month				Any food close to expiration?	Handwashing/ Use of Gloves	Presence of scale	Comment
	SC	Oil	Sugar	SC+				
1	6.8kg	750g	450g	4 packets/ 6kgs	No	Yes- wash hands No gloves	Yes, ration weighed and oil measured by HF staff	Difficult to estimate if 6.8kg of SC and .45 kg. sugar was provided
2	6.8kg	750g	450g	1 packet/1.5 kg.	No	No to both	Yes, ration weighed and oil measured by HF staff	Measurements were consistent
3	6.8kg	750g	450g	1 packet/1.5 kg.	No	No to both	Yes, ration weighed by HF staff	Measurements seemed consistent
4	6.5kg	750g	450g	1 packet/1.5 kg.	No	No gloves; couldn't assess handwashing	Yes, ration weighed	Not easy to assess if the total quantity of CSB was provided; it appeared that 6.5 kg. was given
5	6.25kg	750g	See comment	None given	No	no- wash hands No gloves	No	Smaller rations provided. 1, 25 kg. bag of SC was shared among 4 mothers; sugar measured using a cup (not usually full) difficult to estimate the amount
6	6kg.	< 500 g	< 450 g	4 packets/6 kgs.	No	No gloves	No	Some confusion about ration sizes; couldn't confirm quantity of sugar, but it appeared smaller than the allocated ration

¹³ In yellow the ET highlight the observed rations distributed smaller than planned.

Table 2: CBSFP

CBSFP Site	Quantity of Food Given		Premix Recipe	Any food close to expiration?	Handwashing/ Use of Gloves	Presence of scale	Comment
	Premix	SC+					
1	4 kg.	3 kg. (2 packets)	Correct	No	Yes- wash hands No gloves	Yes, ration weighed; quantity confirmed by ET	Quantity of pre-mix ration wasn't consistent-can filled completely sometimes and sometimes not
2	4 kg.	3 kg. (2 packets)	Correct	No	No to both	Yes, ration weighed; quantity confirmed by ET	Size of pre-mix ration consistent
3	4 kg. ¹⁴	3 kg. (2 packets)	Correct	No	No to both	Yes, ration weighed; quantity confirmed by ET	Size of the pre-mix ration was consistent
4	3 kg. ¹⁵	3 kg. (2 packets)	Couldn't assess	No	No gloves; couldn't assess handwashing	Yes, ration weighed; quantity confirmed by ET	Size of the pre-mix ration was 3 kg. instead of 4kg and this was provided to each beneficiary
5	4 kg.	3 kg. (2 packets)	Correct	No	No gloves; hands washed	Yes, ration weighed; quantity confirmed by ET	Size of pre-mix ration consistent

¹⁴ The women distributing the ration revealed to the ET that they usually give 1 can or 3 kg. and because of the presence of the ET they gave 4 kg.

¹⁵ The ET arrived at the CBSFP outpost in the early afternoon near the end of the distribution, however, at least 50 beneficiaries were still receiving rations and the ET observed the provision of rations. The ET also observed 4 bags of SC that had not been opened.

Annex 18. MCHN and CBSFP Beneficiaries Recall of Nutrition Messages¹⁶

Table 1: MCHN Beneficiaries Recall of Nutrition Messages

Nutrition/Health Message Recalled	Number of FGD Reporting
• Importance of feeding in pregnancy (importance of a balanced diet)	5
• Food preparation (how to mix, prepare and serve the food)	6
• Importance of immunization	2
• Taught how to prepare the porridge for children	5
• Pregnant mothers staying near healthy facility	2
• Feeding malnourished children	4
• Avoiding alcohol in pregnancy	2
• Hygiene (pit latrines, keeping the compound, themselves and their children clean, wash clothes, use of bath shelter and use of drying rack)	6
• Family planning and child spacing	1
• Sleep under mosquito net	1

Table 2: Information Reported by MCHN Beneficiaries on Changes Made

Nutrition or Health Behaviour Changed	Number of FGD Reporting
• Understand that eating balanced diet gives mother more best milk	3
• Poor hygiene leads to sickness and should be avoided	1
• Having pit latrine at home is healthy habit	3
• Attending ANC improves women's health	2
• Giving children frequent meals	6
• More meals per day are prepared and served to children	2
• Change in hygiene has led to reduced diarrhoea	1
• Delivering at health facility	1

Table 3: CBSFP Beneficiaries Recall of Nutrition Messages

Nutrition/Health Message Recalled	Number of FGD Reporting
• Changing the diet to be more balanced (variety of fruits, greens, tomatoes, beans, Porsche [maize], meat) for children and family	5
• Hygiene (pit latrines, keeping the compound, themselves and their children clean, was clothes, use of bath shelter and use of drying rack)	7

¹⁶ The information provided in the tables below comes from Focus Group Discussions health with MCHN and CBSFP beneficiaries facilitated by the ET.

• Family planning and child spacing	2
• Taught how to prepare the porridge for children	3
• Keeping clean utensils, including wash pans—should be clean before doing anything	1
• Cooking food properly and serving it hot	1
• Taught how to feed their malnourished children	2
• “keep high on the child”—taking care of young children and keep close watch over them	1
• Feed children at specific times during the day	1
• Continue to BF	1
• Use clean water to cook porridge	1
• Sleep under mosquito net	1

Table 4: Information on CBSFP Beneficiary Caretakers on Changes Made

Nutrition or Health Behaviour Changed	Number of FGD Reporting
• Keeping their home and compound clean by sweeping	4
• Having pit latrine	4
• Following proper cooking hygiene	1
• Using a drying rack for dishes	5
• Using family planning	3
• Disposing of garbage in pits and covering with dirt	1
• They bath their babies daily	2
• They bath themselves more often and are cleaner; built bath shelter	2
• Giving the largest portion of CSB+ to the malnourished children	1
• Eat more different foods now; greens, wild fruits (from trees)	1
• Planting vegetable gardens	1
• Understand a balanced and tries to eat more of a mix of protein, CHO and fat	2
• Uses safe water (borehole) for drinking	1
• Makes fresh food for children and serves hot	1
• Washes clothes more often	1
• Properly dispose of young child’s feces	1

Annex 19. Information on MCHN and CBSFP Food Rations

MCHN Health Facilities

Program Site	# of Days Food Ration Lasts	Who consumes food ration?	Any problems with the foods? (what?)	Any times when they came & did not receive food or foods were missing or they received less food? (describe)	Any foods they don't like? (list)	Any problems picking up & carrying food home?
1	7 days	Pregnant, Lactating and children. When food at home is not enough all family members eat	No	Yes, delays in food distribution) till all mothers have seen by the nurse. Others cannot wait for food distribution	No	No
2	7-10 days	Pregnant, Lactating and children. Husbands also take porridge	No	No	No	No
3	10-14 days	Pregnant, Lactating and children other children and husbands	Yes (Some food is some bags test bitter)	No	No	Yes (sometimes its stolen on the way)
4	14 days	Pregnant, Lactating and children other children and husbands	No	Yes (food was little)	No	No, but food is stolen from home
5	14 days	Pregnant, Lactating and children other children and husbands	No	Yes (Food was not enough)	No	No
6	4-14 days	Mother and child food lasts 14 days and if all family members consume it takes 4 days	Yes (soya is sometimes bitter and rough and if one makes porridge its dilute)	Yes, in April 2016	No	No
7	10-14days	Pregnant, Lactating and children other children and husbands	No	No	No	No
8	7-14 days	When all family members take it can at least take 1 week.	Yes (march 2016 had weevils/bitter)	Yes (June 2016)	No	No

Annex 20. Evaluation's schedules

Table 1: Field Mission Schedule (August 10th-August 24th, 2016)

<i>Sunday</i>	<i>Monday Kaabong district*¹⁷</i>	<i>Tuesday Kotido district*</i>	<i>Wednesday Moroto District*</i>	<i>Thursday Moroto District*</i>	<i>Friday Amudat and Nakapiripit District¹⁸</i>	<i>Saturday</i>
8/14/16 Travel to Kotido District leave Kampala by 8am ET: meet with WFP staff late afternoon/early evening <i>Overnight: Kotido district</i>	8/15/2016 -ET: Meet with WFP staff, CAFH staff & local government officials -ET: Visit MCHN and/or In-kind Food site visits <i>Overnight: Kotido district</i>	8/16/2016 - ET: Meet with WFP staff, CAFH staff & local government officials -ET works separately: MCHN/CBSFP visits Kotido district -Visit WFP warehouse Overnight: Moroto district	8/17/2016 - ET: Meet with WFP staff, AFC staff & local government officials: ET works separately: MCHN/ CBSFP Site visits in Moroto district -Visit WFP warehouse Overnight: Moroto District	8/18/1016 ET works separately - MCHN/CBSFP Site visits in Nakapiripit District -Visit WFP warehouse Overnight: Nakapiripit District	8/19/2016 ET: Meet with, AFC staff & local government officials (MCHN team in Amudat and CBSFP team in Nakapiripit) ET works separately- MCHN /CBSFP Site visits in Amudat District Overnight: in Nakapiripit District	8/20/2016 ET travel to Kampala ET visits the WFP Regional warehouse in Toroto <i>Overnight: Kampala</i>
ET travels together	ET Works together	ET works in the same districts but separately and overnights at the same hotels; 2 WFP vehicles are needed Tuesday through Friday				ET travels together

¹⁷ Asterisks denote districts with WFP sub-offices.

¹⁸ In Amudat district, the ethnic group is from the Pokot tribe and speak a different language, therefore the ET will need another set of interpreters on the 19th of August.

Table 2: Evaluation's overall timeline

Responsible Stakeholder	Activities	Key dates
Inception phase		
CO	Briefing core team	July 11th
ET	Review documents and Draft Inception Report	July 11th-23rd
ET	Submission Draft Inception Report	July 24 th
CO/ RB	Comments from CO and RB to the Inception Report	July 27 th
	Comments from OEV to the Inception Report	July 29 th
ET	Final Inception Report	August 1st
CO	Sharing of inception report with stakeholders	August 2nd
Data collection and Analysis		
CO	Preparation of the evaluation mission (including setting up meetings, arranging field visits, etc.)	July 25 th -August 9th
ET	Field work	August 10th- 24 th
CO	Introductory briefing	August 10th
ET	Data collection	August 11 th -22rd
ET	Aide memoire/In-country Debriefing	August 23 rd -24 th
	Exit debriefing with CO	August 24 th
Reporting		
ET	Data analysis and draft evaluation report	August 25 th - September 26th
ET	Submission Draft Evaluation Report	September 26th
CO	AME Quality Assurance	September 27 th -6 th October
ET	Address comments from AME QA	7 th October- 17 th October
CO	Circulate Draft evaluation report to key stakeholders for comments	18 th -1 st November
CO	AME review and consolidation of stakeholder comments	2 nd November
ET	Evaluation Report-Incorporation of Feedback + responses to comments	3 rd - 8 th November
ET	Submit Final Evaluation Report to Head of AME	9 th November
CO	Circulate Final Evaluation Report to Stakeholders	9 th November
ET	Final clarification/ Debriefing with Head of AME	10 th November

Annex 21. Karamoja Child Anthropometric Indicators and CBSFP Beneficiaries by Sex

Table 1: Children (6 to 59 months) Anthropometric Indicators by Sex (2016¹⁹)

Indicator	Boys	Girls	p-values
GAM	12.4% [11.0-14.0]	9.7% [8.6-11.0]	0.033* ²⁰
SAM	2.4% [1.8- 3.2]	2.2% [1.6- 2.9]	0.683
MAM	10.0% [8.8-11.4]	7.5% [6.5- 8.8]	0.003*
Underweight	24.5% [22.6-26.4]	20.4% [18.8-22.1]	0.000*
Stunting	30.9% [29.1-32.8]	25.1% [23.4-26.9]	0.000*

Source: FSNA June 2016,

Table 2: CBSFP Children Beneficiaries (6 to 59 months) by Sex (2015)

	Boys	Girls	Total
No. of beneficiaries	28,283	34,368	62,651
Percent	45%	55%	100%

Source: ProMIS Data base and ET calculation

¹⁹ 2016 data is reported here because this was the first FSNA to do analysis of nutrition indicators by sex.

²⁰ An “*” notes when the “p” value < 0.5 and this indicates statistical significance and means that the boys prevalence of acute malnutrition compared to the girls is significantly different.

Annex 22. MCHN and CBSFP Number of Children Beneficiaries by Sex

Table 1: Children MCHN Program Beneficiaries (2013-2015)

Year	Female	Male
2013	13,072	12,232
2014	1,39	1,285
2015	12,699	12,517
Total	27,171	26,034

Source: Promis Data base

Table 2: CBSFP Children Beneficiary Data Disaggregated by Sex (2013-2015)

Year	Female	Male
2013	38, 220	32,263
2014	36,263	29,921
2015	34,368	28,283
Total	108,851	90,447

Source: Promis Data base