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# Evaluation of the project on enhancing sustainable food security and nutrition practices for children and women in Afghanistan

## Annexes

December 2025

<b>Title</b>	Summative evaluation of the project on enhancing sustainable food security and nutrition practices for children and women in Afghanistan
<b>Geographic regions</b>	13 provinces of Afghanistan
<b>Temporal scope of the evaluation</b>	Phase I and Phase II of the project from 2022 to 2024
<b>Date of the report</b>	December 2025
<b>Country</b>	Afghanistan
<b>Evaluation team</b>	Landell Mills
<b>Commissioning Organisation</b>	UNICEF Afghanistan

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## **Evaluation of the project on enhancing sustainable food security and nutrition practices for children and women in Afghanistan**

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**Annex 1 – Terms of Reference**



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## Annex 2 – Evaluation Matrix

Sub-questions	Indicator	Data collection method	Sources	Method of Analysis
<b>1. Relevance and coverage:</b> To what extent did the project interventions address the nutritional needs of vulnerable populations, align with community priorities, and ensure meaningful engagement of communities, particularly women, in the design and planning processes?				
1.1 How effectively did the project identify the specific nutritional needs of vulnerable populations, including children, pregnant and lactating women, and adolescents?	<ul style="list-style-type: none"> <li>- Documented type and magnitude of nutrition related needs (broken down for women, men, boys, girls, and specifically vulnerable groups) in target areas</li> <li>- Documented disparities between groups per location and type of vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> <li>- Focus group discussions</li> </ul>	<ul style="list-style-type: none"> <li>- Situation analyses</li> <li>- Progress reports</li> <li>- Reports on community consultation and engagement</li> </ul>	<ul style="list-style-type: none"> <li>- Coverage analysis</li> <li>- Contribution analysis</li> </ul>
1.2 To what extent did the coverage of key interventions, such as the delivery of micronutrient powders and iron-folic acid supplements, reach the targeted populations?	<ul style="list-style-type: none"> <li>- Extent to which these were covered by UNICEF</li> <li>- Proportion of women and vulnerable groups covered by UNICEF's intervention</li> </ul>	<ul style="list-style-type: none"> <li>- Phone survey with CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- M&amp;E data</li> <li>- UNICEF staff</li> <li>- Implementing partners</li> <li>- Beneficiaries</li> <li>- Donor</li> <li>- Other stakeholders</li> </ul>	
1.3 How meaningfully were communities, especially women (and adolescent girls for iron supplementation), engaged in the design and planning of the interventions, and to what degree did their participation influence project priorities and implementation?	<ul style="list-style-type: none"> <li>- Evidence of consultation and engagement of targeted communities, notably women and adolescent girls</li> <li>- Evidence of influence on priorities and implementation of activities by targeted communities</li> </ul>			
<b>2. Effectiveness:</b> To what extent did the project achieve its intended results, including the utilization, compliance, and satisfaction of beneficiaries with nutrition supplements, and how can service delivery be improved based on the challenges, benefits, and community feedback?				
2.1 To what extent has the project achieved its intended results and targets?	<ul style="list-style-type: none"> <li>- Planned targets vs achieved results</li> <li>- Utilization perception reported by CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> <li>- Phone survey with CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- Project proposal</li> <li>- Results framework</li> <li>- Progress reports</li> </ul>	<ul style="list-style-type: none"> <li>- Theory-based analysis</li> <li>- Outcome harvesting</li> </ul>
2.2 What benefits and challenges did communities face in accessing and using the nutrition supplements, and how were these challenges addressed during implementation? What were barriers to reaching women and girls with adequate services?	<ul style="list-style-type: none"> <li>- Satisfaction level of recipients on MNP and iron-folic acid supplements reported by CHWs</li> <li>- Benefits reported by recipients on using nutrition supplements</li> <li>- Challenges reported by communities on using nutrition supplements</li> <li>- Reasons for potential non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>- Focus group discussions</li> <li>- Direct observations</li> </ul>	<ul style="list-style-type: none"> <li>- Child growth monitoring reports</li> <li>- M&amp;E data</li> <li>- Registration data of children with SAM</li> <li>- UNICEF staff</li> <li>- Donor</li> <li>- Health staff/CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- Comparative analysis</li> <li>- Content analysis</li> <li>- Descriptive statistics</li> <li>- Qualitative data analysis</li> </ul>

<p>2.3 How well did the SBC component influence community beliefs and practices around nutrition?</p> <p>2.4. To what extent has the role of nutrition extenders been effective in capacity building (training), monitoring, supportive supervision, and quality assurance activities for community interventions?</p>	<ul style="list-style-type: none"> <li>- Documented measures taken by UNICEF to address challenges in using nutrition supplements by communities</li> <li>- Feedback of CHWs on the role of nutrition extenders</li> <li>- Feedback of CHWs related to barriers in reaching women and girls</li> </ul>		<ul style="list-style-type: none"> <li>- Implementing partners</li> <li>- Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Triangulation</li> </ul>
<p><b>3. Efficiency:</b> How efficiently were resources (both human and financial) utilized in the project's management, implementation, and governance to achieve the desired results, and how cost-effective was the service delivery?</p>				
<p>3.1 How well did the project's resource allocation (human and financial) contribute to the achievement of results, and were risk management and mitigation strategies effectively implemented?</p> <p>3.2 How does the quality-of-service delivery by CHWs receiving a flat-rate incentive of 1,500 AFN per month compared to those without incentives?</p>	<ul style="list-style-type: none"> <li>- Resource allocation per results area and achieved results in each area</li> <li>- Risk framework and evidence of adaptation over time</li> <li>- Evidence of risk management and mitigation strategies and implementation of those</li> <li>- perception of quality-of-service delivery</li> <li>- satisfaction levels and impact on quality of services as reported by CHWs receiving 1,500 AFN and those CHWs not receiving incentives</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> <li>- Phone survey with CHWs</li> <li>- Focus group discussions</li> </ul>	<ul style="list-style-type: none"> <li>- Progress reports</li> <li>- Financial reports</li> <li>- Results framework</li> <li>- Risk framework</li> <li>- Risk management and mitigation strategies</li> <li>- UNICEF staff</li> <li>- CHWs</li> <li>- Beneficiaries</li> <li>- Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>- Cost-effectiveness analysis</li> <li>- Cost-efficiency analysis</li> <li>- Comparative analysis</li> <li>- Document review</li> <li>- Financial analysis</li> </ul>
<p><b>4. Contribution:</b> What has been the project's overall contribution to improving nutrition outcomes, particularly in reducing undernutrition and micronutrient deficiencies among children, adolescents, and women?</p>				
<p>4.1 To what extent has the project contributed to reducing undernutrition and micronutrient deficiencies among children, adolescents, and women, and how measurable are these impacts?</p> <p>4.2 What unintended outcomes, positive or negative, have resulted from the project, and how have they influenced nutrition outcomes?</p>	<ul style="list-style-type: none"> <li>- Availability, reliability, recentness and breakdown per vulnerability of nutrition data from 2022-2024</li> <li>- Undernutrition and MND rates before 2022 (if available, otherwise an estimation)</li> <li>- Undernutrition and MND rates by the end of 2024 (if available, otherwise an estimation)</li> </ul>	<ul style="list-style-type: none"> <li>- Desk review</li> <li>- Interviews with UNICEF staff</li> <li>- Direct observation</li> </ul>	<ul style="list-style-type: none"> <li>- Nutrition surveys, MICS</li> <li>- Smaller localised reports with nutrition data</li> <li>- M&amp;E data</li> <li>- Results framework</li> <li>- Progress reports</li> <li>- UNICEF staff</li> </ul>	<ul style="list-style-type: none"> <li>- Contribution analysis</li> <li>- Outcome mapping</li> <li>- Theory-based analysis</li> <li>- Triangulation</li> <li>- Descriptive statistics</li> </ul>

	<ul style="list-style-type: none"> <li>- Presence of positive unintended effects, and if so, and if found, their nature and importance</li> <li>- Presence of negative unintended effects, and if found, their nature and importance</li> <li>- Direction and magnitude of influence of unintended effects on nutrition outcomes</li> </ul>			
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**5. Sustainability: What is the long-term sustainability of the project, and what factors can support its continuation while identifying areas for improvement?**

<p>5.1 How sustainable are the current incentivization models for CHWs, and what factors could strengthen their long-term viability?</p> <p>5.2 To what extent has community engagement contributed to the project's sustainability, and what improvements can be made to ensure continued community involvement?</p> <p>5.3. How have community members (including women, men, girls, boys, community elders) been mobilized as advocates for diverse dietary practices and rights to nutrition?</p> <p>5.4. How effective have capacity-building efforts been in ensuring long-term sustainability, and what areas require further development to maintain impact?</p>	<ul style="list-style-type: none"> <li>- Probability that incentivization models for CHWs can continue without external support</li> <li>- Potential drivers and challenges to such continuation</li> <li>- Evidence of consultation and engagement of targeted communities, notably women (<i>see Q1</i>)</li> <li>- Potential ways to strengthen community engagement in particular on opportunities for sustainability</li> <li>- Evidence of successful forms of capacity building of various target groups</li> <li>- Evidence of women and girls' increased ability to challenge gender norms</li> <li>- Evidence of men and influential community members being engaged in changing harmful gender norms</li> <li>- Likelihood that results of capacity building can continue</li> <li>- Drivers and challenges to such continuation and ways to address those</li> </ul>	<ul style="list-style-type: none"> <li>- Key informant interviews</li> <li>- Focus group discussions</li> <li>- Phone survey with CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- UNICEF staff</li> <li>- Implementing partners</li> <li>- Health staff/CHWs</li> <li>- Other actors operation in nutrition / cluster members</li> <li>- Donor</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Systems analysis</li> <li>- Sustainability assessment framework</li> </ul>
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**6. Coherence and Coordination: How effective is the coordination and collaboration among key stakeholders in supporting the successful implementation of the project?**

<p>6.1 How well have UNICEF, implementing partners, donors, ministries, and clusters coordinated to support the project's objectives?</p>	<ul style="list-style-type: none"> <li>- Regularity of meetings and discussion of nutrition in cluster meetings</li> <li>- Role of UNICEF in cluster and satisfaction by other members</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Meeting minutes from cluster meetings</li> <li>- Progress reports</li> <li>- UNICEF staff</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder analysis</li> <li>- Network analysis</li> </ul>
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<p>6.2 How can coordination and collaboration be improved to enhance the overall impact of the project, particularly in fostering stronger working relationships between stakeholders?</p> <p>6.3 What has been the effectiveness of collaboration between CHWs and other stakeholders in achieving project goals?</p>	<ul style="list-style-type: none"> <li>- Perception on quality of relationship with UNICEF in the area of nutrition</li> <li>- Appearance of UNICEF objectives in cluster documents</li> <li>- Challenges in collaboration and coordination and ways to improve them</li> <li>- Documented and perceived results of such collaboration</li> </ul>	<ul style="list-style-type: none"> <li>- Focus group discussions</li> </ul>	<ul style="list-style-type: none"> <li>- Implementing partners</li> <li>- Health staff/CHWs</li> <li>- Other actors operation in nutrition / cluster members</li> <li>- Donors</li> <li>- Beneficiaries</li> </ul>	
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**7. Lessons Learned: What key lessons and best practices can be drawn from the project to inform future programming and the scaling of effective interventions?**

<p>7.1 What were the most successful strategies and interventions in the project, and how can they be replicated or scaled in future programming?</p> <p>7.2 What challenges or obstacles were encountered during project implementation, and what lessons can be learned to overcome these in future projects?</p>	<ul style="list-style-type: none"> <li>- Strategies and interventions employed by UNICEF and observed changes over time</li> <li>- Gender responsive strategies implemented to improve nutrition behaviours and practices.</li> <li>- Evidence of success of the various strategies and interventions</li> <li>- Potential for scale-up and/or replication in the context of Afghanistan</li> <li>- Documented and perceived challenges and obstacles during project implementation</li> <li>- Suggestions and recommendations to overcome these</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> <li>- Phone survey with CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- Design document</li> <li>- Progress reports</li> <li>- Strategy documents</li> <li>- Other evaluations for UNICEF Afghanistan</li> <li>- UNICEF staff</li> <li>- Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>- Thematic analysis</li> <li>- Content analysis</li> <li>- Cross-case analysis</li> <li>- Synthesis of findings</li> <li>- Lessons learned framework</li> </ul>
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**8. Adequacy of M&E and Knowledge Management Systems: To what extent are data management, M&E, and knowledge management systems in place to promote accountability and facilitate organizational learning?**

<p>8.1 To what degree do the existing internal and external monitoring and data collection systems enable the collection of specific, measurable, achievable, relevant, and time-bound data for monitoring indicators and reporting? How robust are the data and information systems used by the project? How realistic are the targets set in the logical framework, and to</p>	<ul style="list-style-type: none"> <li>- Quality and regularity of data collection</li> <li>- Evidence of use of monitoring data to inform design and implementation</li> <li>- Aggregation of M&amp;E data to age, sex and type of vulnerable group</li> <li>- Quality and achievability of targets in the logframe and results framework</li> <li>- Perception of potential improvements in the M&amp;E system in terms of data</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Monitoring reports and data</li> <li>- Design documents of monitoring framework</li> <li>- Monitoring plan</li> <li>- UNICEF staff</li> </ul>	<ul style="list-style-type: none"> <li>- Systems analysis</li> <li>- Document review</li> <li>- Data quality assessment</li> <li>- Gap analysis</li> <li>- Key informant interviews</li> </ul>
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<p>what extent do they align with the actual progress and achievements of the project?</p> <p>8.2 In what ways can the existing internal and external M&amp;E and knowledge management systems be improved to better support accountability and organizational learning? How can the refinement of M&amp;E processes contribute to more effective implementation and aid in achieving the overarching goals and objectives of the project?</p>	<p>collection, processes, reporting and use for information</p>			
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**9. Integration of cross-cutting areas: To what extent has the project integrated gender, disability, equity, human rights, climate, LNOB principle, and ESS considerations?**

<p>9.1 To what extent were gender equality, disability inclusion, human rights, equity, and LNOB principle incorporated into the project's strategies and interventions?</p> <p>9.2 How were climate considerations and ESS addressed in the project, and what impact did these considerations have on implementation?</p>	<ul style="list-style-type: none"> <li>- Evidence of inclusion of gender equality and women's empowerment, disability, LNOB principle, and equity into design, strategies, implementation and M&amp;E</li> <li>- Extent to which these were honoured with approach adapted to the specific needs of each group</li> <li>- Evidence of climate considerations, human rights, and ESS being included into design, strategies, implementation and M&amp;E</li> <li>- Indication of effect on impact by above considerations (positive or negative)</li> </ul>	<ul style="list-style-type: none"> <li>- Document review</li> <li>- Key informant interviews</li> <li>- Focus group discussions</li> <li>- Phone survey with CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- Design documents</li> <li>- Progress reports</li> <li>- Gender and environmental analyses</li> <li>- UNICEF staff</li> <li>- Implementing partners</li> <li>- Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Equity analysis</li> <li>- Gender analysis</li> <li>- Climate and ESS lens</li> <li>- Human rights-based analysis</li> <li>- Document review</li> <li>- Key informant interviews</li> </ul>
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## Annex 3 – List of consulted stakeholders

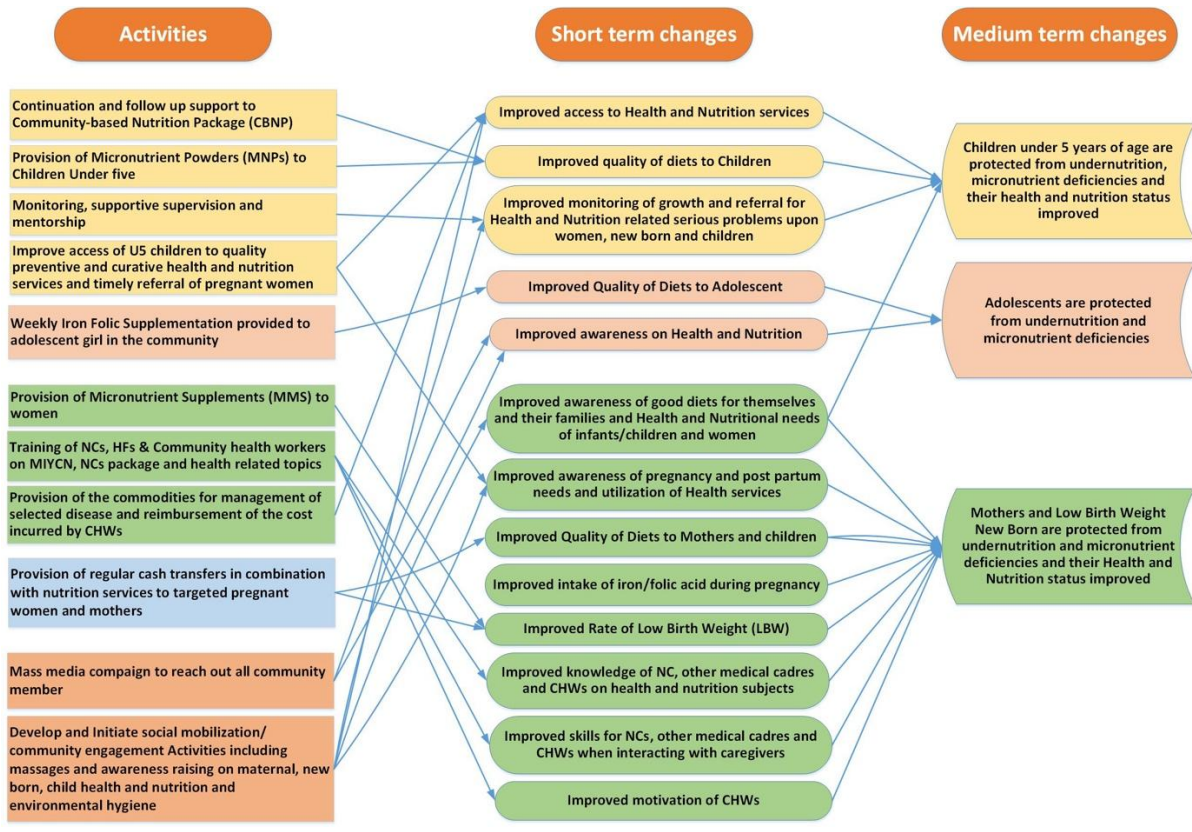
### KIIs

Job title	Section	Organisation	Location
Chief	Nutrition	UNICEF	Afghanistan
Nutrition manager	Nutrition	UNICEF	Afghanistan
Nutrition specialist	Nutrition	UNICEF	Afghanistan
Nutrition officer	Nutrition	UNICEF	Afghanistan
Nutrition Specialist	Nutrition – Eastern Region	UNICEF	Afghanistan
Nutrition Specialist	Nutrition – Northern Region	UNICEF	Afghanistan
Information management specialist	Nutrition	UNICEF	Afghanistan
Nutrition Cluster Coordinator	Nutrition	UNICEF	Afghanistan
Monitoring Manager	PMD	UNICEF	Afghanistan
Senior Adviser Health	Health	UNICEF	Afghanistan
Social and Behavior Change (SBC) Specialist	SBC	UNICEF	Afghanistan
Social and Behavior Change (SBC) Officer	SBC	UNICEF	Afghanistan
Gender Programme Specialist	Gender	UNICEF	Afghanistan
Regional Adviser	Nutrition	UNICEF Regional Office	ROSA
Nutrition cluster co-lead	Nutrition	Action Against Hunger	Afghanistan
Associate Professor	Nutrition	Columbia University	Global
Research Associate Professor	Nutrition	Tufts University	Global
National Coordinator, Health (Nutrition)	Nutrition	Aga Khan Foundation	Afghanistan
Donor	-	Not to be disclosed	Global
Nutrition	Nutrition	Agency for Assistance and Development of Afghanistan (AADA)	Afghanistan
National Focal Point - Northern Region	Implementing partner at the national level	MOVE	Afghanistan
National Focal Point - Eastern Region	Implementing partner at the national level	AYSO	Afghanistan
Nutrition Manager	-	OECD	Afghanistan
Nutrition focal point	-	AYSO	Afghanistan

**Other (CHW phone surveys, FGDs, KIIs with implementing partners and Community Health Supervisors)**

Number / gender	CHW phone survey	FGD – Adolescent Girls (MNP/MMS)	FGD - Women/ Caregiver (MNP/MMS)	KII Partner	KII CHS
Total	882	20	86	5	12
# female (participant)	347	20	86	1	2
% female	39	100	100	20	17

# Annex 4 – Theory of Change



## Revised Theory of Change Narrative

This document presents the revised Theory of Change (ToC) for the Afghanistan Nutrition Project, updated based on findings from the mid-term summative evaluation conducted in 2024. The revision addresses three key areas: (1) validation of the original causal logic, (2) documentation of external factors that affected implementation, and (3) explicit articulation of assumptions that were implicit in the original design.

The evaluation found that the original ToC logic was largely sound when activities were implemented as planned, they generally led to the expected short-term changes. However, the operating context shifted considerably during the project period, introducing barriers that were not anticipated in the original design.

The revised narrative below maintains the original IF-THEN structure while incorporating: (a) explicit assumptions in brackets, (b) external factors identified during the evaluation, and (c) annotations on what the evaluation validated.

### 2.1 Capacity Building Pathway

**IF** the cadres of CHWs, community volunteers, CHSs, Nutrition Counsellors, and other health workers have strengthened capacity through quality training and mentorship,

**AND IF** CHWs have the skills necessary to carry out the tasks, are reimbursed for incurred costs, are supported through the provision of conducive counselling environments and consistent supportive-supervision, and are provided with commodities for the management of selected diseases,

*[Assumptions: CHWs remain available and willing to participate; incentives are paid consistently; refresher trainings are provided; training materials are appropriate for the context; conditions permit CHW women and men movement; supervision systems function consistently; supply chains deliver commodities reliably]*

**THEN** improved knowledge and skills of CHWs, nutrition counsellors, and medical cadres on health and nutrition subjects will result, along with improved motivation of CHWs.

✓ **Evaluation finding:** This pathway was validated. Training activities were implemented, and evidence confirmed improved knowledge, skills, and motivation among CHWs and nutrition counsellors.

### 2.2 Service Delivery Pathway

**IF** children under 5 years of age are provided with improved access to quality preventive community nutrition and health services and curative health services delivered in their communities,

**AND IF** adolescents are protected from micronutrient deficiencies through weekly IFA supplementation delivered in their communities,

**AND IF** mothers can access quality counselling and referral services in their communities through CHWs,

**AND IF** mothers and children are provided with multiple micronutrient supplements,

**AND IF** at-risk pregnant women are referred to health facilities in a timely manner and receive counselling and IFA,

*[Assumptions: Communities are accessible to service providers; women and girls can leave their homes to access services; mobile health teams can operate; health facilities are functional and accessible for referrals; micronutrient supplements are available and acceptable to beneficiaries]*

**THEN** improved access to health and nutrition services, improved quality of diets for children, adolescents, and mothers, improved monitoring and referral, and improved iron/folic acid intake during pregnancy will result.

✓ **Evaluation finding:** This pathway was largely validated. Evidence confirmed improved access, improved quality of diets, improved monitoring and referral, and improved IFA intake.

**External factor:** Increasing restrictions on women and girls' mobility and the cancellation of mobile health activities reduced access for some populations, particularly in hard-to-reach areas. CHWs cannot access all areas.

### 2.3 Social Protection Pathway

**IF** pregnant women and newborns are provided with regular nutrition-sensitive social cash transfers,

*[Assumptions: Cash transfer mechanisms are operational; beneficiaries can access transfer points; markets function and nutritious food is available for purchase]*

**THEN** improved quality of diets for mothers and children will result.

**Evaluation finding:** Cash transfers were not implemented as planned during this project period. However, this pathway was outside the scope of this evaluation.

### 2.4 Community Engagement Pathway

**IF** robust community engagement activities are undertaken to increase positive health care seeking behaviour and healthy living,

**AND IF** community members are mobilized to seek health care, and consistent strong messages are delivered through multiple community workers,

**AND IF** community knowledge and awareness on maternal, newborn, and child health and hygiene is enhanced,

**AND IF** a comprehensive mass media campaign is initiated which reaches community members,

*[Assumptions: Communities are receptive to health messages; women and girls can attend community sessions; mass media reaches target populations; cultural and religious leaders support nutrition messaging; household decision-makers (often male) allow women to act on health information]*

**THEN** enhanced community knowledge and awareness of good practices will increase, and improved awareness of pregnancy and postpartum needs, diets and utilization of health and nutrition services will result.

**Evaluation finding:** This pathway was validated. Evidence confirmed improved awareness on health and nutrition, improved awareness of good diets for women (there was no data specific to PLW) and improved awareness of pregnancy and postpartum needs.

**External factor:** Women's restricted mobility may limit their ability to act on improved awareness, even when knowledge has increased. CHWs can not access all areas.

### 2.5 Monitoring Pathway

**IF** monitoring systems are put in place to assess progress, identify challenges, and modify processes as needed,

*[Assumptions: Data collection systems are structured and consistent; staff have capacity to collect and analyse data; feedback loops exist to translate data into project adjustments]*

**THEN** service providers will have stronger oversight on their project and use data to make informed decisions.

**Evaluation finding:** Growth monitoring showed less evidence of improvement compared to other activities. The evaluation was constrained by the lack of project-specific outcome indicators, making it difficult to link monitoring data to project beneficiaries.

### 2.6 From Short-term Changes to Medium-term Outcomes

**IF** the short-term changes above are achieved (improved access, improved diets, improved awareness, improved CHW capacity),

*[Assumptions: Short-term changes are sustained over time; beneficiaries maintain behaviour change; no major shocks (economic, conflict, climate) reverse gains; broader health system continues to function; food security remains optimal and conditions do not deteriorate significantly]*

**THEN** children under 5 years of age will be protected from undernutrition and micronutrient deficiencies; adolescents will be protected from undernutrition and micronutrient deficiencies; and mothers and low birth weight newborns will be protected from undernutrition and achieve improved health and nutrition status.

## Conclusions and Recommendations for Future ToC Design

### What the Evaluation Validated

The fundamental causal logic of the ToC was sound. When activities were implemented as planned, they led to the expected short-term changes. The pathways from capacity building, service delivery, and community engagement to improved access, improved diets, and improved awareness all showed evidence of functioning as designed.

### What the evaluation found on medium-term outcomes:

- Qualitative evidence was positive: communities and CHWs reported beneficiaries feeling stronger and more energetic after taking micronutrients.
- Quantitative proxy data on severe acute malnutrition (SAM) in children remained stagnant over the evaluation period.
- This may reflect: (a) insufficient time for outcomes to materialise, (b) inability to link SAM data to project beneficiaries specifically, or (c) external factors offsetting project gains.
- No quantitative proxy data was available for adolescents and mothers (specificity PLW) on undernutrition/micronutrient deficiencies.
- Low birth weight was not assessed.

### What the Evaluation Could Not Assess

- Low birth weight outcomes were not assessed
- Quantitative outcome data for adolescents and mothers (PLW) was not available
- Cash transfer pathway was outside evaluation scope
- The lack of project-specific outcome indicators made it impossible to link SAM data to project beneficiaries specifically

## Recommendations for Future Programming

1. **Make assumptions explicit at design stage:** Future programme documents should explicitly list assumptions for each pathway and include indicators to monitor whether assumptions hold.
2. **Develop project-specific outcome indicators:** Future M&E frameworks should include outcome indicators that can be attributed to project beneficiaries specifically, not just population-level proxy data.
3. **Build in contextual risk monitoring:** Given the volatile operating environment, future ToCs should include explicit external factors/risks with triggers for project adaptation.
4. **Address gender-specific barriers:** Future designs should explicitly address women's mobility constraints and develop alternative service delivery modalities for contexts where women cannot access fixed-point services.
5. **Plan for longer-term outcome measurement:** Medium-term nutritional outcomes may require longer timeframes to materialise. Future evaluations should consider timing relative to expected outcome trajectories.

## Annex 5 – Data collection tools

### Key Informant Interview Questionnaire – UNICEF / Implementing Partner - subnational

#### Informed Consent Statement

KII Ref. No:

Enumerator Name

Date of Interview

Province

District

Village/Community

Health Facility Name (if applicable)

Respondent Name

Respondent Role/Title

Contact Number

Start Time

End Time

#### THEME 1: RELEVANCE AND COVERAGE

##### **EQ 1.1 How effectively did the project identify and address the specific nutritional needs of vulnerable populations, including children, pregnant and lactating women, and adolescents?**

**Probes:** a) Can you describe how your organization identified the nutritional needs of different vulnerable groups in your target areas? b) What specific assessments or consultations were conducted to understand the needs of children, pregnant/lactating women, and adolescents? c) How did you ensure that geographic and demographic disparities were addressed in your intervention design? d) Were there any vulnerable groups whose needs were not adequately captured? If yes, why?

##### **EQ 1.2 To what extent did the coverage of key interventions reach the targeted populations and address geographic and demographic disparities?**

**Probes:** a) What was your strategy for selecting target health facilities or communities? b) How did you ensure equitable coverage across different geographic areas and demographic groups? c) What percentage of your target population did you actually reach with MNP, IFA, and MMS interventions? d) Were there any areas or groups that were harder to reach? What were the barriers?

##### **EQ 1.3 How meaningfully were communities, especially women and adolescent girls, engaged in the design and planning of the interventions?**

**Probes:** a) What mechanisms did you use to engage communities, particularly women and adolescent girls, in project design? b) How did community feedback influence your project priorities and implementation approach? c) Can you provide specific examples of how community input led to project modifications? d) What challenges did you face in ensuring meaningful participation of women and girls?

#### THEME 2: EFFECTIVENESS

##### **EQ 2.1 To what extent has the project achieved its intended results and targets?**

**Probes:** a) How was the project (MNP, MMS, IFA, MIYCN) introduced and planned in this district? b) What role did your organization play in planning and implementation? c) How do your achieved results compare to planned targets across different interventions? d) What factors contributed to meeting or not meeting targets?

##### **EQ 2.2 How effectively did beneficiaries utilize and comply with the prescribed MNP and iron-folic acid supplements?**

**Probes:** a) What mechanisms do you have in place to track supplement utilization and compliance? b) What are the main reasons for non-compliance that you've observed? c) How do you address compliance challenges when they arise? d) What feedback have you received from beneficiaries about their satisfaction with the supplements?

#### **EQ 2.4 How well did the SBCC component influence community beliefs and practices around nutrition?**

**Probes:** a) What key behaviors did your team try to change through this project (e.g., IYCF, maternal nutrition, supplement use)? b) Have you noticed any changes in community behavior or attitudes as a result? c) What types of messages or communication channels worked best in your opinion? d) What challenges did you face in changing behaviors (e.g., cultural resistance, low awareness)? How did you address them?

#### **EQ 2.6 How does the quality-of-service delivery differ between mothers trained in the mother MUAC approach and those who did not receive training?**

**Probes:** a) How were CHWs/health staff trained or oriented on mother MUAC approach? b) What differences have you observed in SAM detection and referral rates between trained and non-trained mothers? c) What are the main barriers CHWs face in reaching women and girls with adequate services? d) How has the mother MUAC approach affected early detection and treatment seeking behavior?

#### **EQ 2.7 To what extent has the role of nutrition extenders been effective in capacity building and quality assurance?**

**Probes:** a) How is the nutrition extender model implemented in your program? b) What feedback have you received from communities and CHWs about the effectiveness of nutrition extenders? c) How do nutrition extenders contribute to training, monitoring, and supportive supervision? d) What improvements could be made to the nutrition extender model?

### **THEME 3: EFFICIENCY**

#### **EQ 3.1 How well did the project's resource allocation contribute to achievement of results?**

**Probes:** a) How efficiently were resources used during project implementation (staff time, logistics, funds)? b) Were there any bottlenecks or delays that affected efficiency? c) How frequently were supplies (MNP, IFA, MMS) available? Were there stockouts? d) What risk management and mitigation strategies were implemented?

#### **EQ 3.2 How is the quality of service delivery by CHWs receiving incentives compared to those without incentives?**

**Probes:** a) What is your experience with the CHW incentivization model (1,500 AFN per month)? b) How does service quality compare between incentivized and non-incentivized CHWs? c) What are the benefits and challenges of the current incentive structure? d) How do beneficiaries perceive the difference in service quality between incentivized and non-incentivized CHWs?

### **THEME 4: CONTRIBUTION**

#### **EQ 4.2 What unintended outcomes, positive or negative, have resulted from the project?**

**Probes:** a) Have you observed any positive unexpected outcomes from the project? b) Have there been any negative unintended consequences? c) How have these unintended outcomes affected overall nutrition outcomes? d) What measures have been taken to address negative unintended effects?

### **THEME 5: SUSTAINABILITY**

#### **EQ 5.1 How sustainable are the current incentivization models for CHWs?**

**Probes:** a) In your view, is this project scalable or sustainable in current form? b) What factors could strengthen the long-term viability of CHW incentivization? c) Is there potential for community or government support to continue incentives? d) What alternatives to current incentive models could be considered?

#### **EQ 5.2 To what extent has community engagement contributed to the project's sustainability?**

**Probes:** a) How is feedback from communities used to adjust programming? b) Have you collected or used any community feedback to redesign or adapt the intervention? c) What improvements can be made to ensure continued community involvement? d) How has community ownership of the project developed over time?

#### **EQ 5.5 How effective have capacity-building efforts been in ensuring long-term sustainability?**

**Probes:** a) What capacity-building activities were implemented for different stakeholder groups? b) How do you assess the effectiveness of training and capacity development? c) What evidence do you have that built capacities will continue beyond the project? d) What additional capacity building is needed for sustainability?

## THEME 6: COHERENCE AND COORDINATION

### EQ 6.1 How well do key stakeholders coordinated to support the project's objectives?

**Probes:** a) What coordination mechanisms exist between your team and DoPH/UNICEF? b) Were there any overlaps or coordination issues between your work and that of other partners? How were they managed? c) How regular and effective are coordination meetings with other stakeholders? d) What role does your organization play in broader nutrition coordination efforts?

### EQ 6.2 How can coordination and collaboration be improved to enhance overall impact?

**Probes:** a) What are the main coordination challenges you've experienced? b) What suggestions do you have for improving coordination mechanisms? c) How could information sharing between partners be enhanced? d) What would ideal coordination look like for maximum project impact?

## THEME 7: LESSONS LEARNED

### EQ 7.1 What were the most successful strategies and interventions in the project?

**Probes:** a) From your experience, what strategies or adaptations worked particularly well during this project? b) Were any local adaptations made (e.g., cultural barriers, delivery model changes)? c) How can successful strategies be replicated or scaled in future programming? d) What gender-responsive strategies were most effective in improving nutrition behaviors?

### EQ 7.2 What challenges were encountered and what incentives for training lessons can be learned?

**Probes:** a) What challenges have you encountered in delivering the program? b) Have any activities been deprioritized or underfunded due to implementation barriers? c) What would you improve if the project were to continue? d) What recommendations do you have for similar programs in the future?

## THEME 8: ADEQUACY OF M&E AND KNOWLEDGE MANAGEMENT SYSTEMS

### EQ 8.1 To what degree do existing M&E systems enable collection of quality data for monitoring and reporting?

**Probes:** a) How would you assess the quality and regularity of data collection in this project? b) Are the monitoring indicators specific, measurable, achievable, relevant, and time-bound? c) How realistic are the targets set in the logical framework compared to actual progress? d) How well does data collection capture disaggregation by age, sex, and vulnerability status?

### EQ 8.2 How can M&E and knowledge management systems be improved to better support accountability and learning?

**Probes:** a) What gaps exist in current monitoring and data collection systems? b) How is monitoring data used to inform project design and implementation decisions? c) What improvements would you suggest for data collection, processing, and reporting? d) How could M&E processes be refined to better support project objectives?

## THEME 9: CROSS-CUTTING ISSUES

### EQ 9.1 To what extent were gender equality, disability inclusion, and equity incorporated into the project?

**Probes:** a) Were any specific efforts made to include marginalized groups (e.g., people with disabilities, minority communities, remote populations)? b) How were gender considerations integrated into project design and implementation? c) What adaptations were made to ensure accessibility for different vulnerable groups? d) How was the "Leave No One Behind" principle operationalized in your activities?

**Conclusion:** Thank you for your time and valuable insights. Is there anything else you would like to add about your experience with this nutrition program?

## Focus Group Discussion Questionnaire – Nutrition Extendeurs

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### Informed Consent Statement

#### FGD DETAILS AND TEAM

Date: \_\_\_\_\_ Province: \_\_\_\_\_ District: \_\_\_\_\_ Village/Community: \_\_\_\_\_  
Health Point/Health Facility Name/Other: \_\_\_\_\_

FGD Team:

Name of FGD Moderator: \_\_\_\_\_

Name of Note Taker: \_\_\_\_\_

Number of participants (f): \_\_\_\_\_

Any participants with a disability included? Yes/No \_\_\_\_\_

Group Discussion Time:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

#### Introduction:

Can you first explain what roles/responsibilities you hold as UNICEF Nutrition Extenders and what geographical and population coverage you have?

#### THEME 1: RELEVANCE AND COVERAGE

**EQ 1.1 How effectively did the project identify and address the specific nutritional needs of vulnerable populations, including children, pregnant and lactating women, and adolescents?**

- Can you describe how your organisation identified the nutritional needs of different vulnerable groups in your target areas?
- What specific assessments or consultations were conducted to understand the needs of children, pregnant/lactating women, and adolescents?
- How did you ensure that geographic and demographic disparities were addressed in your intervention design?
- Were there any vulnerable groups whose needs were not adequately captured? If yes, why?

**EQ 1.2 To what extent did the coverage of key interventions reach the targeted populations and address geographic and demographic disparities?**

- What was your strategy for selecting target health facilities or communities?
- How did you/CHW ensure equitable coverage across different geographic areas and demographic groups?
- What percentage of your target population did you actually reach with MNP, IFA, and MMS interventions?
- Were there any areas or groups that were harder to reach? What were the barriers?

**EQ 1.3 How meaningfully were communities, especially women and adolescent girls, engaged in the design and planning of the interventions?**

- What mechanisms did you use to engage communities, particularly women and adolescent girls, in project design?
- How did community feedback influence project priorities and implementation approach?
- Can you provide specific examples of how community input led to project modifications?
- What challenges did you face in ensuring meaningful participation of women and girls?

#### THEME 2: EFFECTIVENESS

**EQ 2.2 How effectively did beneficiaries utilize and comply with the prescribed MNP and iron-folic acid supplements?**

- What mechanisms do you have in place to track supplement utilization and compliance?
- What are the main reasons for non-compliance that you've observed?
- How do you/CHW address compliance challenges when they arise?
- What feedback have you received from beneficiaries about their satisfaction with the supplements?

**EQ 2.4 How well did the SBCC component influence community beliefs and practices around nutrition?**

- What key behaviors did your team try to change through this project (e.g., IYCF, maternal nutrition, supplement use)?
- Have you noticed any changes in community behavior or attitudes as a result?

**EQ 2.6 How does the quality-of-service delivery differ between mothers trained in the mother MUAC approach and those who did not receive training?**

- b) What differences have you observed in SAM detection and referral rates between trained and non-trained mothers?
- d) How has the mother MUAC approach affected early detection and treatment seeking behavior?

**EQ 2.7 To what extent has the role of nutrition extenders been effective in capacity building and quality assurance?**

- a) How is the nutrition extender model implemented in your program?
- b) What feedback have you received from communities and CHWs about the effectiveness of nutrition extenders?
- c) How do nutrition extenders contribute to training, monitoring, and supportive supervision? d) What improvements could be made to the nutrition extender model?

### THEME 3: EFFICIENCY

**EQ 3.2 How is the quality of service delivery by CHWs receiving incentives compared to those without incentives?**

- a) What is your experience with the CHW incentivization model (1,500 AFN per month)?
- b) How does service quality compare between incentivized and non-incentivized CHWs?
- c) What are the benefits and challenges of the current incentive structure

### THEME 4: CONTRIBUTION

**EQ 4.2 What unintended outcomes, positive or negative, have resulted from the project?**

- a) Have you observed any positive unexpected outcomes from the project?
- b) Why, explain?

### THEME 5: SUSTAINABILITY

**EQ 5.1 How sustainable are the current incentivization models for CHWs?**

- a) In your view, is this project scalable or sustainable in current form?
- b) What factors could strengthen the long-term viability of CHW incentivization?
- c) Is there potential for community or government support to continue incentives?
- d) What alternatives to current incentive models could be considered?

**EQ 5.2 To what extent has community engagement contributed to the project's sustainability?**

- a) Have you collected or used any community feedback to redesign or adapt the intervention? c) What improvements can be made to ensure continued community involvement? d) How has community ownership of the project developed over time?

### THEME 6: COHERENCE AND COORDINATION

NA

### THEME 7: LESSONS LEARNED

**EQ 7.1 What were the most successful strategies and interventions in the project?**

- a) From your experience, what strategies or adaptations worked particularly well during this project?
- b) What gender-responsive strategies were most effective in improving nutrition behaviors?

**EQ 7.2 What challenges were encountered and what incentives for training lessons can be learned?**

- a) What challenges have you encountered in delivering the program?
- b) What recommendations do you have for similar programs in the future?

### THEME 8: ADEQUACY OF M&E AND KNOWLEDGE MANAGEMENT SYSTEMS

**EQ 8.1 To what degree do existing M&E systems enable collection of quality data for monitoring and reporting?**

- a) How do you monitor the project on a daily basis in your catchment area?
- b) How do you assess the quality of this project?
- c) How well does your data collection capture disaggregation by age, sex, and vulnerability status?

**EQ 8.2 How can M&E and knowledge management systems be improved to better support accountability and learning?**

- a) What gaps exist in current monitoring and data collection systems?
- b) How is monitoring data used to inform project design and implementation decisions?

c) What improvements would you suggest for data collection, processing, and reporting?

#### THEME 9: CROSS-CUTTING ISSUES

**EQ 9.1 To what extent were gender equality, disability inclusion, and equity incorporated into the project?**

- a) Were any specific efforts made to include marginalized groups (e.g., people with disabilities, minority communities, remote populations)?
- b) How were gender considerations integrated into project?

**Conclusion: Thank you for your time and valuable insights. Is there anything else you would like to add about your experience with this nutrition program?**

## Focus Group Discussions Questionnaire – CHWs / Health Facilities Teams

### Informed Consent Statement

#### FGD DETAILS AND TEAM

Date: \_\_\_\_\_ Province: \_\_\_\_\_ District: \_\_\_\_\_ Village/Community: \_\_\_\_\_  
Health Point/Health Facility Name/Other: \_\_\_\_\_

FGD Team:

Name of FGD Moderator: \_\_\_\_\_

Name of Note Taker: \_\_\_\_\_

Number of participants (f): \_\_\_\_\_

Any participants with a disability included? Yes/No \_\_\_\_\_

Group Discussion Time:

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

#### DISCUSSION GUIDE

Welcome everyone. Let's start by having each of you introduce yourself with your first name and tell us which population size and catchment area you cover.

1. Are you aware of the nutrition project that provided supplements for children and pregnant women in your community between 2022-2024?
  - Can you describe what you know about this program?
  - Which supplements are providing to children and adolescents, mothers?
2. To what extent do you cover all nutrition services (e.g., MNP, IFA, MMS, MIYCN counselling) key interventions reach targeted populations?
  - What is your average monthly client load for each intervention?
  - Do you reach all targeted groups in your catchment area?
  - Are there any groups that are harder to reach or underserved?
  - How do you ensure vulnerable populations (pregnant women, children under 2, adolescents) access services?
3. How effectively did beneficiaries utilize and comply with prescribed supplements
  - What are the most common complaints or difficulties clients report regarding supplements?
  - Do you provide counselling along with distribution? If so, on what topics?
  - What mechanisms do you use to monitor compliance and utilization?
  - What are the main reasons for non-compliance that you observe?
4. How well did the information/communication/education you provide influence community beliefs and practices around nutrition
  - What changes in client knowledge about nutrition have you observed?
  - Have you noticed changes in feeding practices among mothers/caregivers?
  - What nutrition messages do you consistently share with clients?
  - How do clients respond to nutrition education and behavior change messages?
5. How adequate was the counselling provided to mothers and caregivers
  - Have you received training or guidelines on how to deliver nutrition counselling?
  - What topics do you cover in your counselling sessions?
  - How do you adapt counselling based on child growth monitoring findings?
  - Do you feel adequately prepared to provide nutrition counselling?
  - How much time can you typically spend on counselling per client?
6. How effective is the mother MUAC approach in SAM detection and referral?
  - How do you refer complicated or non-compliant cases?
  - What is your experience with mothers trained in MUAC screening?
  - How does SAM detection differ between trained and non-trained mothers?
  - What follow-up do you provide for children identified with SAM?

7. How efficiently were resources utilized?
  - Were there periods where supplies were insufficient?
  - How did you manage that?
  - Do you believe the available staff, supplies, and time were used efficiently to achieve results?
  - What factors affect the efficiency of service delivery at your facility?
  - How could resource utilization be improved at your facility?
  
8. How effective have capacity-building efforts been?
  - Do you receive supervisory support or feedback?
  - From whom and how often?
  - How has training improved your ability to deliver nutrition services?
  - What additional capacity building would be helpful?
  - How confident do you feel in continuing nutrition services with current capacity?
  
9. How effective is collaboration among stakeholders effective have capacity-building efforts been?
  - Were there any overlaps in service delivery between your facility and other actors?
  - How do you coordinate with CHWs and other health workers?
  - What mechanisms exist for referrals and follow-up?
  - How effective is communication between your facility and community health workers?
  
10. What were the most successful strategies and interventions in the project?
  - From your experience, what nutrition interventions worked best at your facility?
  - What approaches were most effective in reaching and helping clients?
  - What strategies could be replicated in other health facilities?
  - What innovations or adaptations did you make that worked well?
  
11. How adequate are data management and M&E systems
  - Do you keep records of beneficiaries (e.g., intake forms, registers)?
  - Do you analyze the data collected from clients or services? How is it used?
  - What client feedback systems are in place?
  - How reliable and complete is the data you collect?
  
12. How were cross-cutting issues addressed in service delivery
  - Do you adapt your services or communication for clients with disabilities or limited literacy?
  - How do you ensure gender-sensitive service delivery?
  - What measures are taken to reach the most vulnerable clients?
  - How do you ensure equity in service provision across different client groups?

**Thank you for your time and valuable insights. Is there anything else you would like to add about your experience delivering nutrition services at this facility?**

## Focus Group Discussions- Women/Caregivers (MNP & MMS)

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### Informed Consent Statement

#### FGD DETAILS AND TEAM

Date: \_\_\_\_\_ Province: \_\_\_\_\_ District: \_\_\_\_\_ Village/Community: \_\_\_\_\_  
Health Point/Health Facility Name/Other: \_\_\_\_\_

#### FGD Team:

- Name of FGD Moderator: \_\_\_\_\_
- Name of Note Taker: \_\_\_\_\_
- Number of participants (f): \_\_\_\_\_
- Any participants with a disability included? Yes/No \_\_\_\_\_

#### Group Discussion Time:

- Start Time: \_\_\_\_\_
- End Time: \_\_\_\_\_

#### DISCUSSION GUIDE

Welcome everyone. Let's start by having each of you introduce yourself with your first name and tell us the age of your youngest child.

1. Are you aware of the nutrition project that provided supplements for children and pregnant women in your community between 2022-2024?
  - Can you describe what you knew about this program?
  - Which supplements did you or your children receive?
2. How did you hear about the MNP or MMS project and what were you told about how to use them?
  - Who explained how to use the product?
  - Did you understand how to use them and for how long?
  - Were your child's specific nutritional needs assessed?
  - Did anyone ask about your family's nutrition challenges?
3. Were the supplements always available at the health post? If not, what did you do?
  - Was there a time when you didn't get the supplement?
  - What actions did you take in that case?
  - Do you know of other mothers who couldn't access supplements?
  - Were there geographic areas that were harder to reach?
4. Did you give MNP/MMS regularly to your child? What made it easy or difficult?
  - Did you follow the full course as advised?
  - Was there anything that made it harder to give regularly?
  - Did your child accept the supplements easily?
  - How satisfied were you with the supplements overall?
5. Have you observed any change in your child's health or growth since using the supplements?
  - What improvements or concerns have you seen in your child's health?
  - Did others (e.g., health workers) observe any changes?
6. Have you heard of anyone who avoided giving these due to side effects or other beliefs?
  - What kind of beliefs or experiences caused hesitation?
  - Were these addressed by health workers?
  - How were cultural barriers overcome?
  - What support did you receive when facing challenges?

7. Did anyone in the community, like elders or local leaders, help promote this program?
  - How were local leaders involved in awareness?
  - Did this influence your use of the supplement?
  - Do community members support each other in using supplements?
  - What would ensure the project continues?
8. Have you been able to make decisions about your child's nutrition more independently?
  - Has the project helped you advocate for your child's nutrition needs?
  - Are you more confident in seeking nutrition services?
  - What challenges do you still face in ensuring good nutrition?
9. How have male family members and community leaders responded to this nutrition program?
  - Have husbands, fathers, or male leaders become more supportive?
  - Do men in your community now better understand children's nutrition needs?
  - Have you noticed changes in how men view women's role in nutrition decisions?
10. Do you know of caregivers of children with disabilities in your area? Were they supported by the program?
  - Were their needs understood and met?
  - Were there any challenges or exclusions observed?
  - Were adaptations made for different types of families?
  - Did the project reach the poorest families?
11. Was there anyone you could approach in case the product was missing or caused a problem?
  - Was there a complaint or feedback mechanism?
  - Did it work when you used it or knew someone who did?
12. Were your concerns or complaints ever followed up by health workers or NGOs? What was the result?

#### CLOSING QUESTIONS

13. Is there anything else you would like to add about the nutrition project that we did not cover?
14. If you could give one piece of advice to UNICEF about how to help mothers and children with nutrition, what would it be?

**Thank you for your time and valuable insights. Your experiences and opinions will help improve nutrition programs for other mothers and children in Afghanistan.**

## CHW Survey – Phone call

Section / Code	Question / Text (English)	Options (if applicable)
CONSENT_Q	<b>CONSENT CONFIRMATION:</b> Do you understand the information provided and agree to participate in this interview?	Yes; No
CONSENT_END	Thank you for your time. The interview will not proceed.	—
META_HEAD	<b>Interview Metadata</b>	—
META_KII_ID	KII Reference Number	Open text
META_ENUM	Enumerator Name	Open text
META_DATE	Date of Interview	Date
META_PROV	Province	List of provinces
META_DIST	District	List of districts
META_COMM	Village/Community	Open text / list
META_HF	Health Facility Name (if applicable)	Open text
META_RESP_NAME	Respondent Name	Open text
META_RESP_ROLE	Respondent Role/Title	Open text
META_PHONE	Contact Number	Open text
META_START	Start Time	Time
META_END	End Time	Time
THEME1	<b>THEME 1: RELEVANCE AND COVERAGE</b>	
EQ1_2	<b>EQ 1.2: To what extent did coverage of key interventions reach targeted populations?</b>	
Q1_2_1	How many families/individuals do you serve in your catchment area?	Numeric (open)
Q1_2_2	Which of the following nutrition services do you provide? (Select all that apply)	Multiple choice; select all that apply:• MNP distribution• IFA distribution• MMS distribution• Counselling• Growth monitoring• MUAC screening
Q1_2_3	For the children under 5 you serve, what percentage have you provided with MNP in the last 6 months?	Percentage (open)
Q1_2_4	For the pregnant women you serve, what percentage have you provided with IFA/MMS in the last 6 months?	Percentage (open)
Q1_2_5	For the adolescent girls you serve, what percentage have you provided with IFA (WIFS) in the last 6 months?	Percentage (open)
Q1_2_6	What percentage of mothers/caregivers in your area do you estimate have received counselling on maternal and child nutrition?	Percentage (open)
Q1_2_7	Which of the following groups are the most difficult to reach? (Select up to 3)	Multiple choice; select up to 3:• Pregnant women• Children under 2• Adolescent girls• Ethnic minorities•

		People with disabilities• Very poor households• Remote / hard-to-reach populations
Q1_2_8	What are the primary reasons these groups are hard to reach? (Select all that apply)	Multiple choice; select all that apply:• Cultural norms• Family disapproval• Distance• Security• Lack of awareness• Work/time constraints• Other (specify)
Q1_2_9	What are the top 3 reasons beneficiaries give for not receiving or not taking the supplements (MNP, IFA, MMS)?	Open text
Q1_2_10	Please specify which reasons are most common: “Services not available,” “Not aware,” “Not allowed by family,” “Side effects,” “Forgot,” “Ran out of supply”, others (specify).	Probe list (coded at analysis)
Q1_2_11	For those who have not received counselling, what are the most common barriers you have observed? (services not available, not aware, no time, family doesn't allow, others – specify).	Open text (with suggested categories)
EQ1_3	<b>EQ 1.3: How meaningfully were communities engaged in project design and planning?</b>	
Q1_3_1	To what extent were you consulted about community needs before the project started?	Single choice: • Not consulted• Informed, but not consulted• Consulted, but input was limited
Q1_3_2	Through which channels do community members typically provide feedback? (Select all that apply)	Multiple choice: select all that apply:• Directly to me (CHW)• In community meetings• Through a community leader• Suggestion box• Phone call• At the health facility• No formal feedback channels• Other (specify)
THEME2	<b>THEME 2: EFFECTIVENESS</b>	
EQ2_2	<b>EQ 2.2: How effectively did beneficiaries utilize and comply with prescribed supplements?</b>	
Q2_2_1	How do you track client compliance with supplements? (Select all that apply)	Multiple choice; select all that apply:• Home visits and direct observation• Pill/sachet count• Client self-reporting• Report from family member• Follow-up interviews• No systematic tracking• Other (specify)
Q2_2_2	What are the most common reasons clients give for not taking supplements? (Select all that apply)	Multiple choice; select all that apply:• Side effects (e.g. nausea)• Forget to take• Ran out of supply• Family disapproval• Not aware of importance• Services not available• Child refuses the taste• Other (specify)
Q2_2_3	What methods do you use to encourage compliance? (Select all that apply)	Multiple choice; select all that apply:• Counsel on benefits• Address side effects/concerns• Involve family members• Use group support sessions• Reminder visits or phone calls• Share success stories• Other (specify)
Q2_2_4	Rate the groups by their compliance with supplements, using a scale of 1–5 (where 1 is the lowest and 5 is the highest): pregnant women; lactating women; children under 2; adolescent girls.	For each group: 1–5 scale1 = lowest; 5 = highest
Q2_2_5	In your estimation, how many women understand why MMS is important?	Open text

	What key benefits do they usually mention?	
EQ2_4	<b>EQ 2.4: How well did the SBCC component influence community beliefs and practices around nutrition?</b>	
Q2_4_1	What key nutrition messages do you share with families?	Open text
Q2_4_2	What changes in feeding practices have you observed in your community?	Open text
Q2_4_3	Which communication methods are most effective for the follow-up with beneficiaries? (Select all that apply)	Multiple choice; select all that apply:• Home visits• Group talks• Through religious leaders• Community events• Printed materials• Phone calls
Q2_4_4	Which traditional beliefs or practices hinder good nutrition? (Select all that apply)	Multiple choice; select all that apply:• Food taboos during pregnancy or illness• Early marriage/pregnancy• Preference for feeding male children• Giving prelacteal feeds (e.g. tea, honey)• Belief that babies need water before 6 months• Misconceptions about supplements• Other (specify)
EQ2_5	<b>EQ 2.5: How adequate was the counselling provided to mothers and caregivers?</b>	
Q2_5_1	What training did you receive on nutrition counselling?	Open text
Q2_5_2	On a scale of 1 to 5, how confident do you feel in providing nutrition advice to mothers and caregivers?	Single choice:1 = Not at all confident2 = Slightly confident3 = Moderately confident4 = Very confident5 = Extremely confident
EQ2_6	<b>EQ 2.6: How effective is the mother MUAC approach in SAM detection and referral?</b>	
Q2_6_1	Did you train mothers to use MUAC bands?	Yes; No (plus detail if Yes)
Q2_6_2	Do mothers trained in MUAC identify children with malnutrition?	Open (frequency / description)
Q2_6_3	What challenges do mothers face in using MUAC correctly?	Open text
Q2_6_4	Since training mothers on MUAC, what difference have you seen in case identification?	Single choice:• Increase in case identification• Decrease• No difference
THEME3	<b>THEME 3: EFFICIENCY</b>	
EQ3_1	<b>EQ 3.1: How efficiently were resources utilized?</b>	
Q3_1_1	In the last 3 months, how often did you have enough supplies (supplements, MUAC tapes, educational materials) to perform your duties?	Single choice:• Never• Rarely (less than 25% of the time)• Sometimes (about 50% of the time)• Usually (more than 75% of the time)• Always
Q3_1_2	What do you do when supplies run out? (Select all that apply)	Multiple choice; select all that apply:• Inform my supervisor• Borrow from a health facility• Refer clients to a health facility• Provide counselling only• Pause that specific service
Q3_1_3	What would most improve your efficiency? (Select up to 3)	Multiple choice; select up to 3:• More reliable supplies• Transport support (bike, transport fare)• Refresher training• More supervisor support• More community volunteers

EQ3_2	<b>EQ 3.2: How does the incentive affect your work quality and motivation?</b>	
Q3_2_1	Do you receive an incentive for your CHW work? If yes, how much and how often?	Yes/No + open details
Q3_2_2	How has the incentive affected the quality of services you provide?	Open text
THEME4	<b>THEME 4: CONTRIBUTION</b>	
EQ4_1	<b>EQ 4.1: To what extent has the project contributed to reducing undernutrition and micronutrient deficiencies?</b>	
Q4_1_1	Have you noticed improvements in child nutrition in your community since the support from UNICEF?	Open text (or Yes/No + explanation)
Q4_1_2	What major factors affect nutrition in your community? (Select all that apply)	Multiple choice; select all that apply:• Poverty / lack of food access• Drought / crop failure• High food prices• Poor water and sanitation (e.g. diarrhoea)• Low female education• Lack of access to other health services• Other (specify)
EQ4_2	<b>EQ 4.2: What unintended outcomes, positive or negative, have resulted from the project?</b>	
Q4_2_1	What are the advantages and disadvantages of the nutrition supplement project (MNP, WIFPS, etc.)?	Open text
THEME5	<b>THEME 5: SUSTAINABILITY</b>	
EQ5_1	<b>EQ 5.1: How sustainable are current incentivization models for CHWs?</b>	
Q5_1_1	What would motivate you to continue this work if external support ended?	Open text
Q5_1_2	In what ways could the community support your work? (Select all that apply)	Multiple choice; select all that apply:• Provide volunteers• Provide in-kind support (e.g. food, space)• Advocate with authorities for support• Help mobilize community members• Contribute small funds• The community cannot provide support
Q5_1_3	Do you think the knowledge and practices you've taught (like MMS use and improved feeding) will continue if the project ends? Why or why not?	Open text
Q5_1_4	Have you noticed any change in how men or community leaders view the nutrition needs of women and children as a result of this program?	Open text
EQ5_2	<b>EQ 5.2: To what extent has community engagement contributed to the project's sustainability?</b>	
Q5_2_1	How could the community be more involved to ensure nutrition services continue?	Open text
EQ5_5	<b>EQ 5.5: How effective have capacity-building efforts been?</b>	
Q5_5_1	How many trainings (on nutrition and counselling) have you received from CHS in the last 2 years?	Single choice:• No training• 1–3 trainings• 3–5 trainings• More than 5 trainings

THEME6	<b>THEME 6: COHERENCE AND COORDINATION</b>	
EQ6_3	<b>EQ 6.3: How effective is collaboration among stakeholders?</b>	
Q6_3_1	How do you coordinate with the health facility? (Select all that apply)	Multiple choice; select all that apply:• Regular meetings• Using referral slips• Joint field visits• Phone calls• Sharing reports• During supply pickup• Minimal coordination• Other (specify)
Q6_3_2	How do you coordinate with other CHWs? (Select all that apply)	Multiple choice; select all that apply:• Hold regular meetings• Discuss specific cases• Share workload/responsibilities• Informal contact as needed• We do not coordinate
Q6_3_3	On a scale of 1 to 5, how would you rate the effectiveness of the referral system to health facilities?	Single choice:1 = Very ineffective2 = Ineffective3 = Moderately effective4 = Effective5 = Very effective
THEME7	<b>THEME 7: LESSONS LEARNED</b>	
EQ7_1	<b>EQ 7.1: What were the most successful strategies and interventions in the project?</b>	
Q7_1_1	Particularly, what nutrition activity works best in your community?	Open text
EQ7_2	<b>EQ 7.2: What challenges were encountered and what lessons can be learned?</b>	
Q7_2_1	What are the biggest challenges of the nutrition program?	Open text
Q7_2_2	What mistakes have you learned from?	Open text
Q7_2_3	What are your recommendations for improving the nutrition program?	Open text
THEME9	<b>THEME 9: CROSS-CUTTING ISSUES</b>	
EQ9_1	<b>EQ 9.1: How were cross-cutting issues addressed in service delivery?</b>	
Q9_1_1	How do you adapt services for vulnerable groups? (Select all that apply)	Multiple choice; select all that apply:• More frequent home visits• Involve more family members• Simplify counselling messages• Link to other services (e.g. livelihoods)• Use peer supporters from the same group• Other (specify)
CONCLUSION	Thank you for your time and valuable insights. Is there anything else you would like to add about your experience as a community health worker providing nutrition services?	Open text

## Observation checklist

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### Facility Information

Province: \_\_\_\_\_

District: \_\_\_\_\_

Health Facility Name: \_\_\_\_\_

Facilitator In-Charge: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Observer Name: \_\_\_\_\_

### Section: Service Availability

**EQ 1.2:** *To what extent did the coverage of key interventions reach the targeted populations?*

1. Are MUAC screening services offered in the facility?  Yes  No
2. Is IYCF counselling provided in the facility?  Yes  No
3. Are MMS supplements available in the facility?  Yes  No
4. Are MNP supplements available in the facility?  Yes  No
5. Are WIFS tablets available in the facility?  Yes  No
6. Are growth monitoring services available?  Yes  No
7. What days are nutrition services provided?  Daily  Specific days only  Irregularly If specific days, which days: \_\_\_\_\_
8. What are the operating hours for nutrition services?  
From: \_\_\_\_\_ To: \_\_\_\_\_

### Section: Staff Presence and Roles

**EQ 2.5 & 2.7:** *How adequate was counselling provided and how effective has capacity building been?*

9. Are staff specifically assigned to nutrition services present?  Yes  No
10. Are female staff available for nutrition services?  Yes  No
11. Do staff understand their roles in nutrition service delivery?  Yes  No
12. Number of staff assigned to nutrition services today: \_\_\_\_\_
13. Can staff explain key nutrition messages clearly?  Yes  No
14. Do staff demonstrate proper use of MUAC tapes?  Yes  No

### Section: Infrastructure and Space

**EQ 9.1:** *To what extent were cross-cutting issues integrated into the project?*

15. Is there a private and safe space for counselling?  Yes  No
16. Is the space child- and mother-friendly?  Yes  No
17. Is the space adequately ventilated and protected from heat/cold?  Yes  No
18. Are there appropriate seating arrangements for clients?  Yes  No
19. Is the space culturally appropriate for women?  Yes  No

### Section: Supply and Stock

**EQ 3.1:** *How well did resource allocation contribute to achievement of results?*

20. Are MUAC tapes available and in good condition?  Yes  No
21. Are MMS, MNP, and WIFS stocks available in the facility?  All  Some  None
22. Are stock records updated and properly maintained?  Yes  No

23. Are stock expired, close to expiry date or over date?  Yes  No
24. Is stock stored appropriately (temperature, humidity, security)?  Yes  No
25. Date of last stock update: \_\_\_\_\_
26. Are weighing scales available and functional?  Yes  No
27. Are height/length measuring boards available?  Yes  No

### Section: Documentation and Reporting

#### EQ 8.1: To what extent are data management and M&E systems in place?

28. Are daily service registers used for MUAC, MMS, MNP, etc.?  Yes  No
29. Are the registers filled clearly and accurately?  Yes  No
30. Are data disaggregated by sex and age where required?  Yes  No

### Section: Client Flow and Access

#### EQ 1.2 & 9.1: Coverage and inclusion in service delivery

31. Is there a clear pathway for clients to access nutrition services?  Yes  No
32. Are wait times acceptable (under 30 minutes)?  Yes  No
33. Are clients able to access services without discrimination?  Yes  No
34. Are clients seen in order of arrival or by priority?  Order  Priority  Neither
35. If wait times exceed 30 minutes, average wait time observed: \_\_\_\_\_ minutes

### Section: Counselling Quality

#### EQ 2.4 & 2.5: SBCC effectiveness and counselling adequacy

36. Are IYCF counselling sessions being conducted today?  Yes  No
37. If YES, observe and assess:
- Are the key counselling messages (breastfeeding, complementary feeding) provided?  Yes  No
  - Are visual tools or counselling aids (e.g., posters, flipcharts, cards) used during IYCF counselling?  Yes  No
  - Is there interaction (questions from clients answered)?  Yes  No
  - 45. Does counsellor adapt messages to client's specific situation?  Yes  No
  - 46. Is counselling conducted in local language?  Yes  No
  - Do staff treat clients with respect and dignity?  Yes  No
  - Average duration of counselling session observed: \_\_\_\_\_ minutes

### Section: Supervision and Mentoring

#### EQ 5.5: How effective have capacity-building efforts been?

1. Has the facility been supervised for nutrition services in the past month by IP, UNICEF, Department of Public Health,?  Yes  No
2. Is there written evidence (checklists/reports) of this supervision?  Yes  No
3. Have staff received feedback or on-the-job support recently?  Yes  No
- If yes when?
  - By whom? IP, MoPH, UNICEF, HF manger

### Section: Community Linkages

#### EQ 6.3: How effective is collaboration among stakeholders?

4. Do CHWs refer clients to this facility for nutrition services?  Yes  No
5. Is there documentation of referrals from CHWs?  Yes  No
6. Are CHWs or CHSs receiving support from facility staff?  Yes  No
7. How often do CHWs visit this facility?  Weekly  Monthly  Quarterly  As needed  Never
8. Are there clear referral pathways between CHWs and facility?  Yes  No

**Section: Inclusion and Equity**

**EQ 9.1: To what extent were gender equality, disability inclusion, and equity incorporated?**

- 9. Are services accessible to people with disabilities (e.g., ramps, space, seating)?  Yes  No
- 10. Are adolescent girls and women able to access services freely?  Yes  No
- 11. Are there any groups observed being excluded? (If yes, explain below)
- 12. Are there any cultural barriers observed?  Yes  No
- 13. Are services provided in a culturally sensitive manner?  Yes  No
- 14. Are there any groups observed being excluded?  Yes  No  
If yes, explain: \_\_\_\_\_

**Section: Cross – Cutting**

- 15. Do you see any posters advertising the CRM?  Yes  No
- 16. What are the ways beneficiaries can contact the UNICEF/IP/Facility staff according to the posters?  
Hotline/Face to face meeting/complaint box/WhatsApp.....
- 17. Could someone who does not read understand how to reach the IP/UNICEF/Facility staff based on these posters?  Yes  No
- 18. Are complaints posters in a place that is easy for people to access and see?  Yes  No
- 19. Do you see any complaints mechanisms in the facility?  Yes  No If yes, what is it (complaint box/WhatsApp/hotline.....)
- 20. Are complaints boxes secure (i.e., complaints are kept in a locked box and cannot be removed other than by designated staff)?  Yes  No
- 21. Do you have permission to take a photograph of the complaints mechanism?  Yes  No
- 22. If you have permission to do so, please photograph the complaints box, or other CRM materials (posters, organization office, flyers)
- 23. If you have permission to do so, please photograph where the complaints box is (context image/wider frame)
- 24. If Other, please explain: \_\_\_\_\_

**OVERALL ASSESSMENT**

- 25. How **would you rate the overall quality of nutrition services at this facility?**  
 Excellent  Good  Fair  Poor
- 26. Are all essential nutrition services functioning today?  Yes  No  
If NO, which services are not functioning: \_\_\_\_\_
- 27. Is the facility adequately equipped to provide quality nutrition services?  Yes  No
- 28. Do you observe any immediate safety or hygiene concerns?  Yes  No  
If YES, describe: \_\_\_\_\_

**Key Strengths Observed:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Key Challenges/Gaps Observed:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Additional Observations:**

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## Annex 6 – Bibliography

The evaluation was informed by an extensive desk review of project and contextual documentation. Key documents reviewed are summarised below.

### A. Project design and management documents

No.	Document title	Type	Year / period	Organisation
1	Terms of Reference – Summative evaluation of the project on enhancing sustainable food security and nutrition practices for children and women in Afghanistan	Evaluation ToR	2024	UNICEF Afghanistan
2	Project proposal – Enhancing sustainable food security and nutrition practices for children and women in Afghanistan (Phases 1–3)	Project proposal & design	2022–2024	UNICEF Afghanistan
3	Financing Agreement and amendments – Nutrition project in 13 provinces (Phases 1–3)	Financing agreement	2022–2024	UNICEF
4	Project Theory of Change and narrative	Programme design document	2022	UNICEF Afghanistan
5	Results framework and indicator tracking table – Phases 1–2	Results framework / logframe	2022–2024	UNICEF Afghanistan
6	Annual workplans and budgets for nutrition project (Phases 1–3)	Workplans & budgets	2022–2025	UNICEF Afghanistan
7	Phase 1 progress / final narrative report – nutrition project	Progress / final report	2023	UNICEF Afghanistan
8	Phase 2 progress / annual narrative report – nutrition project	Progress report	2024	UNICEF Afghanistan
9	CBNP Evaluation – Final Report	Thematic evaluation report (CBNP)	2025	UNICEF
10	CBNP Evaluation – Annexes	Evaluation annexes (CBNP)	2025	UNICEF
11	Afghanistan SC220334 Update Report – September 2024	Project progress / update report	2024	UNICEF
12	Afghanistan SC220777 Update Report – September 2024	Project progress / update report	2024	UNICEF
13	Afghanistan SC230724 Update Report – September 2024	Project progress / update report	2024	UNICEF
14	SC220334 – Annex A Results Matrix	Results matrix	2024	UNICEF
15	SC220777 – Annex A Results Matrix	Results matrix	2024	UNICEF
16	SC230724 – Annex A Results Matrix	Results matrix	2024	UNICEF
16	Annex 1 – UNICEF Nutrition Proposal (Phase I), including annexes	Project proposal & annexes	2022	UNICEF
17	Annex 1 – UNICEF Project Proposal Phase II, including annexes (Final proposal)	Project proposal & annexes	2022	UNICEF
18	Phase 3 Proposal (Nutrition in 13 provinces)	Project proposal	2023	UNICEF
19	DDA Q1 2025 – Nutrition Project	Financial / disbursement and delivery analysis	2025	UNICEF
20	Consolidated CHWs Profile – CBHC	Beneficiary / CHW profile dataset	2025	UNICEF
21	Evaluation Complementary Data Set	Quantitative evaluation dataset	2025	UNICEF
22	Beneficiaries Reached in East and North Regions	Beneficiary coverage dataset	2025	UNICEF
23	Afghanistan MICS 2022–23 – Summary Findings Report	National survey summary report	2023	UNICEF / NSIA

24	19 June – Afghanistan Draft WIFS Success Story	Case study / success story	2024	UNICEF
25	Qualitative Study (FGD) – Exploring Socio-behavioural Factors Behind Child Wasting in Afghanistan – Final Report	Qualitative study report	2022	ATR Consulting

#### B. Monitoring, implementation and financial documents

No.	Document title	Type	Year / period	Organisation
26	UNICEF Nutrition Dashboard – Eastern and Northern regions (13 provinces)	Routine monitoring data / dashboard	2022–2024	UNICEF Afghanistan
27	Community-based Nutrition Package (CBNP) monitoring reports and supervision checklists	Programme monitoring reports	2022–2024	UNICEF / Implementing partners
28	Quality Assurance Checklists and nutrition extender supervision reports (all 13 provinces)	Supervision & QA tools and reports	2022–2024	UNICEF Afghanistan
29	Implementing Partner narrative and financial reports (e.g. MOVE, AYSO, OCED, Aga Khan Foundation and others)	IP reports	2022–2024	Implementing partners / UNICEF
30	Social and Behaviour Change Communication (SBCC) strategy, media plans and monitoring summaries for project	SBC strategy & monitoring	2022–2024	UNICEF Afghanistan
31	Grandmother Groups (GMGs) concept notes, training materials and monitoring summaries	SBC / community engagement documentation	2022–2024	UNICEF Afghanistan

#### C. Strategic, policy and guidance documents

No.	Document title	Type	Year	Organisation
32	UNICEF Global Nutrition Strategy 2020–2030	Global strategy	2020	UNICEF
33	Afghanistan National Nutrition Strategy 2019–2023	National strategy	2019	MoPH Afghanistan
34	Afghanistan National Health Policy 2015–2020	National policy	2015	MoPH Afghanistan
35	United Nations Transitional Engagement Framework for Afghanistan	UN strategic framework	Latest available	United Nations
36	Afghanistan Humanitarian Needs and Response Plan (HNRP)	Humanitarian response plan	2023–2025	OCHA / Humanitarian Country Team
37	UNICEF Humanitarian Action for Children (HAC) – Afghanistan appeals	Appeal documents	2022–2025	UNICEF
38	World Health Assembly global nutrition targets (2012)	Global policy reference	2012	WHO / WHA
39	Outcome documents of the Second International Conference on Nutrition (ICN2)	Global policy reference	2014	FAO / WHO
40	Sustainable Development Goals (SDGs) – global framework	Global framework	2015 onwards	United Nations

#### D. Data sources, surveys and analytical reports

No.	Document title	Type	Year / period	Organisation
41	Afghanistan Multiple Indicator Cluster Survey (MICS) 2022–2023	National household survey	2022–2023	UNICEF / NSIA

42	Afghanistan SMART Survey 2022 (nutrition and mortality)	National nutrition survey	2022	MoPH / partners
43	Afghanistan National Nutrition Survey (NNS) 2013	National nutrition survey	2013	MoPH / UNICEF / partners
44	Afghanistan Demographic and Health Survey (DHS) 2015	National household survey	2015	CSO / MoPH / ICF
45	UNICEF Afghanistan – Child Food Poverty Report	Thematic analytical report	2025	UNICEF Afghanistan
46	Integrated Food Security Phase Classification (IPC) – Acute Food Insecurity and Acute Malnutrition Analyses for Afghanistan	IPC analyses	2022–2025	IPC Technical Working Group
47	UNICEF Multidimensional Poverty Index (MPI) analysis – Afghanistan	Analytical report	2023	UNICEF
48	IOM Climate Risk Index and related climate-risk analyses for Afghanistan	Climate risk analysis	2025	IOM
49	INFORM Risk Index – Afghanistan country profile	Risk index	Latest available	INFORM
50	Global Hunger Index – Afghanistan country profile	Global index	2024	GHI partners
51	Afghanistan Gender Index and associated gender situation analyses	Gender analytical reports	Latest available	UN / partners / research institutes
52	Peer-reviewed and grey literature on stunting, micronutrient deficiencies, anaemia and adolescent nutrition in Afghanistan (including Kandahar cross-sectional study 2022–2023)	Academic and technical literature	Various	Various
53	Knowledge, Attitudes and Practices (KAP) and other nutrition-related surveys commissioned by UNICEF and partners (where available for project’s provinces)	Thematic surveys	Various (2020–2024)	UNICEF / partners

#### E. Normative, ethical and evaluation guidance

No.	Document title	Type	Year	Organisation
54	UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis	Ethical procedure	Latest version used	UNICEF
55	UNICEF-adapted UNEG Evaluation Report Standards (2017)	Quality standard	2017	UNICEF
56	UNICEF Global Evaluations Oversight System (GEROS) Handbook	Evaluation quality assurance guidance	Latest version used	UNICEF

**Annex 7 – Inception Report**



Evaluation of the nutrition component - Final Inception Report.pdf

## Annex 8 – List of districts and provinces covered by the evaluation

Province	District		
<b>Badakhshan</b>	Argo Baharak Faizabad Ishkashim	Jurm Khash Kishm Kuf Ab	Shahr-e-Bozorg Warduj Yaftal-e-payan
<b>Baghlan</b>	Andarab Baghlan-e-Markazi Burka Dahane Ghure Dahane Warsaj	Deh Salaah Doshi Fereng Wa Gharu Guzargah-e-Nur	Jalga Khenjan Nahrin Pul-e-Khumri
<b>Balkh</b>	Balkh Chahar Bolak Chahar Kent Chemtal Dawlat Abad	Deh Daadi Kaldar Kishindeh Marmul Mazar-e-Sharif	Nehr Shahi Sholgera Shoretepe Zari
<b>Faryab</b>	Almar Andkhoy Bilcheragh Dawlat Abad	Gurziwan Khan Char Bagh Kohistan Maymana	Qaramqul Qaysar Qurghan
<b>Jawzjan</b>	Aqcha Darzab Faizabad Khamyab	Khaniqa Khwaja Du Koh Mardyan Mingajik	Qarqin Qush Tapa Sheberghan
<b>Kunar</b>	Asadabad Chapa Dara Chawkay Dangam Dara-e-Pech	Ghaziabad Khas Kunar Marawara Narang Wa Badil	Nurgal Shegal Sheltan Wata Pur
<b>Kunduz</b>	Ali Abad Chahar Dara Dasht-e-Archi	Imam Sahib Khan Abad	Kunduz city Qala-e-Zal
<b>Laghman</b>	Alingar Alishang	Dawlat Shah	Qarghayi
<b>Nangarhar</b>	Achin Bati Kot Behsud Chaparhar Dara-e-Nur Deh Bala Dur Baba	Ghani Khel Goshta Jalalabad Kama Khogyani Kot Kuz Kunar	Lal Pur Mohmand Dara Nazyan Pachir Wa Agam Rodat Sherzad Surkh Rod
<b>Nuristan</b>	Bargi Matal Kamdesh Mandol	Nurgaram Parun	Wama Waygal
<b>Samangan</b>	Aybak Dara-i-Suf Bala Dara-i-Suf Payin	Feroz Nakhchir Hazrat Sultan	Khuram Wa Sarbagh Ruyi Du Ab
<b>Sar-e Pul</b>	Balkhab Gosfandi	Kohistanat Sancharak	Sayyad
<b>Takhar</b>	Baharak Bang-e-Sar Chah Ab Chal Darqad Dasht-e-Qala	Eshkamish Farkhar Hazar Sumuch Kalafgan Khwaja Bahauddin	Khwaja Ghar Namak Ab Rustaq Taloqan Warsaj

Evaluation sample in relation to UNICEF operational coverage:

Province	UNICEF (Districts)	Evaluation (Districts)	Variance (UNICEF - Eval)	Evaluation Coverage by Total District
Badakhshan	28	11	17	39%
Baghlan	14	13	1	93%
Balkh	15	14	1	93%
Faryab	15	11	4	73%
Jawzjan	11	11	0	100%
Kunar	16	13	3	81%
Kunduz	7	7	0	100%
Laghman	5	4	1	80%
Nangarhar	22	21	1	95%
Nuristan	8	7	1	88%
Samangan	7	7	0	100%
Sar-e-Pul	12	5	7	42%
Takhar	17	16	1	94%
TOTAL	177	140	37	79%

## Annex 9 – Change in scope (objectives and questions)

Inception Report Objectives	Revised Objectives
<b>Assess relevance and coverage:</b> Examine the extent to which project interventions addressed the nutritional needs of vulnerable populations, aligned with community priorities, and ensured meaningful engagement of communities, particularly women, in the design and planning processes.	<b>Assess relevance and coverage:</b> Examine the extent to which project interventions addressed the nutritional needs of vulnerable populations, aligned with community priorities, and ensured meaningful engagement of communities, particularly women, in the design and planning processes.
<b>Evaluate effectiveness:</b> Determine the achievement of intended results, including utilisation and compliance with nutrition supplements, and beneficiary satisfaction. Explore the benefits and challenges faced by communities in accessing and using these nutrients and identify opportunities for improving service delivery. Assess the SBC component and the adequacy of tailored counselling provided by CHWs to mothers and caregivers regarding care and feeding practices.	<b>Evaluate effectiveness:</b> Determine the achievement of intended results. Explore the benefits and challenges faced by communities in accessing and using these nutrients and identify opportunities for improving service delivery.
<b>Analyse efficiency:</b> Examine the project's management and governance to determine how efficiently resources, both human and financial, were utilised to achieve results. Assess the project's cost-effectiveness, risk management strategies, and mitigation measures, including a specific comparison between the quality-of-service delivery by CHWs receiving a flat-rate incentive and those without incentives.	<b>Analyse efficiency:</b> Examine the project's management and governance to determine how efficiently resources, both human and financial, were utilised to achieve results. Assess the project's cost-effectiveness, risk management strategies, and mitigation measures, including a specific comparison between the quality-of-service delivery by CHWs receiving a flat-rate incentive and those without incentives.
<b>Assess contribution:</b> Evaluate the project's overall intended and unintended contribution to improving nutrition outcomes, particularly in reducing undernutrition and micronutrient deficiencies among children, adolescents, and women, to the extent measurable given the complex operating environment.	<b>Assess contribution:</b> Evaluate the project's overall intended and unintended contribution to improving nutrition outcomes, particularly in reducing undernutrition and micronutrient deficiencies among children, adolescents, and women, to the extent measurable given the complex operating environment.
<b>Examine sustainability:</b> Explore the long-term viability of the project, identifying factors that can support its continuation and areas requiring improvement.	<b>Examine sustainability:</b> Explore the long-term viability of the project, identifying factors that can support its continuation and areas requiring improvement.
<b>Evaluate coherence and coordination:</b> Assess the effectiveness of collaboration, particularly in fostering strong working relationships between CHWs, communities, and other stakeholders.	<b>Evaluate coherence and coordination:</b> Assess the effectiveness of collaboration, particularly in fostering strong working relationships between CHWs, communities, and other stakeholders.
<b>Identify lessons learned:</b> Document key lessons and best practices derived from the project, with a focus on improving future programming and scaling effective interventions.	<b>Identify lessons learned:</b> Document key lessons and best practices derived from the project, with a focus on improving future programming and scaling effective interventions.
<b>Assess monitoring &amp; evaluation and knowledge management systems:</b> Review the quality and coherence of the monitoring and evaluation (M&E) systems, including the relevance of indicators, availability of baseline data, and comprehensiveness of data collection systems.	<b>Assess monitoring &amp; evaluation and knowledge management systems:</b> Review the quality and coherence of the monitoring and evaluation (M&E) systems, including the relevance of indicators, availability of baseline data, and comprehensiveness of data collection systems.
<b>Evaluate integration of cross-cutting areas:</b> Assess how effectively the project integrated cross-cutting themes, such as gender equality, disability inclusion, equity, climate considerations, human rights, the 'leave no one behind' (LNOB) principle, and environmental and social safeguards (ESS) into its design and implementation.	<b>Evaluate integration of cross-cutting areas:</b> Assess how effectively the project integrated cross-cutting themes, such as gender equality, disability inclusion, equity, climate considerations, human rights, the 'leave no one behind' (LNOB) principle, and environmental and social safeguards (ESS) into its design and implementation.

Inception report sub-questions	Revised sub-questions
<p>1.1 How effectively did the project identify and address the specific nutritional needs of vulnerable populations, including children, pregnant and lactating women, and adolescents?</p> <p>1.2 To what extent did the coverage of key interventions, such as the delivery of micronutrient powders and iron-folic acid supplements, reach the targeted populations and address geographic and demographic disparities?</p> <p>1.3 How meaningfully were communities, especially women (and adolescent girls for iron supplementation), engaged in the design and planning of the interventions, and to what degree did their participation influence project priorities and implementation?</p>	<p>1.1 How effectively did the project identify the specific nutritional needs of vulnerable populations, including children, pregnant and lactating women, and adolescents?</p> <p>1.2 To what extent did the coverage of key interventions, such as the delivery of micronutrient powders and iron-folic acid supplements, reach the targeted populations?</p> <p>1.3 How meaningfully were communities, especially women (and adolescent girls for iron supplementation), engaged in the design and planning of the interventions, and to what degree did their participation influence project priorities and implementation?</p>
<p>2.1 To what extent has the project achieved its intended results and targets?</p> <p>2.2 How effectively did beneficiaries utilize and comply with the prescribed MNP and iron-folic acid supplements, and what were their levels of satisfaction with these interventions?</p> <p>2.3 What benefits and challenges did communities face in accessing and using the nutrition supplements, and how were these challenges addressed during implementation?</p> <p>2.4 How well did the SBC component influence community beliefs and practices around nutrition, and to what extent did it contribute to improving dietary habits?</p> <p>2.5 How adequate was the counselling provided by CHWs to mothers and caregivers on feeding practices and child growth monitoring, and how did it align with the needs identified through child growth monitoring reports?</p> <p>2.6 How does the quality-of-service delivery, particularly the detection and referral of children with severe acute malnutrition (SAM), differ between mothers trained in the mother MUAC approach and those who did not receive the training? What were their barriers to reaching women and girls with adequate services?</p> <p>2.7 To what extent has the role of nutrition extenders been effective in capacity building (training), monitoring, supportive supervision, and quality assurance activities for community interventions?</p>	<p>2.1 To what extent has the project achieved its intended results and targets?</p> <p>2.2 What benefits and challenges did communities face in accessing and using the nutrition supplements, and how were these challenges addressed during implementation? What were barriers to reaching women and girls with adequate services?</p> <p>2.3 How well did the SBC component influence community beliefs and practices around nutrition?</p> <p>2.4. To what extent has the role of nutrition extenders been effective in capacity building (training), monitoring, supportive supervision, and quality assurance activities for community interventions?</p>
<p>3.1 How well did the project's resource allocation (human and financial) contribute to the achievement of results, and were risk management and mitigation strategies effectively implemented?</p> <p>3.2 How does the quality-of-service delivery by CHWs receiving a flat-rate incentive of 1,500 AFN per month</p>	<p>3.1 How well did the project's resource allocation (human and financial) contribute to the achievement of results, and were risk management and mitigation strategies effectively implemented?</p>

compared to those without incentives in terms of effectiveness and beneficiary satisfaction?	3.2 How does the quality-of-service delivery by CHWs receiving a flat-rate incentive of 1,500 AFN per month compared to those without incentives?
4.1 To what extent has the project contributed to reducing undernutrition and micronutrient deficiencies among children, adolescents, and women, and how measurable are these impacts?	4.1 To what extent has the project contributed to reducing undernutrition and micronutrient deficiencies among children, adolescents, and women, and how measurable are these impacts?
4.2 What unintended outcomes, positive or negative, have resulted from the project, and how have they influenced nutrition outcomes?	4.2 What unintended outcomes, positive or negative, have resulted from the project, and how have they influenced nutrition outcomes?
5.1 How sustainable are the current incentivization models for CHWs, and what factors could strengthen their long-term viability?	5.1 How sustainable are the current incentivization models for CHWs, and what factors could strengthen their long-term viability?
5.2 To what extent has community engagement contributed to the project's sustainability, and what improvements can be made to ensure continued community involvement?	5.2 To what extent has community engagement contributed to the project's sustainability, and what improvements can be made to ensure continued community involvement?
5.3 To what extent have women and girls been empowered to challenge harmful gender and social norms that limit their access to nutritious and diverse diets, essential nutrition services and positive dietary practices?	5.3. How have community members (including women, men, girls, boys, community elders) been mobilized as advocates for diverse dietary practices and rights to nutrition?
5.4 To what extent have boys, men and influential family and community members been mobilized as advocates for girls' right to nutrition and engaged to shift unequal power relations and gender norms?	5.4. How effective have capacity-building efforts been in ensuring long-term sustainability, and what areas require further development to maintain impact?
5.5 How effective have capacity-building efforts been in ensuring long-term sustainability, and what areas require further development to maintain impact?	
6.1 How well have UNICEF, implementing partners, donors, ministries, and clusters coordinated to support the project's objectives?	6.1 How well have UNICEF, implementing partners, donors, ministries, and clusters coordinated to support the project's objectives?
6.2 How can coordination and collaboration be improved to enhance the overall impact of the project, particularly in fostering stronger working relationships between stakeholders?	6.2 How can coordination and collaboration be improved to enhance the overall impact of the project, particularly in fostering stronger working relationships between stakeholders?
6.3 What has been the effectiveness of collaboration between CHWs, communities, and other stakeholders in achieving project goals?	6.3 What has been the effectiveness of collaboration between CHWs and other stakeholders in achieving project goals?
7.1 What were the most successful strategies and interventions in the project, and how can they be replicated or scaled in future programming?	7.1 What were the most successful strategies and interventions in the project, and how can they be replicated or scaled in future programming?
7.2 What challenges or obstacles were encountered during project implementation, and what lessons can be learned to overcome these in future projects?	7.2 What challenges or obstacles were encountered during project implementation, and what lessons can be learned to overcome these in future projects?
8.1 To what degree do the existing internal and external monitoring and data collection systems enable the collection of specific, measurable, achievable, relevant, and time-bound data for monitoring indicators and reporting?	8.1 To what degree do the existing internal and external monitoring and data collection systems enable the collection of specific, measurable, achievable, relevant, and time-bound data for monitoring indicators and

<p>How robust are the data and information systems used by the project? How realistic are the targets set in the logical framework, and to what extent do they align with the actual progress and achievements of the project?</p> <p>8.2 In what ways can the existing internal and external M&amp;E and knowledge management systems be improved to better support accountability and organizational learning? How can the refinement of M&amp;E processes contribute to more effective implementation and aid in achieving the overarching goals and objectives of the project?</p>	<p>reporting? How robust are the data and information systems used by the project? How realistic are the targets set in the logical framework, and to what extent do they align with the actual progress and achievements of the project?</p> <p>8.2 In what ways can the existing internal and external M&amp;E and knowledge management systems be improved to better support accountability and organizational learning? How can the refinement of M&amp;E processes contribute to more effective implementation and aid in achieving the overarching goals and objectives of the project?</p>
<p>9.1 To what extent were gender equality, disability inclusion, equity, and LNOB principle incorporated into the project's strategies and interventions?</p> <p>9.2 How were climate considerations, human rights, and ESS addressed in the project, and what impact did these considerations have on implementation?</p>	<p>9.1 To what extent were gender equality, disability inclusion, human rights, equity, and LNOB principle incorporated into the project's strategies and interventions?</p> <p>9.2 How were climate considerations and ESS addressed in the project, and what impact did these considerations have on implementation?</p>

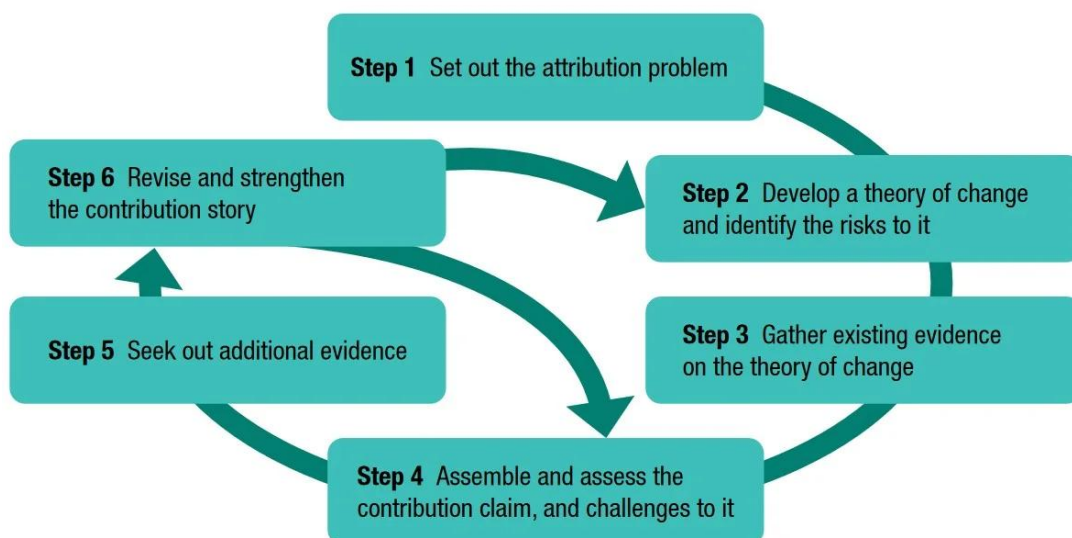
## Annex 10 – Details on the contribution analysis

Contribution analysis<sup>1</sup> is an evaluation approach that provides a systematic way of understanding an intervention's contribution to observed outcomes or impacts.

Contribution analysis provides a systematic way of understanding the contribution an intervention (such as a project, program, portfolio, policy or advocacy campaign) has made to observed results (outcomes or impacts). It involves developing or drawing on a reasoned, plausible causal theory of how change is understood to come about. The process includes assessing whether existing and additional evidence is consistent with this theory of change, revising the theory of change to better incorporate other contributory factors, and identifying and ruling out, where warranted, alternative explanations in order to understand an intervention's actual contribution.

A contribution analysis report provides evidence and a line of reasoning to draw a plausible conclusion to documented results. It provides a level of confidence regarding the nature and level of importance of this contribution. It also provides an increased understanding of how, why, and for whom the observed results have (or have not) occurred and the roles played by the intervention and other factors.

### Steps in the process:



Source: John Mayne, set out six steps for contribution analysis (diagram by Apgar et al., 2020).

### 1. Set out the contribution/attribution problem to be addressed

The type of cause-effect question that is being asked in the evaluation needs to be determined. Contribution analysis explicitly recognises that change at the level of outcomes and impacts occurs due to a combination of factors, known as a causal package.

An intervention might contribute to this package but will not be the sole factor producing change. Rather than answering questions like “Did the intervention cause the observed change?”, contribution analysis is appropriate for answering questions such as:

<sup>1</sup> John Mayne (May 20228); ILAC Brief 16: Contribution analysis: An approach to exploring cause and effect. <https://nonprofitbuilder.org/storage/377/Contribution-analysis-An-approach-to-exploring-cause-and-effect-ILAC.pdf>; and <https://www.betterevaluation.org/methods-approaches/approaches/contribution-analysis>

- Is it reasonable to conclude that the intervention contributed to the observed changes?
- The required level of confidence needs to be determined, and this should be based on the kinds of decisions the evaluation will inform and the needs of its primary users.
- The type of expected contribution an intervention makes to specific changes needs to be explored in terms of its nature and extent. This includes an exploration of:
  - Which results would the intervention be expected to directly influence (typically results at the level of immediate outcomes)?
  - Which results might the intervention be expected to indirectly influence (typically at the level of later outcomes and impacts)?

Other key influencing factors need to be identified and explored, including their likely significance.

Given the size of the intervention, the magnitude and nature of the problem and the other influencing factors, is an important contribution by the intervention likely? If a significant contribution by the intervention is not plausible, there might not be value in completing a contribution analysis.

## **2. Develop/revise a theory of change**

This phase of contribution analysis entails the following key actions

- Develop/revise the program logic/results chain describing how the intervention is supposed to work.
- Identify the main external factors that might account for the observed outcomes. Based on the results chain, develop/revise the theory of change upon which the intervention is based, including articulating the causal links between results, any underlying assumptions about how change will come about, and the risks to achieving the conditions under which the intervention will work. This theory of change should lead to a plausible association between the intervention's activities and the outcomes sought.
- It is important to determine how much of the theory of change is contested, by whom, and why, with different perspectives on how it works, and which links in the causal chain are generally well understood and accepted.

## **3. Gather existing evidence on the theory of change**

A review of the theory of change will identify where evidence is most needed. This might include examination of:

- What evidence (such as information from performance measures and evaluations) is currently available about activities and various results?
- What evidence currently exists on the causal links that connect each result to the next, and about the assumptions about the conditions under which these causal links will work?
- What evidence exists about the other influencing factors that have been identified and the contribution they may be making?

## **4. Assemble and assess the contribution story and challenges to it**

With this information, the evaluation team and stakeholders can assemble and critically assess an initial contribution story. This might include:

- Which links in the causal chain are strong (good evidence available, strong logic, or wide acceptance) and which are weak (little evidence available, weak logic, or little agreement among stakeholders)?
- How credible is the contribution story overall? Do stakeholders agree with the story, given the available evidence?

- Who does or does not agree, and why? Do they agree that the intervention has made an important contribution (or not) to the observed results?
- Where are the main weaknesses in the story, and where would additional evidence be most useful?

### **5. Seek out additional evidence**

This step involves identifying what new data are needed, adjusting the theory of change if needed, and gathering more evidence. This can involve primary data collection such as:

- Interviews, focus groups, surveys
- Analysis of variations in implementation over time and across locations
- Detailed evaluation of a particular component of the program where existing data is weak and synthesis of evidence from research and evaluations.

### **6. Revise and, where the additional evidence permits, strengthen the contribution story**

- With the new evidence, you should be able to build a more substantive and credible story.

# Annex 11 – Ethical clearance



Institutional review  
board ethical approva