

Philippines

Mid-Term Evaluation

**Thematic window: Children, Food security
& Nutrition**

**Programme Title: Ensuring Food Security for Children 0-24
months old in the Philippines**

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Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

Philippines <i>(MDGF- 2030)</i>	“Ensuring Food Security for Children 0-24 months old in the Philippines”
<i>Children, Food Security and Nutrition</i>	



Total Budget	\$3,499,999
FAO	\$222,757
ILO	287,332
UNICEF	1,620,413
WFP	428,000
WHO	941,497
Start date	November 2009
Duration	36 months
Lead Agent	UNICEF

MID-TERM EVALUATION

Final Report

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A. EXECUTIVE SUMMARY

The Joint Programme “Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines” has a budget of \$3.5 million and contributes to the improvement of nutritional status of 0-2 year old children and complement government’s efforts through social marketing strategies to increase the percent of exclusive breastfeeding through nationwide efforts. In addition, the JP intends to improve the nutritional quality of home-prepared complementary foods of children 6-24 months through pilot of in-home fortification with multiple micronutrient powder to reduce and prevent anaemia; including training on recipe trials among nutrition and health workers to improve complementary feeding using locally-available foods. The JP works at 2 levels; (i) at the national level, the JP intends to galvanize multisectoral duty bearers to create an enabling environment, through policy and programming, for pregnant, lactating and working women that will support, protect and promote the rights of the child to appropriate quality infant feeding; and (ii) at the local level, by engaging Local Government Units (LGUs) and other local actors to implement and monitor the national policies. The JP also aims to strengthen the nutrition information system and the quality of data reported through the system from the local level to the national level through a pilot municipal level early warning nutrition and food security system.

The JP is implemented in 6 areas that were selected based on the criteria of high prevalence of under-nutrition, poverty, and population size. One province, from the three main island groups was chosen - Naga City, Pasacao, Camarines Sur in Region 5; Carles, Iloilo and Iloilo City in Region 6; and, Zamboanga City and Aurora, Zamboanga del Sur in Region 9.

This Mid-Term Evaluation (MTE) was commissioned by the MDG-F to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. This report of the MTE represents the findings of the independent evaluation conducted by an independent evaluator during the period June to August 2011; presented in 8 chapters including: (1) introduction and background to the JP, (2) description of the evaluation objectives, scope and methodology, (3) description of the JP, (4) evaluation findings, (5) Management and Governance arrangements, (6) conclusions, (7) lessons learned, and (8) recommendations.

The MTE was undertaken in four phases: (1) Review of official JP, UN agency and government documents, (2) 10 day in-country mission comprising of meetings and interviews to collect primary data from key partners and stakeholders, (3) Site visits to region 5 and region 9 for direct observations on the implementation process, and (4) Debrief of preliminary findings and feedback from the Evaluation Reference Group (ERG).

Summary of findings

The key findings of the evaluation are listed below:

- (1) The JP is very relevant in the context of the development objectives of the Philippines, and is adequately aligned with Government priorities and strategies as well as the overall objectives of the UN.
- (2) There are clear linkages between the JP and relevant MDG goals, particularly MDG 1 and 4; and indirectly MDGs 2, 3 and 6.
- (3) The JP leverages on prior and existing government programmes and lessons from past experience.
- (4) The design of the JP did not fully take into account the comparative advantages of all participating UN agencies, and consequently does not demonstrate a strong benefit from 'delivering as one' although it contributes to development of synergies across UN programmes.
- (5) Activity implementation was delayed due to initial administrative challenges that were experienced during the inception phase, which by itself does not directly contribute to expected outputs.
- (6) Implementation of activities is structured around components, which is a good practice that enables different UN and Government agencies to jointly focus on common results and contributes to reduction of duplication and overlap.
- (7) The JP Monitoring and Evaluation (M&E) Framework lacks adequate and measurable indicators, most being quantitative even when qualitative indicators would be more appropriate. As a result, reporting tends to be activity-based.
- (8) The JP governance and management arrangements are very effective and have strong national ownership and leadership. This was strengthened by the good practice of establishing Technical Working Groups (TWGs) at the national and sub-national levels.
- (9) While there is good coordination based on national ownership and leadership, there is a lack of specific mechanisms for measuring the effect on transaction costs.
- (10) The engagement of government counterparts at the national and sub-national levels provides a good venue for programme sustainability. However, the absence of a specific exit strategy has affected the development of a targeted capacity building strategy and establishment of a process documentation methodology that will ensure replication based on national capacities.

Lessons learned

Based on the above findings, four key lessons have been identified:

- (a)** After the approval of the JP, there seems to be a gestation period which lasts about 6 months in which the systems and structures required to launch activity implementation are put in place. This process culminates with the Inception Workshop, which signals the

actual start of implementation. This phase of the JP programme cycle does not contribute to actual outputs as defined in the RME framework; and as such essentially shortens the actual time in which programme activities that contribute to results and outputs are actually implemented.

- (b)** The systems that are in place at LGU level for monitoring and tracking data are inadequate, such that they may affect the accuracy and reliability of national data on some of the indicators. The capacities for information management have to be strengthened at LGU level in order to achieve credible national data.
- (c)** When implementation of activities is structured at the component level, partners' capacity to collaborate and engage in joint activities including planning, implementation and monitoring is enhanced. This is a good practice, which is fundamentally different from other implementation approaches which are designed around specific UN agency outputs.
- (d)** Sustainability of JP processes and results requires the establishment of specific venue for continuity. The JP has adequately addressed this by giving the lead coordinating role to the NNC and engaging broad participation of civil society and other national institutions.
- (e)** Lack of a specific exit strategy could affect the design and development of a replicable model that is capable of implementation in the framework of national systems and capacities. Such an exit strategy, if appropriately design should establish what the JP intends to leave in place at the end of the programme cycle, including national capacities, documented process models as well as mechanisms for engaging broad national partnerships.

Recommendations

Overall, the MTE concluded that the JP is on track and does not require major changes or adjustments in implementation. However, five recommendations were identified to strengthen the JPs effectiveness and contribution to future programming:

- (1) The MDG-F should consider separating the JP Inception Phase from the project cycle.
- (2) The UNRCO, in collaboration with UN agencies and national counterparts, should design a study to identify the key elements that contribute affect transaction costs, and how these can be effectively measured, monitored and reduced.
- (3) The JP should develop specific strategies and interventions to strengthen local-level information management systems.
- (4) The JP should expand the practice of Father's classes to all JP areas to enhance support and food security for lactating mothers and their infants.
- (5) The JP should design and undertake a targeted study to determine and recommend appropriate MNP dosage for the Philippines.

- (6) The JP in collaboration with partner UN agencies should continue review and redraft of the JP indicators.
- (7) The JP should develop a specific Exit Strategy that clearly defines what the JP will leave in place at the conclusion of the programme, including national capacities and fully tested process models for replication.

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C. ACRONYMS

ABC	Association of Barangay Council
ADB	Asian Development Bank
AHMP	Accelerated Hunger Mitigation Program
BCA	Basic Cooperation Agreement
BF	Breastfeeding
BFAD	Bureau of Foods and Drug
BHWs	Barangay health Workers
BMS	Breast milk substitutes
BNS	Barangay Nutrition Scholars
CIPH	City Investment Planning for Health
COMBI	Communications for Behavioral Impact
CPC6	Sixth Country Program for Children
CPAP	Country Programme Action Plans
CRC	Convention on the Right of Children
CWC	Council for the Welfare of Children
DA	Department of Agriculture
Dep. Ed	Department of Education
DILG	Department of Interior and Local Governments
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
DQA	Data Quality Assessment
EBF	Exclusive Breastfeeding
ECOP	Employers' Confederation of the Philippines
EXECOM	Executive Committee
F1	Formula One
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FNRI-DOST	Food and Nutrition Research Institute, Department of Science and Technology
FWC	Family Welfare Committee
FWP	Family Welfare Program
GAIN	Global Alliance for Improved Nutrition
HP	Health Personnel
IFAD	International Fund for Agricultural Development
IFC	International Finance Corporation
IFE	Infant Feeding in Emergencies
ILO	International Labor Organization
IMF	International Monetary Fund
IMO	International Maritime Organization
IYCF	Infant Young and Child Feeding
JP	Joint Program

JPD	Joint Programme Document
JPMF	Joint Programme Monitoring Framework
JPMC	Joint Programme Management Committee
MBFH	Mother Baby Friendly Hospital
MDG	Millennium Development Goals
MNS	Micronutrient Supplements
MNP	Multi-Micronutrient Powder
MTPPAN	Medium Term Philippine Plan of Action for Nutrition
MDTF	Multi Donor Trust Fund
NAPC	National Anti-Poverty Commission
NCBH	National Centre for Bureau for Health Facilities
NCDPC	National Center for Disease Prevention and Control
NCHP	National Center for Health Promotion
NCP	Nutrition Center of the Philippines
NDs	Nutritionist-Dietitians
NDHS	National Demographic and Health Statistics
NEDA	National Economic and Development Authority
NGOs	Non-Governmental Organizations
NNC	National Nutrition Council
NNC-RO	National Nutrition Council-Regional Office
NSC	National Steering Committee
NSS	Nutrition Surveillance System
PD	Positive Deviance
PIPH	Provincial Investment Plan for Health
PM	Program Manager
PMC	Program Management Committee
PMU	Programme Management Unit
PPAN	Philippine Plan of Action for Nutrition
UNRC	United Nations Resident Coordinator
RIRR	Revised Implementing Rules and Regulations
TB	Tuberculosis
TOR	Terms of Reference
TUCP	Trade Union Congress of the Philippines
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
UNICEF	United Nations Children's Fund

Chapter 1: INTRODUCTION

1.1. Background

1. In December 2006, the United Nations Development Programme (UNDP) and the Government of Spain signed a partnership agreement for the amount of €528 million with the aim of contributing to progress on the Millennium Development Goals (MDGs) and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The Millennium Development Goals Achievement Fund (MDG-F) supports countries in their progress towards the MDGs and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.
2. The MDG-F operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme (JP) mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs. The thematic window on Children, Food Security and Nutrition supports the development of low-cost nutrition interventions that save lives and promote healthy development by engaging with pregnant and lactating mothers and ensuring that they are healthy and aware of key nutrition issues. The interventions also include advocacy for mainstreaming children's right to food into national policies and plans.
3. With a contribution of US\$ 3.5 million, the JP "Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines" contributes to the improvement of nutritional status of 0-2 year old children and complement government's efforts through social marketing strategies to increase the percent of exclusive breastfeeding through nationwide efforts. At the local level, the JP intends to galvanize multisectoral duty bearers to create an enabling environment, through policy and programming, for pregnant, lactating and working women that will support, protect and promote the rights of the child to appropriate quality infant feeding. This includes recipe trials and behavioral change among mothers in improving nutritional quality of infant feeding. In addition, the JP intends to improve the nutritional quality of home-prepared complementary foods of children 6-24 months through pilot of in-home fortification with multiple micronutrient powder to reduce and prevent anemia. The JP also aims to strengthen the nutrition information system and the quality of data reported through the system from the local level to the national level through a pilot municipal level early warning nutrition and food security system.
4. The JP contributes to the achievement of the MDG target on reducing malnutrition among 0-5 year-old children (MDG 1 eradicate extreme poverty and hunger) and reducing child mortality rate (MDG 4), by complementing government's efforts to focus on children 0-24

months of age to improve breastfeeding and complementary feeding practices. The JP is intended to focus strategically on government priorities as stipulated in the Medium -Term Philippine Plan of Action for Nutrition (MTPPAN 2008-2010) and the Accelerated Hunger Mitigation Program (AHMP). The programme was developed in close consultation with the National Nutrition Council (NNC) - which is the policy and coordinating agency of government on nutrition and an attached agency to the DOH - and other stakeholders such as the National Anti-Poverty Commission (NAPC), Local Government Units (LGUs), Department of Labour and Employment (DOLE), Family Welfare programme (FWP), and Department of Interior and Local Government (DILG).

1.2. Purpose of the Mid-Term Evaluation

5. Among its roles, the MDG-F Secretariat is monitoring and evaluation in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation (MTE).

6. By their very nature, MTEs are highly formative and forward looking, seeking to improve implementation of the JPs during their second phase of implementation. They also seek to generate knowledge, identifying best practices and lessons learned that could be transferred to other programmes. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the JP Management, the National Steering Committee (NSC) and the Secretariat of the Fund.

1.3. Structure of the Report

7. This report represents the findings of the independent evaluation conducted by an independent evaluator during the period June to August 2011. The report is presented in 8 chapters. Chapter 1 contains the introduction and background to the JP; Chapter 2 describes the evaluation objectives, scope and methodology; Chapter 3 contains a description of the JP, followed by the evaluation findings in Chapter 4. Chapter 5 contains the assessment of the JP Management and Governance arrangements; and Chapters 6, 7 and 8 contain the conclusions, lessons learned and recommendations respectively.

Chapter 2: DESCRIPTION OF THE EVALUATION

2.1. Objectives of the MTE

8. The objective of this MTE was to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. The specific objectives are to:

- a. To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the MDGs, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action (AAA).
- b. To understand how the JP operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. The analysis also intended to establish the factors for success and limitations in inter-agency tasks within the One UN framework.
- c. To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children, Food Security and Nutrition thematic window, and the MDGs at the local and country level.

9. The MTE also sought to generate conclusions and recommendations to improve the implementation of the JP during the remaining period of its implementation.

2.2. Scope of the MTE

10. The unit of analysis or object of study for this MTE was the JP "Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines (MDGF 2030)", understood to be the set of components, outcomes, outputs, activities and inputs that are detailed in the JP document and in associated modifications made during implementation. The evaluation assessed the planned, ongoing, or completed JP interventions to determine its relevance, efficiency, effectiveness, impact and sustainability.

11. The evaluation process generated information to address the evaluation questions identified in the TOR at the outset of this MTE. Particular emphasis was put on the current programme results and the possibility of achieving all the objectives in the given timeframe, taking into consideration the pace of implementation of activities. The Evaluator reviewed the programme monitoring framework that was developed at the design stage, including review of the set of indicators, baseline values and targets established for tracking and monitoring progress.

12. Specifically, the evaluation assessed the following four levels of the programme:

2.2.1. Design level - Relevance

13. The assessment reviewed the relevance of the programme design and the extent to which the objectives of the JP were consistent with the needs and interest of the partners and end-users, the needs of the country, the MDGs and the policies of partners and donors. The evaluation also looked at the ownership of the programme design by considering the extent to which national partners and counterparts exercised ownership and leadership in the development of interventions and the extent to which the JP objectives reflected the national and sub-national plans and programmes, the identified needs (environmental and human) and the operational context of national policies.

2.2.2. Process level - Efficiency

14. The evaluation reviewed the efficiency of the overall JP management model and the extent to which resources/inputs have been turned into results, the coordination among participating UN agencies and between the UN and the Philippines' government and civil society, as well as how effectively the programme was monitored. The review also assessed the ownership of the process, including the extent to which the target population and the beneficiaries had taken ownership of the JP process and results; and whether or not counterpart resources had been mobilized.

2.2.3. Results level - Effectiveness

15. The evaluation assessed the effectiveness of the programme in meeting its expected outputs and contribution to outcomes, as well as contribution to the MDGs at the local and national levels. Specific emphasis was on the implementation timeline to assess if expected results would be achieved within the programme timeframe. The sustainability of programme achievements were also assessed to determine the probability that programme results would continue in the long run.

2.2.4. National ownership - Sustainability

16. With regards to national ownership, the evaluation identified lessons learned and best practices that can be transferred to other programmes or countries. The evaluation also reviewed the contribution of the JP to the United Nations reform ("One UN"), and assessed how the principles of aid effectiveness were integrated into the JP. and the contribution of the JP towards the MDGs and more generally towards the public policy framework of the Philippines.

2.3. Evaluation Methodology

17. The overall approach was based on the M&E Strategy for the MDG-F¹, as well as the five commonly accepted evaluation criteria set out by the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD), which describe evaluation to include assessment of:

- ✓ Relevance – assessment of whether or not the programme addresses the identified national priorities in keeping with its design;
- ✓ Effectiveness – the extent to which formally agreed upon expected programme results have been achieved or can be expected to be achieved;
- ✓ Efficiency – assessment of the productivity of programme activities, i.e. the degree to which outputs derive from efficient application of resources; and
- ✓ Impacts – identification of the long-term results, including any unintended positive and negative results.

18. Data collection was undertaken in accordance with the principles of (i) participatory consultancy, (ii) confidentiality, and (iii) triangulation of information from multiple sources. The following data collection instruments were used:

- a) **Document review.** Background documents including the JP document, official government policy and strategy documents, UN agency programme and action plans, and JP periodic reports were initially reviewed leading to development of the evaluation plan. The consultant did not have sufficient time to provide an Inception Report to the ERG, but conducted a briefing on the evaluation plan upon arriving for the in-country mission. The full list of documents reviewed is attached as Annex 1 to this report.
- b) **Meetings and interviews.** A total of 72 key stakeholders and JP partners including Resident Coordinator's Office (RCO), UN agency programme staff, central and local government officials and target beneficiaries were interviewed individually or in groups. The list of individuals consulted is shown in Annex 2 to this report.
- c) **Field visits.** The evaluator undertook visits to two Regions selected by the JP management – Region 5 and Region 9 – to see the actual projects and interventions on the ground and consult with stakeholders in the field. The agenda for the in-country field mission is attached as Annex 3 to this report.
- d) **Debriefing of preliminary findings.** A meeting of the ERG and other stakeholders was undertaken to debrief them on the preliminary findings and field observations, as well as provide an opportunity to validate information and obtain further inputs.

¹ MDG-F; Monitoring and Evaluation System – Learning to Improve – Making Evaluation Work for Development.

Chapter 3: DESCRIPTION OF THE JOINT PROGRAMME

3.1. JP RATIONALE

19. According to the National Anthropometric Survey (2005), about a quarter of Filipino children between the ages 0 to 5 years were underweight or stunted, while about 5 percent were wasted. Other survey data indicates that the incidence of underweight and stunting are higher among older age groups when compared to the less-than-one-year old age group. The 2005 survey found that the prevalence of underweight among one-year old children (28.9%) was almost three times higher than that among infants (10.2%); while stunting prevalence among one-year olds (23.5%) was four times higher than that among infants (5.4%). Similarly, wasting prevalence among one-year olds (12%) was almost three times higher than the prevalence among infants (4.5%). Based on these findings therefore, an effective strategy that leads to significant and sustained declines in levels of underweight should be targeted at the first two years of the child's life, including the period of the mother's pregnancy.

20. While the MDGs Progress Report (2007) noted that the Philippines was on track in reducing infant and under-five mortality, that progress was threatened by the persistently high level in neonatal mortality. Moreover, the report noted that the pace of progress in infant and child mortality in the Philippines lagged behind other Asian countries, while maternal and prenatal mortality had stagnated at relatively high levels. The resultant conclusion therefore, would indicate that the key to sustained decline in infant and under-five mortality is directly linked to reduction in neonatal mortality. In this regard, scientific studies have shown that breastfeeding is one of the most cost-effective interventions for preventing neonatal deaths.² The National Demographic and Health Surveys (NDHS, 2008) indicated that there were no significant changes in Infant and Young Child Feeding (IYCF) practices between 2003 and 2008.

Exclusive breastfeeding for children under 6 months old remained unchanged at 34%. In a survey, (UNICEF, 2007),³ exclusive breastfeeding for children less than 6 months old was found to be 18%, significantly less than the national average; with disparities between rural and urban areas.

NDHS Survey Year	Breastfeeding (BF) status for <6 months (%)			
	Not BF	EBF	BF + water	BF + supplement
1993	20.3	25.4	10.9	43.5
1998	23.4	37.0	8.9	30.7
2003	19.7	33.5	18.4	28.5
2008	17.0	34.0	18.0	31.0

21. The NDHS (2003) also showed that only half of infants under 2 months old were exclusively breastfed, further declining to 16% among infants 4-5 months old. Breastfeeding with or without complementary food declined further among older infants, becoming almost negligible among the 8-9 month-old age group. Furthermore, about 11.8% of infants less than 6

² <http://www.thelancet.com/series/maternal-and-child-overnutrition>

³ Sub-Regional Multiple Indicator Cluster Survey (covering the 6 JP areas)

months old already received complementary foods in addition to breastfeeding, while about 42 percent of infants 6-9 month old did not get complementary foods. The quantity and quality of complementary feeding was also found to be inappropriate for age. On average, infants 6-11 months old were given solid foods only twice a day. The World Health Organisation (WHO) estimates that poor breastfeeding practices in the Philippines increases cases of diarrhoea and pneumonia by 1.2 million; and nine out of every 10 deaths among infants below 6 months old occurred among those who were not breastfed, while 13% of under-5 deaths could be prevented by exclusive breastfeeding.

22. Several studies have been undertaken to determine the reasons why mothers stop breastfeeding or do not practice exclusive breastfeeding. These studies have shown that the two major causes are: (a) a false belief that the mother does not have adequate milk, and (b) mothers returning to work within 4 to 8 weeks of delivery into a work environment that is not conducive to continued breastfeeding. Other equally significant issues that further exacerbate this practice include:

- (1) Unabated marketing of breast milk substitutes (BMS) that deceive the general public and health care providers into believing that BMS are as good or even better than breast milk,
- (2) A lack of awareness and adherence to the IYCF policy/guidelines by caregivers, health providers and other agencies, organizations, and professional societies, and
- (3) Absence of skilled health providers and frontline workers with capacity to provide mothers with physical and emotional counselling for breastfeeding; and skills to deal with the problem of cracked nipples and inadequate milk flow.

3.2. STRUCTURE OF THE JP

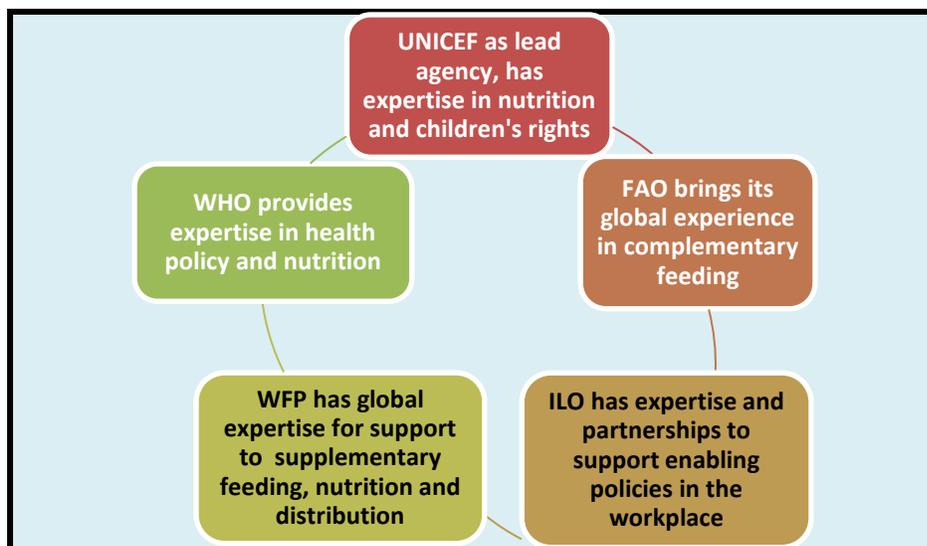
23. The JP was developed based on the lessons learnt from previous policy and program implementation, including the following: (i) previous education techniques in which the communication flow was a one way process from the “teacher” to the “learner” proved to be ineffective in changing infant feeding practices, (ii) coordination of programmes at the local level have not been very effective due to weak capacities of the local nutrition teams and other relevant local committees.

24. The JP therefore seeks to work at two levels: (1) “upstream” at national level to influence policy and programmes through lessons learnt from local implementation and evaluation using data from the nutrition information system; and (2) at the local level to work through existing local nutrition structures (nutrition action committees) for programme coordination. The local level offices include the local chief executive, its various line departments, local NGOs, and community groups. The aim of activities at the local level is to create an enabling environment where pregnant and lactating women and mothers/care givers of infants and young children

receive appropriate nutrition messages and support for EBF and IYCF from multi-sectoral stakeholders, including government agencies, local administrative and legislative stakeholders, opinion leaders, such as religious and community-based organisations, as well as peer support mechanisms.

25. The JP is implemented by five participating UN agencies, each bringing specific technical expertise and support in the context of its mandate and country programme as follows:

Figure 1: Contribution of UN agencies to the JP



Source: Developed by author

26. The UN agencies work in collaboration with key national partners and government agencies, including the National Economic Development Agency (NEDA), Department of Health (DOH), Department of Interior and Local Government (DILG), Department of Labour and Employment (DOLE), National Nutrition Council (NNC), National Centre for Disease Prevention and Control (NCDPC), National Centre for Health Promotion (NCHP), Food and Drug Administration (FDA), Local Government Units (LGUs), Employers Organisations and Chambers of Commerce, Private Sector Organisations, Trade Unions, Formal and Informal Workers Organisations.

27. The JP targets children 0 – 24 months old, pregnant and lactating women as well as working women; and is implemented in 6 areas that were selected based on the criteria of high prevalence of under-nutrition, poverty, and population size. One province, from the three main island groups was chosen - Naga City, Pasacao, Camarines Sur in Region 5; Carles, Iloilo and Iloilo City in Region 6; and, Zamboanga City and Aurora, Zamboanga del Sur in Region 9, referred to as 6 JP areas.

0 – 6 months	40,500
0 – 2 year olds.....	162,000
Pregnant women.....	103,000
Lactating women.....	88,000
Working women.....	30,000

28. The JP has 3 outcomes and 19 outputs as shown in the following table:

Table 1: JP Expected Results

JP OUTCOMES	JP OUTPUTS
Outcome 1: Increased exclusive breastfeeding rate in the JP areas by 20% annually	1.1 An evidence-based marketing and advocacy campaign developed and executed nationally and in JP areas
	1.2 Exclusive breastfeeding is strengthened as a key component of the National Family Welfare Programme (FWP)
	1.3 Strengthened FWP piloted in 3 JP cities
	1.4. Models of informal sector workplace interventions for exclusive breastfeeding designed and demonstrated in 3 JP cities
	1.5. Local peer counselors nominated and trained
	1.6. Home visits conducted by peer support counselors
	1.7. Communications for development on IYCF developed and implemented.
	1.8. Pregnant and lactating women received adequate supply of iron-folic acid tablets
	1.9 Human milk bank established in a tertiary hospital
	1.10. National standard module for monitoring the Milk Code developed
Outcome 2: Reduced prevalence of under-nutrition by at least 3% among children 6-24 months old by 2012	2.1. Resources for counseling on age-appropriate complementary feeding produced
	2.2. Recipes from homestead gardens and locally available foods for integration in community / nutrition education activities documented
	2.3. Community/household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods conducted
	2.4. Improved micronutrient status of all children 6-24 months old in the 2 JP areas, through micronutrient powder (MNP) supplementation and proper utilization, as indicated by significant increase in hemoglobin level among beneficiaries
	2.5. Increased awareness of LGU functionaries, health workers, households and communities on the need and importance of using MNP in improving the nutritional status of children 6-24 months old.
	2.6. Improved capacity of all BHWs and BNSs in 2 JP areas on advising and counseling mothers on the appropriate use of MNP to fortify home-prepared complementary foods for children 6-24 months old
Outcome 3: Improved capacities of national and local government and stakeholders to formulate, promote, and implement policies and programs on IYCF	3.1. Needs assessment on knowledge, attitude and practices on three policies conducted and used for formulating and adjusting policies, and program designs among others.
	3.2. Early warning system (EWS) for food security and nutrition is piloted in one JP area
	3.3. Nutrition information system evaluated

Source: Joint Programme Document Results Matrix

Chapter 4: EVALUATION FINDINGS

4.1. RELEVANCE OF THE JP DESIGN

29. This section presents the findings of the MTE based on content analysis of the JP document against the national priorities and strategies, MDGs and the needs of the target beneficiaries to determine the relevance and internal coherence of the JP design. The evaluation finds that the JP is very relevant in the context of the development objectives of the Philippines and is adequately aligned with the government's priorities and strategies as well as the overall goals of the UN as articulated in the United Nations Development Assistance Framework (UNDAF).

30. The evaluation noted that the JP addresses an issue of global significance. In 2002, WHO and UNICEF jointly issued a global strategy for Infant and Young Child Feeding (IYCF), which was endorsed by consensus in the 55th World Health Assembly in May 2002 and by the UNICEF Executive Board in September 2002.⁴ Despite the existence of relevant laws and policies, IYCF practices were rated in the range of poor to fair based on the WHO assessment protocol, in 2004. Only four out of ten newborns were initiated to breastfeeding within an hour after birth; and only three out of ten infants less than six months were exclusively breastfed. The median duration of breastfeeding was also found to be short at thirteen months; and the complementary feeding indicator was rated as poor since only 57.9 percent of 6-9 months children received complementary foods while continuing to be breastfed. In addition, complementary foods were introduced too early at the age of less than two months.

31. The Philippines is one of the 42 countries that accounts for 90 percent of global under-five deaths. As earlier indicated the Philippines has experienced a steady but slow decline in infant and under-five mortality rates (IMR and UFMR) from 1998, 2003 to 2008. The slow decline in the UFMR (from 45 to 34 per 1,000 live births) and the IMR (from 32 to 25 per 1,000 live births) was attributed to the non-improvement in the neonatal mortality rate. In 2008, around two thirds (74 percent) of the under-five mortality occurred among less than one year old children; and among infants, the most vulnerable period is the first 28 days of life, or the neonatal period, which accounts for 64 percent of deaths during infancy and almost half (47 percent) of the under-five deaths. These data indicate the importance of addressing the challenge of malnutrition in the Philippines, and the relevance and alignment of the JP to the needs of the target population.

32. A comparative analysis of the main strategy and programme documents of the government and the UNDAF also indicates a strong alignment in the key policy objectives as shown in figure 2 below.

⁴ Philippine IYCF Strategic Plan of Action for 2011 – 2016.

Figure 2: Alignment of JP to national priorities and UNDAF

Extract from “REPUBLIC ACT No. 10028”

"Breast milk is the best food since it contains essential nutrients completely suitable for the infant's needs. It is also nature's first immunization, enabling the infant to fight potential serious infection. It contains growth factors that enhance the maturation of an infant's organ systems.

"Towards this end, the State shall promote and encourage breastfeeding and provide the specific measures that would present opportunities for mothers to continue expressing their milk and/or breastfeeding their infant or young child.

UNDAF Outcome:

Key policies, plans and programmes on comprehensive, quality, rights-based and culturally sensitive education, health, nutrition, food and social protection and security services for poor and vulnerable groups are designed, implemented, monitored and evaluated.

Extract from JP Document:

"This Joint Programme aims to contribute to the improvement of nutritional status of 0-2 year old children and complement government's efforts through social marketing strategies to increase the percent of exclusive breastfeeding through nationwide efforts".

"At the local level, the JP intends to galvanize multisectoral duty bearers to create an enabling environment, through policy and programming, for pregnant, lactating and working women that will support, protect and promote the rights of the child to appropriate quality infant feeding. In addition, the JP intends to improve the nutritional quality of home-prepared complementary foods of children 6-24 months through pilot of in-home fortification with multiple micronutrient powder to reduce and prevent anemia".

33. The MTE also finds that the JP leverages on prior and existing government programmes and lessons from past experience. The IYCF Program (2005-2010) achieved significant results and generated important lessons on improving IYCF. The five-year implementation period of the IYCF was marked by significant achievements in policy development, revision of the Implementing Rules and Regulations (IRR), for Milk Code, formalization of the peer counseling strategy (almost 3000 community support groups established), launching of the Mother-Baby Friendly Workplaces and Public Places, advancement of collaboration with medical/professional associations, start of the Accelerated Hunger Mitigation Program with intensive IYCF training (more than 8000 health workers

<i>Objective: To improve, protect and promote appropriate IYCF practices</i>		
TARGET	NDHS (2003)	NDHS (2008)
70% of newborns initiated to breastfeeding within 30 minutes after birth	40.7%(1998)	53.5%
80% of 0-6 months infants are exclusively breastfed	33.5%	34%
50 % of infants are EBF for 6 months	16.1%	22.2%
Median duration of breastfeeding is 18 months	13 months (1998)	15.1 months
80% of pregnant women received complete dose of iron supplements	82% (2002)	82.4%

trained), revitalization of the Mother Baby Friendly Hospital Initiative, signing of the Joint Programme for Ensuring Food Security and Nutrition for Children 0-24 months in the Philippines and the integration/updating of good IYCF practice into the medical, nursing, midwifery and nutrition curricula.

34. However, in spite of these lessons, many of the stakeholders interviewed noted that the JP design process was not its best phase. For example, while the technical role of FAO is quite clear from a conceptual perspective, in practice, its contribution is limited to the development of localised Food Security Early Warning System due to a limited budget. In this regard, the evaluation questions the effectiveness of a strategy that only targets children's food security without linking it to the broader Food Security issues including production and access. A second weakness of the design also manifests in the programme budget of \$3.5 million. Discussions with various stakeholders revealed that the initial proposed budget of \$6 million was reduced solely for the reason that it would increase the probability of MDG-F approval. If this is indeed the case, then it points to a "funds-driven" approach rather than a results-driven programme. Among the contentious issues is the role of WFP in the JP. In the proposal, WFP was excluded because the country office wanted to limit the project costs and decided to remove the component for multiple nutrient powders. However, as it turned out, the government counterparts wanted more value-added from the UN by developing new approaches instead of only scaling up government interventions, and at this point WFP was brought back to lead the pilot for Micronutrient Powder (MNP), and the funding for this component had to be included within the proposed budget of \$3.5 million.⁵ This design gap continues to pose challenges, as will become apparent in a later section due to inconsistent interpretation of the role and contribution of the MNP component in informing national policy.

35. In addition, it also appears that the design of the MNP component lacks effective collaboration with the FDA – a key government agency for approving the marketing of all processed foods. This design gap resulted in the proposed packaging for MNP being deemed in violation of the Milk Code and thereby not being approved. The issues associated with MNP, including packaging, distribution and dosage do not seem to have been adequately planned for, and the Working Team on MNP was convened late and only began meeting towards end of 2010. This underscored the importance of engaging with government and giving ownership and leadership of the JP processes and results to national institutions.

36. The MTE finds that the JP contributes to MDGs 1 (eradicate hunger) and 4 (reduce child mortality) and indirectly to MDGs 2 (achieving universal primary education), 3 (promoting gender equality and women's empowerment) and 6 (combat HIV, malaria and other diseases). The initial design had however assumed that the JP would also contribute to MDG 5 on

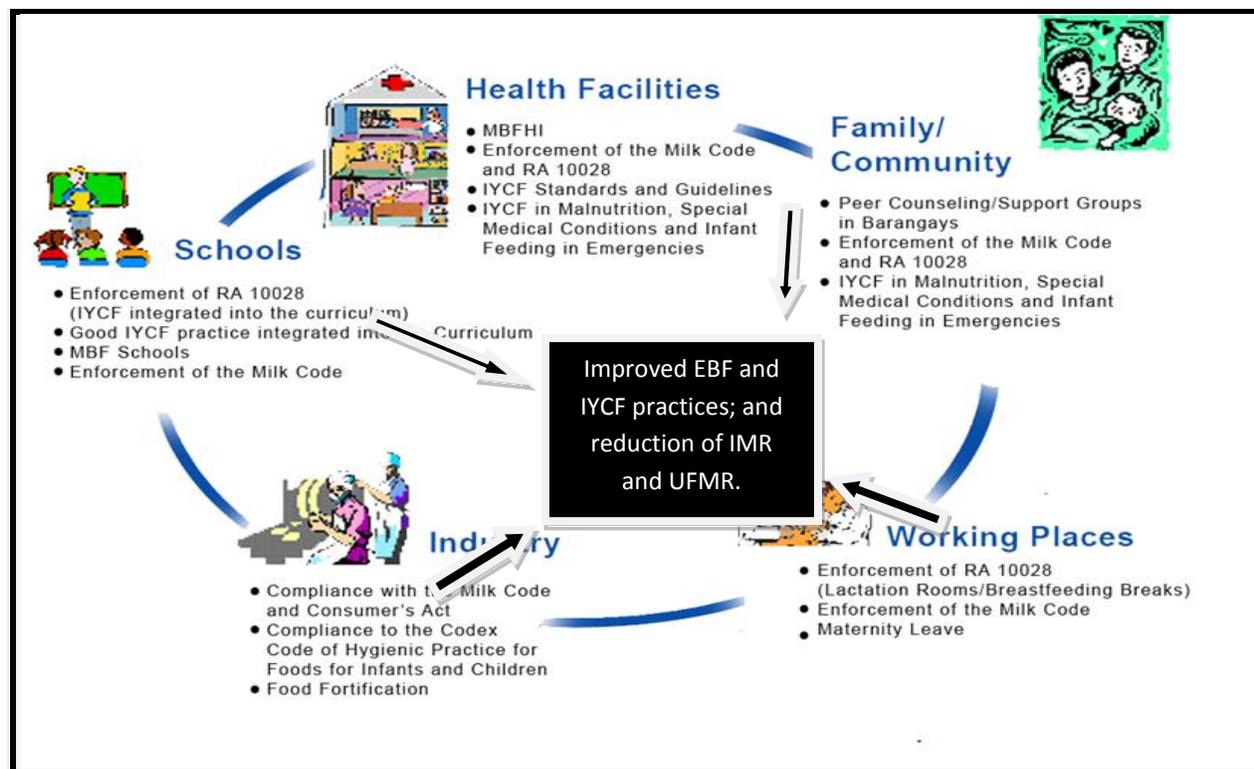
⁵ When WFP was "brought back" as a partner, the working group decided to delist one of the JP municipalities, but the decision was not endorsed by the NSC. At the time, it was noted that there was a lack of evidence on the effectiveness of multiple micronutrient supplements for pregnant women and the focus was changed to provide iron folic acid supplement.

“reducing maternal mortality” as it was found that providing micronutrients to pregnant and lactating mothers benefits the unborn child and infant more than it benefits the mother.

With regards to the evaluability of the design, the MTE finds that the JP has a clear and logical “programme theory”. Figure 3 below illustrates the linkages of the various JP components to the overall programme objective for improving EBF and IYCF practices, leading to reduction in IMR and UFMR. The JP also demonstrated that the programme Risks and Assumptions were effectively designed and capable of providing appropriate parameters for programme success. During the start-up of activity implementation, it became apparent that the Municipality of Pasacao did not fit the programme assumptions, and a decision was made to replace it with the Municipality of Ragay.

37. The MTE found however, that the design of the Results, Monitoring and Evaluation (RME) Framework was fraught with inherent weaknesses and lacks adequate use of qualitative indicators. For example, Output 2.1 and 2.3 are worded differently but very similar in content. In addition, all the Output and Outcome indicators are quantitative, even for qualitative interventions such as capacity building and raising community awareness. The lack of adequate and appropriate indicators has led to activity-based rather than results-oriented monitoring and reporting. This point will be elaborated further in a later section.

Figure 3: Programme Theory of Change



Source: Adopted from “*Philippine IYCF Strategic Plan of Action for 2011 – 2016*”

4.2. JP IMPLEMENTATION

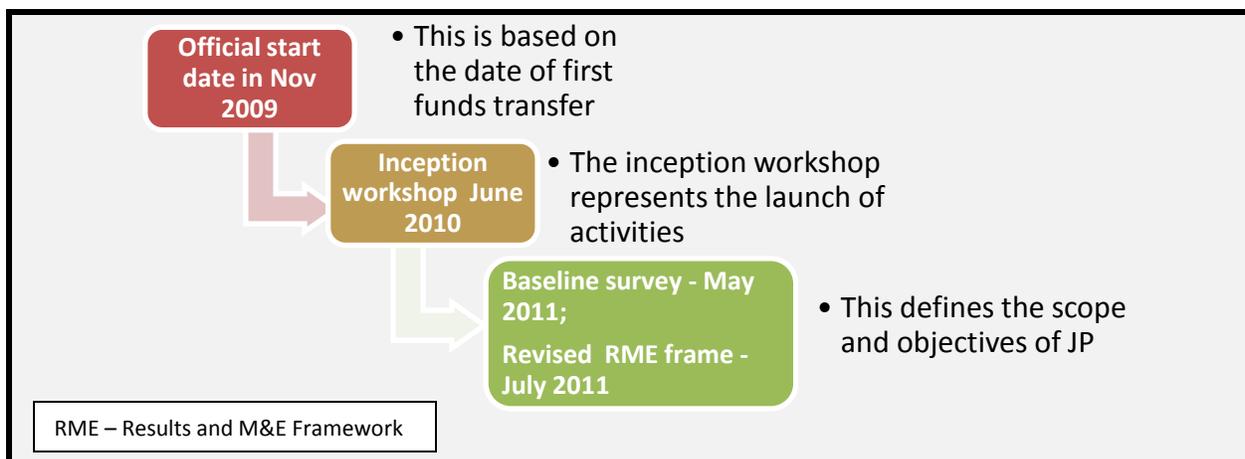
38. This section presents the findings of the MTE on the effectiveness of the JP implementation, which provides an assessment of the extent to which the planned activities are on track and whether implementation of activities is progressing according to the programme design. The analysis also includes an overview of the progress made in executing the overall programme strategy and the Annual Work Plans (AWP) and the extent to which activities have been transformed into outputs.

39. Activity implementation was initially delayed partly due to the timing of the programme which coincided with the local government elections, which meant that the JP had to wait until after the elections to engage with local government counterparts. Other delays were administrative in nature, such as procurement of consultants for the development of training manuals which had to go through four failed biddings. Clearly this is due to lack of understanding of relevant operational guidelines and therefore such delays are completely avoidable.

Initially the JP intended to hire individual consultants, but the cost was more than can be authorized by the WHO regional level; so they eventually hired an NGO.

40. In addition to the delays in activity implementation, the MTE also found that some of the core activities that need to be implemented upfront to initiate the execution of the programme were undertaken much too late. For example, the baseline surveys to establish the actual situation in the target areas, and the revised results and M&E matrix were all completed well into the second half period of implementation. In effect, this means that for much of the first half period of implementation, the JP was not guided by any objectively verifiable and measurable results framework. Figure 4 below illustrates the main concerns with regards to the delays of these critical path activities.

Figure 4: Delays in JP critical path activities



41. As illustrated above, the Inception Workshop was not done until 6-7 months after the official start date of the programme; and this was in part due to the fact that the National Programme Coordinator was only hired in July 2010. Based on information obtained from some stakeholders, it also appears that there were initial problems on agreeing whether the Project Management Unit should be located in UNICEF or in the NNC. It looks like this issue took a bit of time to be resolved – the first JP biannual monitoring report for the period July 2009 to December 2009 does not provide a specific answer to the question “*Where is the JP management unit seated?*”⁶ Eventually the issue was resolved and a decision was made to locate the PMU in the NNC (it is noteworthy that the JP Monitoring Report for January to June 2010 provides a clear answer that the PMU is located in the national government). The MTE finds this to be a good decision which allows for more ownership and leadership by a government agency, and also provide a more effective basis for institutional capacity building and sustainability.

42. The conduct of baseline surveys was also delayed due to administrative and contracting issues. Eventually the JP hired individual consultants from the Philippines University – Manila, and the baseline surveys were completed in May 2011. The importance of baseline data does not only relate to its property as a benchmark for assessing progress, but also in its capacity to inform the programme strategy. For example, the baseline survey found that the prevalence of anemia in Zamboanga City was 70% for children 6 - 11 months old and 39% for children 12 – 23 months old. Clearly this is critical information that should lead to a review of the programme strategies. The MTE observes that no specific information was given pertaining to how the JP intended to react to such unexpected information provided by the baseline survey.⁷ Among the key issues to emerge from the baseline study process were; (a) absence of a computerized up-to-date database to use as sampling frame – this is particularly important because it may affect the validity of the end line study, given the risk that it may not be based on similar sampling frame; (b) the need to provide some incentive in order to improve response rate (while also avoiding the bias that may result from a keen enthusiasm to earn the reward).

43. Also noted above, the revised Results and M&E (RME) framework was approved by the NSC in July 2011. The evaluator notes that there were not that many substantive changes that were made to the initial results framework; and only a few changes to some of the indicators. However, as a matter of principle and methodological approach, any such revisions should be made immediately as a part of the Inception Workshop in order to ensure that activities that are implemented are aligned to, and effectively contribute to expected results (outputs/outcomes and their associated indicators, as articulated in the RME Framework). For

⁶ There can be no logical explanation why this question could not be answered because the format provides multiple choices – national government, local government, UN agency or by itself. The MTE can only conclude that the reporting officers could not report on this due to lack of clarity and decision on the matter.

⁷ Maybe it was still too early for the JP to have undertaken a comprehensive analysis of the findings of the baseline surveys and developed appropriate response strategy.

example, the FDA observed that they would want the output for monitoring the milk code to be revised as follows:



44. Clearly, such a change will have an impact on the nature of activities undertaken. The original output implies an approach which emphasises engagement with private sector organisations that are involved in the marketing of breast milk substitutes; while the revised output implies that activities will be focused on developing capacities for monitoring and responding to the violations by the communities and national authorities. What this means is that if such a change is then put into effect much late into activity implementation, there would be a mismatch between the expected result and the implemented activities.⁸

45. In spite of the delays in the initial start-up, the JP appeared to have developed and executed a catch up plan to ensure that activities were speeded up. In the Monitoring Report for the period July – December 2010, the JP reported: *“The PMC approved a catch-up plan, and JP has committed 74% of total funds for year 1 by December 2010”*. At the time of this MTE, the JP submitted the biannual report covering the period January – June 2011, where they reported a 50% accomplishment of activity implementation. Annex 3 shows the color-coded status of activities by outcome as reported in the biannual report. The evaluator observed that there is a lack of clarity regarding the computation of the colour codes. For example, the code yellow means that the activity has been started and is in progress, but there is no common understanding on how to report say, an activity that has just been started 2 weeks ago versus one that has been on-going for the last 7 weeks. The NSC provided guidelines of how these colour-codes should be computed as shown in the opposite box. However, the MTE is not convinced that this explanation fully addresses the issue. While values of 0 and 100 are easily understood in terms of status of implementation, the mid-way values are not so easy to understand and invariably computation by two different individuals may yield two different results. This is probably an issue that requires the MDG-F Secretariat to provide further guidance and clarification across all its JPs.

“In order to arrive at this summary, we are suggesting the assignment of 0-50-100 percent values for red, yellow, and green, respectively. Thus, for example, if you have 4 sub-outputs under Output 1 with the following values: 50, 50, 0, 100 – the aggregate accomplishment rate for Output 1 will be: 50% (200 total score divided by 4 = 50) thus color-code of YELLOW is assigned”.

⁸ The JP observed that the FDA lacks capacity to focus on reduction of violations. Only advocacy and monitoring implementation of the Milk Code is realistically achievable within the programme life.

46. The MTE noted that activity implementation is structured by components, which is a good practice as it enables different UN and government agencies to jointly focus on specific result areas. For example, the component for EBF includes NNC, NCHP, NCDPC, DOH, UNICEF and WHO at the national level, and corresponding regional agencies at the local level. This enables all the key stakeholders to focus on that result area jointly, encourages sharing of information as well as joint activities such as joint planning and joint monitoring. The MTE observed however, that there is need for careful planning in the design/planning phase in order to ensure that all relevant agencies are effectively engaged and participate in those components where their inputs and contributions are required. A case in point is the absence of FDA from the MNP component which somehow affected effective implementation, particularly with respect to the packaging of MNP. On the negative side, some of the smaller UN and government agencies may tend to be overwhelmed by the workload, particularly the number of meetings and emails they may have to contend with if they are part of several components and have a limited staff compliment.

47. This approach has also encouraged UN agencies to undertake joint resource mobilisation leveraged on their joint initiatives. For example, UNICEF has obtained funding from the European Commission to fund its interventions on EBF, and as part of its collaboration with the ILO, will also allocate part of these funds to the component addressing exclusive breastfeeding in the workplace (EBF-W). WFP was also able to leverage funding from DSM for a component of the MNP which was not funded by the JP.

48. The evaluation also noted and commends the JP implementation approach whereby the NNC is the government's focal agency for the MDG-F. This facilitates the complementarity between the JP and NNC efforts on infant and young child feeding and EWS. Also, since NNC coordinates the formulation of the country's plan of action for nutrition for the medium-term (2011-2016), this provides a good venue for the integration and continuation of JP initiatives beyond the JP's life. In addition the NNC's role in coordinating, monitoring and implementing projects as well as in policy and program advocacy further strengthens the ownership of the JP at both the regional and national levels. The JP has also engaged and developed broad participation of national institutions, including civil society, academia, NGOs, private sector and media, which provides yet another venue for sustainability.

4.3. Financial Delivery

49. The MTE finds that financial delivery is less than satisfactory. This may be partly due to the delays experienced in the start-up of activity implementation, as well as the cancellation of some activities that resulted from the delays. For example, the planned mid-line survey was cancelled due to the late completion of the baseline survey in May 2011; and the plan is now to undertake only the end-line survey. Consequently, there is some savings from the budget that was originally allocated for the mid-line survey which will naturally reflect in

lower disbursement rates. However, the PMC decided to use the savings from the midline survey on some of the activities that were initially under-funded, such as programme management and coordination, as well as augmenting the budget of other components on IYCF including harmonization of IYCF trainings. Table 2 below shows the status of financial delivery as of 30 June 2011.

Table 2: JP financial state as at 30 June 2011

	FAO	ILO	UNICEF	WFP	WHO	TOTAL
Total approved budget (US\$)	222,757	287,332	1,620,413	428,000	941,497	3,499,999
Total transferred to date (US\$)	138,477	205,761	1,216,165	356,109	764,559	2,681,071
Transfers as % of budget	62.2%	71.6%	75.1%	83.2%	81.2%	76.6%
Total committed to date (US\$)	122,406	171,430	698,240	326,461	78,429	1,396,966
Commitment as % of budget (i)	54.9%	59.7%	43.1%	76.3%	8.3%	39.9%
Total disbursed to date (US\$)	69,567	76,943	650,354	126,722	108,595	1,032,181
Disbursement as % of budget (ii)	31.2%	26.8%	40.1%	29.6%	11.5%	29.5%
Delivery rate (i + ii)	86.2%	86.4%	83.2%	(105%) ?	19.8%	69.4%

Source: PMU 2nd Quarter 2011 update presentation to NSC (dated 20 July 2011)

50. Based on the figures above, by end of June 2011, the JP had already received just over 76% percent of the total programme budget. However, only slightly more than half of that had actually been committed and much less (29.9%) had been disbursed. While disbursement rates are low across the board, it is noteworthy that due to the relative size of their budgets, the low disbursement by UNICEF and WHO are the major reason behind the low financial performance. The MTE also noted that UN agencies may be operating without a standard definition of these financial terms. For example, the evaluator understands that committed budget is funds that have been encumbered but not yet expended; while disbursed funds are those funds that have been paid to service providers. In this context therefore, delivery rate would be the sum total of committed funds plus disbursed funds. However, if this approach is used, then the WFP delivery rate becomes 105% of its budget, which is not practical. An alternative understanding therefore is that committed funds include those funds that have been disbursed. In this case therefore, delivery rate equals the commitment rate. Based on the above figures, this too would not make much sense in the case of WHO, which would have more funds disbursed than have been committed. This is probably another case where the MDG-F Secretariat needs to provide further clarity and guidance across all the JPs in order to ensure that the information it is getting in reports has the same meaning.

4.4. Progress towards Programme Outputs

51. This section presents the findings of the MTE on the effectiveness of the JP, which provides an assessment of the extent to which the planned outputs and outcomes are being achieved or can be expected to be achieved in the future. The analysis also includes an

overview of the key results achieved to date and the extent to which activities have been transformed into outputs.

52. The evaluation had difficulties making an objective assessment of progress at result level because either the indicators were not appropriately designed or that they lacked baselines. The various JP documents reviewed do not consistently reflect the same indicators. For example, the Revised M&E Framework does not contain any outcome indicators. This is a significant omission because while the MTE focuses on progress at output level, the Final Evaluation should focus much more on the JP’s contribution to outcomes; and the absence of outcome indicators will make it very difficult to objectively determine whether or not the JP was successful in achieving its overall programme objective.

53. However, the JP monitoring Report for period January to June 2011 contains outcome indicators (although the distinction between indicators and targets is not very clear). Table 3 below shows an example of the outcome indicators (only for outcome 1) with comments provided on the current status of those indicators.

Table 3: Evaluator’s comments on Outcome 1 indicators

JP Outcome 1: Increased exclusive breastfeeding rates by at least 20 percent annually	Indicator 1.1 % of infants 0-6 months old who are exclusively fed with breast milk – 20% increase annually	The MTE could not establish how effectively this was being monitored. The evidence suggests that monitoring relies on the information from Peer Counselors and Nutrition Scholars, but findings of the baseline studies indicates that some of these health workers did not have sufficient knowledge; and there was no accurate data on specific numbers and location of children 0-24 months
	Indicator 1.2 Increase in the proportion of infants who were put to breast within one hour of birth – target to be determined based on the baseline survey	

54. Furthermore, when one looks closely at the various documents, some of the indicators are duplicated between outcomes and outputs. For example, Indicator 1.2 for Outcome 1 as shown above - *“Increase in the proportion of infants who were put to breast within one hour of birth”* – is exactly the same as Indicator #8 for JP Output 1.1 as shown in the Revised M&E Framework. Since outputs are supposed to contribute to outcomes, by definition, they cannot therefore have the same indicator; otherwise it would mean that the outcome is achieved at the same time that the output is realized. A more detailed commentary on the status of indicators for Outcome 1 is shown at Annex 4 to this report.

55. The PMU also appears to have problems reporting at the results level, most probably due to the lack of appropriate indicators; and consequently, reporting mainly focuses on the JP's completion of activities. To illustrate this point, the following extract is taken from the JP Monitoring Report for the period January to June 2011.

a. Narrative on progress, obstacles and contingency measures

Overall assessment (250 words) on progress in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the Joint programme

Progress in outcomes:

Year 2 funds of AWP YII were transferred on 1 April 2011, with 39% overall delivery rate. Baseline survey in May 2011 showed EBF rate in JP areas at 22%, and prevalence of under-nutrition at 18.5% (underweight -for-age), 25% (under-length-for-age), and 6.6% (underweight-for-length). CFSN is closer in achieving outcome 1 and 2 with current milestones in promoting, supporting and protecting IYCF practices. Completed IYCF policy scan helped pursuing outcome 3 with JP areas informed of IYCF situation and appropriate recommendations. To date, four of the JP areas have local ordinances supporting IYCF, with two resulting from programme's advocacies.

Progress in outputs:

EBF component finally moved forward, with marketing brand developed, launched and adapted in advocacy events, including in annual nationwide celebration of the Nutrition Month. JP significantly progressed in recruiting and training IYCF peer counsellors, with advocacy initiatives at national and local levels implemented. Milk Code monitoring trainings were completed, while significant advances on IYCF communication for development component led to onset of national IYCF communication strategy development. The Early Warning System on food security and nutrition was launched and now piloted, with reports used as basis in designing nutrition programmes.

Source: JP Monitoring Report for the period January – June 2011, Section 2, page 5

56. Clearly, there isn't much reference made to the indicators to measure progress. The narrative on progress in outcomes provides data from the baseline values, which in no way measures the changes that have occurred as a result of the JP interventions. The narrative on progress in outputs provides information on specific activities that have been completed or are underway. For example, the development of the marketing brand is a specific activity, but not an indicator (see the M&E Framework); while also the completion of recruitment and training of peer counselors, training on milk code monitoring are all activities. The only plausible reference to results is on the launching, piloting and use of the Food Security Early Warning System (EWS) as a basis for programme design. Two key lessons emerging here are on the need for consistency across all programme documents so that information can be cross-checked and corroborated, as well as the importance of developing adequate and appropriate quantitative and qualitative indicators with specific baselines and targets to facilitate performance monitoring and reporting.

4.5. Results Achievement by JP Component

57. While it was not feasible to assess progress based on the established indicators, the MTE finds however that at the component level, several key milestones have been reached, which demonstrates a high likelihood that activities will lead to the realization of planned outputs.

4.5.1. EBF Component

58. The marketing brand and communication logo for EBF has been developed and approved by the relevant government agencies. The brand is now widely used in official events at the national and local levels; and the MTE was able to establish that there is a high level of recognition of the brand both at the community level and among local health workers. The MTE also found the brand to be easy to remember as it uses an easy acronym '**TSEK**', which is local language for Tama, Sapat, Eksklusibo; which is translated as “breastfeeding is **right** (both in the context of being correct and a child right), it is **sufficient**, and **exclusive** (i.e. no complementary food needed, not even water).



59. While the findings of the baseline survey indicated that some of the Nutrition Scholars and mid-wives did not have sufficient information on EBF, with others believing that infants should be

given water periodically; all Nutrition scholars and mid-wives that were interviewed in the health centers that were visited as part of the MTE indicated that they had taken IYCF training within the last year, and demonstrated sufficient knowledge of the programme objectives and appropriate IYCF practices. There is anecdotal evidence that mothers are being counseled on EBF and IYCF before and after delivery. The evaluator interviewed some of the mothers who had just delivered at some of the health centers that were visited and was able to confirm that they had been given appropriate information. In Naga City, the evaluator also noted that one of the barangays visited was also conducting “father’s classes” to raise their awareness on EBF. This is a good practice, but it appears that this was an independent initiative of that particular barangay and not part of the JP interventions. Given the influential role of fathers in supporting lactating mothers and ensuring food security, this is a practice that should be included in the programme design as a good practice.

60. However, the evaluation also established that the increase in EBF and IYCF awareness cannot be attributed to the JP alone, even in the JP areas. The NNC allocates almost half its total budget on EBF, especially targeting training of health workers in all 54 priority provinces of hunger mitigation programme that also includes the JP areas. In 2011, the NNC launched

training programmes in all district hospitals; and a substantial part of the NNC budget is used to fund media campaigns promoting EBF and IYCF.

4.5.2. EBF-W Component

61. The process to mobilize partners was launched both at national and regional level, culminating in the establishment of the Sub-Technical Working Groups comprising key stakeholders representing government, employers' organisations, worker's organisations from the formal and informal sectors. The law on establishing lactation stations in the workplace and in public places, known as the Republic Act 10020, was enacted and passed in March 2010. Although, some companies have already established lactation stations, this process has been delayed due to the delay in the promulgation of the Implementing Rules and Regulations (IRR).

62. The initial set of IRRs that were developed and signed by the DOH was found not to be consistent with the Act. In particular, Section 10 of the IRR provides for companies with "at least 100 women of reproductive age" as the minimum regulation for establishing a lactation station; and that companies 'with less than 10 employees may apply for exemption". These regulations were deemed to be inconsistent with the Act in that they provide opportunities for companies to circumvent the regulations merely by not hiring female employees. Section 11 of the IRR also provides that "EBF is mandatory up to six months", which is also inconsistent with the Act which provides for breastfeeding up to 24 months. The JP in collaboration with partners from the government sector and NGOPs have started an advocacy campaign to amend these IRRs, but this has not yet sufficiently progressed to a stage where a new set of IRRs is developed and issued.⁹

4.5.3. Human Milk Banks

63. There has not been much progress made towards the establishment of human milk banks. A draft of the guidelines has just been completed at the time of the MTE, but they were yet to be approved by the PMC. Also a decision on the Regional Hospital outside Metro Manila (which already has 3 Milk banks established prior to the JP) was yet to be made.

4.5.4. Communication for Behavioral Impact (COMBI) component

64. As discussed earlier, there were some administrative hitches with the procurement of the consultants to undertake the training. The main problems involved the limit on the funds that WHO is authorized to approve at the Country level. This was eventually resolved when a decision was made to contract with a single training institution to provide training for the Peer Counselors instead of hiring several consultants for each of the JP areas. In the opinion of the evaluator, the solution actually provides a more effective alternative because working with one NGO enhances institutional capacity building as well as ensuring that the uniform training is

⁹ The JP noted that the IRR was signed on 28 August 2011, but was still unavailable at the time of the in-country mission.

provided in all the JP areas. At the time of the MTE, training was ongoing in four of the 6 JP areas.

65. Evidence obtained from participants indicated a high level of interest by community members to participate in the programme. The Peer Counselors (PCs) are selected by the LGUs and are all volunteers. The evaluator is of the opinion that the lack of incentives for PCs this could be a risk for the programme. In addition, information from different participants indicated that PCs are given certain levels of stipends, depending on the capacity of the LGU – ranging from monetary allowance to Uniforms, etc. As such information filters to other PCs from LGUs without capacity to provide such incentives, this may be a major disincentive for their enthusiasm. On the other hand, promotion of volunteerism is itself an effective development strategy, while providing mothers with consistent incentives may be a risk to sustainability.

4.5.5. Recipe trials for complementary food (CF)

66. This component aims to document recipes from homestead gardens and locally available foods for integration in community nutrition education activities. Formative research was completed in 3 pilot JP areas, and a draft training manual was developed. However, this is still pending because the training manuals have to be approved by the FAO HQ in Rome to ensure that technical reports are consistent with global standards.

4.5.6. Milk Code Monitoring

67. The absence of baseline data for this component may have affected adequate focus and determination of appropriate activities. At the time of the MTE, there was still no agreement among the key partners on what specific indicators would be used. The major issue is that it is widely believed that there are violations of the milk code occurring, but apparently these are not reported; or if they are reported, no effective action is taken. In this regard therefore, three alternative indicators are suggested: (i) monitoring the number of violations, (ii) effectiveness of the system for monitoring violations, or (iii) measuring the number of violations acted on and the effectiveness of the action taken. In the opinion of the evaluator, the overall programme objective is to establish appropriate EBF and IYCF practices. In this regard therefore, all three indicators are required; focusing on any one without the others will not effectively contribute to the overall programme objective.

68. A mobile telephone “hotline” number has been set up to enable the community to report via voice and text message any violations in their communities. However, at the time of the MTE, no specific data was available to indicate that the “hotline” was functional. The evaluator also observed that there were no indicators that focused on assessing the sales level of breast milk substitutes. This would be a good proxy for assessing the effectiveness of the programme communication strategy as well as monitoring the impact of the milk code violations on the

communities. In addition, this would be a relatively easy statistic to obtain from a sample of the major wholesalers and retailers across the country.

4.5.7. MNP

69. Micronutrient powder was purchased in bulk in sufficient quantity for the duration of the JP. Distribution has however not started, firstly because there has been some issues with the packaging and secondly due to some misunderstandings between key partners on the modality for distribution and the appropriate dosages.

70. With regards to the packaging, the initial packaging developed by the JP was deemed in violation of the Milk Code which prohibits use of pictures on infant foods. This is a case, as noted earlier where the failure to engage with the FDA as a key partner for this component has led to unnecessary delays in progress. On the second challenge of dosages, the evaluator noted that there were inconsistencies in the approaches of the key UN agencies – UNICEF and WFP. While on one hand WFP considers that the pilot phase should be completed to learn lessons before a national policy on appropriate dosage can be developed, UNICEF has distributed MNP in Central Mindanao as part of its programme on Core Commitments for Children in Humanitarian Action and also notes that a national policy for MNPs signed in April 2010, which specifies a maximum acceptable dosage is in place.¹⁰

71. The evaluator noted that global standard provides a range of acceptable dosage between 60 and 180 sachets (each containing 1 Recommended Nutrient Intake per day (RNI/d), depending on the specific conditions in the country. According to the working draft guidelines produced by the Home Fortification Technical Working Group (HFTWG), which comprises UNICEF and WFP, when the sachet contains 1 RNI for each micronutrient, giving 90 sachets every 6 months would result in an average dose of 50% of the RNI/d; 60 sachets per 6 months would be equivalent to 33% of the RNI/d and 120 sachets/ 6 months would provide 67% of RNI/d. MNP sachets should be given throughout the year, and be no less than 60/6 month and no more than 180/6 months, for consumption of one sachet per day. The guidelines further note that “...even though it costs more to provide 90 instead of 60 sachets per 6 months, the program costs do not increase as much when more sachets are distributed, and giving too few would also mean that the other program expenses are not well spent”.

72. In this regard, it would appear more logical to run the complete cycle of the pilot study and make a specific evidence-based recommendation. The fact that the government has already issued a policy guideline on the dosage is irrelevant given that the UN has committed to undertake a specific pilot study to determine the appropriate distribution modality. In the opinion of the evaluator, the argument that the UN must go along with government policy until it can prove otherwise is counter-productive as it weakens comparative advantage of the UN as enforcer of international standards and knowledge resource for evidence-based policies and global best practice.

¹⁰ However, UNICEF notes that they only distributed MNP as part of the baseline survey, which requires the study group to provide an intervention to anemia as part of ethical considerations.

4.5.8. FS-EWS

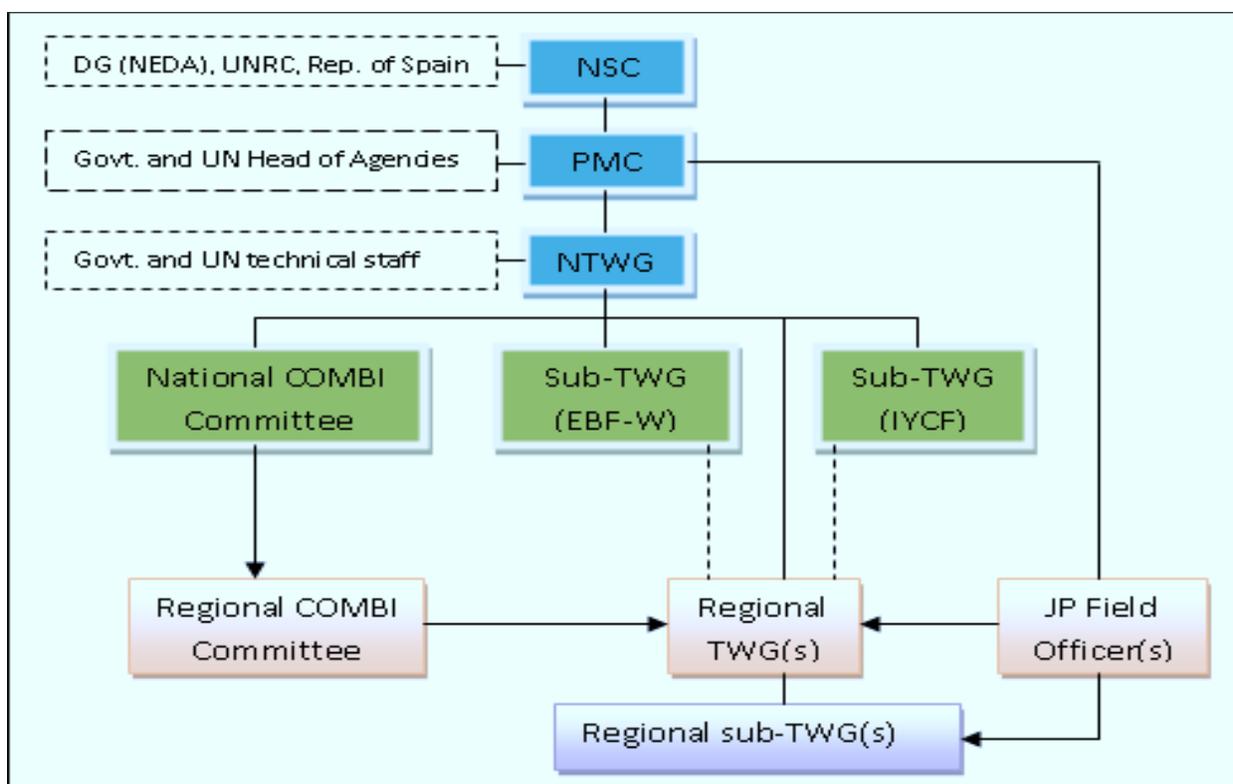
73. This component was initially delayed by the change from Pasacao Municipality to Ragay. However, some progress has been made, and at the time of the MTE, two quarterly reports on the food security situation in Ragay Municipality had been completed and presented to the LGU. The monitoring is done by Nutrition scholars who have been trained and provided with a standard questionnaire for data collection based on a sample of households from 6 barangays selected by stratified random sampling. The evaluator also validated the documentation of the process by the pilot, and was satisfied that the model is replicable in other Municipalities.

Chapter 5: JP MANAGEMENT AND GOVERNANCE

5.1. Management and Governance

74. Overall, the evaluation finds the JP governance and management arrangements to be very effective, with strong national ownership and leadership. In addition to the governance and management structures defined in the JP document, including the NSC, PMC and PMU, the JP also established a National Technical Working Group (NTWG) comprising technical personnel from participating government and UN agencies as well as civil society and other implementing partners (IPs). The NTWG is also supported by Sub-NTWGs established at the local level to manage and coordinate JP implementation at the local level. This is a good practice which has strengthened collaboration among various partners and also enhanced ownership by national counterparts. Figure 4 below illustrates the JP governance and management structure.

Figure 4: JP Governance and Management Structure



75. The process for setting up the working groups to lead the JP implementation is also very consultative and participatory, which ensures commitment of stakeholders. For example, the evaluator observed the process for setting up the Regional TWG for EBF-W in Region 9. Initial

consultations were held at the national level involving relevant government and UN agencies and key private sector and civil society partners such as the ECOP, and labour organisations. These consultations culminated in agreement of the overall approach and objectives of the component. Representatives of all participating partners went jointly to Zamboanga City in Region 9 to meet with the LGU led by the City Mayor. The LGU committed to support the initiative and provided focal points to lead the establishment of the Regional TWG. The national partners with local chapters and field presence in Region 9 then invited their counterparts to a meeting that would establish the Regional TWG led by the LGU focal person. One of the positive outcomes of this consultative and participatory process is that once the LGU has given its commitment, the Ordinances that are required to establish the laws governing the implementation of the programme intervention in the local authority jurisdiction have no problems passing through the local legislative bodies. All the Cities and Municipalities visited as part of the MTE already have local Ordinances in support of the various programme components, including for EBF, EBF-W and Milk Code monitoring.

5.2. Inter-agency Coordination

76. As noted earlier, the programme design does not demonstrate a strong intent for 'delivering as one'. However, even as the JP cannot be regarded as the trigger for UN reform in the Philippines, it certainly facilitated a much better understanding of the benefits and challenges of working together. One of the interviewees noted that the JP facilitated a process whereby *"the mandate of one UN agency can inform the advocacy of other agencies"*. For example, while UNICEF's mandate is anchored in children's rights, the JP provides a premise for advocacy and developing linkages with the labour sector through EBF-W; and vice-versa. The evaluation noted that strong synergies have been developed across UN agency programmes, strengthened by the component-based implementing approach. One of the key lessons emerging from the JP coordination mechanism is that working in the framework of government-led programme structures can bridge the gaps that are normally created by individual UN agency mandates.

77. The evaluation also noted that the role of the NSC is to provide strategic leadership for all MDG-F JPs that are implemented in country. The Resident Coordinator's Office (UNRCO) actually hosts the title of JPs Coordinator. However, the evaluation noted a lack of synergy and coordination across the JPs. Members of the NSC interviewed confirmed that there is no mention of other JPs in the reports of any one JP. This is an issue that goes back to the design of the JPs. A deliberate approach to implement two or more of the JPs in a common geographic location could result in synergies and reduction of costs for all JPs. For example, with more focused planning, some of the key weaknesses identified in the Food Security component (that the JP does not address Food Security in a comprehensive and holistic manner) could be addressed through developing linkages with the JP on Environment and Climate Change. That

said, it must also be acknowledged that the individual thematic windows of the MDG-F are very distinct and may not provide obvious opportunities for developing programmatic linkages.

78. The component-based approach in coordinating activities also has potential to effectively reduce duplication and overlap. Overall, the evaluation was satisfied with progress in this area, which has been strengthened through joint visits to the Regions and JP areas. The structure of the PMU comprising the National Programme Coordinator, three Field Programme Coordinators, Programme Assistant, FAO team leader, ILO's coordinator and WHO's National COMBI Coordinator also facilitates inter-agency collaboration and is a good practice. In discussions with various UN agency programme staff, they acknowledged that most of the difficulties that are attributed to inter-agency collaboration were actually at personal level, and could be easily resolved if individuals were more receptive to working together and willing to share information. They also noted that the major impediment was the workload that ensues from working in a JP setting, particularly the number of coordination meetings and the amount of emails that one has to deal with. While this is an unfortunate fact of life, the negative effects of workload can be minimized by more detailed and joint planning, clear allocation of responsibilities and delegation of appropriate authority to the PMU, which combined should reduce the need for frequent meetings and email.

5.3. UN-Government Coordination

79. The UN-Government coordination is characterized by a strong national ownership and leadership of the JP processes, cascading down from the NSC which is chaired by NEDA, PMC which is chaired by NNC and the NTWGs chaired by the relevant government agencies. The PMU is also located in the NNC, further providing government the opportunity to lead programme implementation at the activity level.

80. Although in theory this strong national ownership should reduce transaction costs for government, there are no strong indications that this is the case. In fact, several government officials interviewed noted that they still had to work through individual UN agencies, particularly with regards to transfer of funds and reporting. However, the evaluation notes that there is no specific mechanism that is in place to quantify transaction costs and provide a basis for comparing transaction costs between the JP and independent UN agency supported programmes.

81. With regards to the sustainability of the programme processes and results, the evaluation noted that the engagement of government at the national and local levels provides a venue for sustainability. Besides, most of the interventions that are implemented are essentially a scaling up of ongoing government programmes. As noted earlier, the NNC, for example already allocates more than half of its budget to support various components of the EBF initiative. It is however noteworthy that the JP document does not articulate a specific exit strategy for the JP, which should define in precise terms what the JP will leave behind at the end of the

programme. The evaluation noted that some components had established a specific documenting mechanism to record the programme processes in order to facilitate replication and lessons.¹¹ This practice was not done by all programme components. In fact, when asked about this, many of the stakeholders pointed to the programme documents, AWP and monitoring reports as the basis for replication. The evaluator is of opinion that as a pilot for new approaches and interventions, a deliberate and specific mechanism to document lessons learned and good practices should be established by all components so that institutional memory and learning is available in perpetuity.

5.4. Monitoring and Reporting

82. The evaluation observed that there could be some differences in understanding and definition of some of the key terms used by the JP for monitoring and reporting. For example, as demonstrated in Section 4.3 above, the concept of financial delivery may be subject to different interpretation. It was also apparent that JP partners do not have a common understanding of the color-coding mechanism used in reporting progress in activity implementation.

83. These issues, coupled with the lack of adequate output indicators has sometimes resulted in reports not sufficiently focusing on programme results. In addition, the limitations of the length of the narrative imposed on the MDG-F monitoring and reporting templates doesn't make it any easier, particularly given the weaknesses of the indicators.

5.5. Exit Strategy

84. There is nowhere in the JP documents where an exit strategy is specifically articulated. This is a gap that has contributed to absence of a specific "process documentation system" that should serve as the guide for programme replication. In addition, the absence of a specific exit strategy also limits the JP's ability to articulate a comprehensive capacity building strategy that incorporates all the 3 levels of national capacity - individual, institutional and enabling environment – which should guide JP approaches for systems analyses and development, leading to design of a replicable model capable of implementation in the framework of national systems and capacities. The JP notes that good practices and tools are documented at component level. This is a good practice which should be integrated at JP level as basis for specific exit strategy.

¹¹ Process Documentation: Regional Consultation on Interventions to Promote Exclusive Breastfeeding in the Formal Workplace; 24 September 2010

Chapter 6: CONCLUSIONS

85. Overall, the MTE concludes that the JP is very relevant in the context of the development objectives of the Philippines, and is adequately aligned with the government's priorities and strategies as well as the objectives of the UN articulated in the UNDAF; and in addition, the JP leverages on prior and existing government programmes and lessons learnt from past experience. There are clear linkages between the JP and relevant MDGs, namely Goals 1, 2, 3, 4 and 6.

86. However, the evaluation also found that the programme design does not comprehensively address the broader issues of food security; and in particular does not fully exploit the technical expertise and comparative advantages of all participating UN agencies. In this connection, the design does not fully demonstrate the advantages of working together and 'delivering as one'. While the design could have done better in strengthening inter—agency collaboration, it has certainly contributed to strong synergies across UN agency programmes and also provided useful lessons effective joint programming and collaboration.

87. The evaluation also concluded that there was a general lack of understanding of relevant UN agency operational guidelines, particularly during the startup phase, which led to delays in the implementation of some of the critical activities, especially the baseline survey that had not been fully completed even by the time of the MTE. The delay in these critical activities may have far reaching implications in terms of the relevance of some of the activities to the expected outputs.

88. Activity implementation is structured by components, which is a good practice that enables different UN and Government agencies to jointly focus on common result areas. The component based approach in coordinating activities also reduces duplication and overlap. The evaluation also found however, that some activities were unduly affected by inadvertent lapses in coordination of activities. For example, the distribution of MNP was affected by the apparent lack of engagement with the FDA, which is a key Government agency for marketing of processed foods. In addition, despite the existence of the relevant laws such as the Republic Act 10020, implementation of aspects of EBF-W have been hindered by apparent inappropriate IRRs that are not consistent with the spirit and intent of the Act. Notwithstanding, the evaluation concluded that several key milestones had been achieved signifying a high likelihood that activities will lead to realization of intended outputs.

89. The MTE is of opinion that the programme budget and expected outputs will be delivered without the need for a "no-cost extension".

90. The evaluation noted a strong national ownership and very effective governance and management structure, which enhances potential for sustainability. However, the M&E Framework lacks sufficient indicators and the JP lacks a clearly articulated exit strategy to guide establishment of specific mechanisms required for sustainability.

Chapter 7: LESSONS LEARNED

91. Based on the information obtained from key stakeholders and independent observations made by the evaluator, the following key lessons have been identified.

Lesson # 1:

92. After the approval of the JP, there seems to be a gestation period which lasts about 6 months in which the systems and structures required to launch activity implementation are put in place. This process culminates with the Inception Workshop, which signals the actual start of implementation. This phase of the JP programme cycle does not contribute to actual outputs as defined in the RME framework; and as such essentially shortens the actual time in which programme activities that contribute to results and outputs are actually implemented. This inception phase is fundamentally different from the actual results-focused programme cycle. (See paragraphs 39 – 40).

Lesson # 2:

93. The systems that are in place at LGU level for monitoring and tracking data are inadequate, such that they may affect the accuracy and reliability of national data on some of the indicators. The capacities for information management have to be strengthened at LGU level in order to achieve credible national data. (See paragraph 42).

Lesson # 3:

94. When implementation of activities is structured at the component level, partners' capacity to collaborate and engage in joint activities including planning, implementation and monitoring is enhanced. This is a good practice, which is fundamentally different from other implementation approaches which are designed around specific UN agency outputs. (See paragraphs 46 - 47).

Lesson # 4:

95. Sustainability of JP processes and results requires the establishment of specific venue for continuity. The JP has adequately addressed this by giving the lead coordinating role to the NNC and engaging broad participation of civil society and other national institutions.

Lesson # 5:

96. Lack of a specific exit strategy could affect the design and development of a replicable model that is capable of implementation by national systems and capacities. An exit strategy, should establish what the JP intends to leave in place at the end of the programme cycle, including national capacities and documented process models. (See paragraph 82).

Chapter 8: RECOMMENDATIONS

97. Overall, the MTE concluded that the JP is on track to achieve its expected outputs and contribute to programme outcomes. In that regard, the evaluation is satisfied that no major changes of the current implementation approaches are required; except perhaps just strengthening and expediting some of the activities that have lagged behind in the context of the “catch up” plan that is under implementation.

98. However, based on some of the key findings and lessons learned, the MTE makes 5 recommendations that do not directly involve JP implementation at the operational level; but nonetheless, may have an indirect impact on the quality of programme results as well as effectiveness of Joint Programming and ‘delivering as one’.

Recommendations matrix:

Recommendation 1.

The MDG-F should consider separating the JP Inception Phase from the project cycle.

Issues to be addressed:

The planning and preparation phase at the beginning of the JP is often spent focusing on administrative and initial set-up issues with no direct bearing on expected outputs. The loss of programme time incurred at this stage will usually affect the JP’s ability to complete all its activities within the designated JP timeframe.

Recommendation 2:

The UNRCO, in collaboration with UN agencies and national counterparts, should design a study to identify the key elements that contribute affect transaction costs, and how these can be effectively measured, monitored and reduced.

Issues to be addressed:

There is a general feeling among stakeholders that JPs generally increase transaction costs for all partners; however, none of the partners is able to specifically demonstrate the components of transaction costs that are affected and in what ways they are affected. There is no objective basis to compare the efficiency of JP against other implementation modality.

Recommendation 3.

The JP should develop specific strategies and interventions to strengthen local-level information management systems.

Issues to be addressed:

The systems that are in place at LGU level for monitoring and tracking data are inadequate, such that they may affect the accuracy and reliability of national data on some of the indicators. The capacities for information management have to be strengthened at LGU level in order to achieve credible national data.

Recommendation 4.

The JP should expand the practice of Father's classes to all JP areas to enhance support and food security for lactating mothers and their infants.

Issues to be addressed:

"Father's classes" to raise their awareness on EBF are practiced in Naga City, but it appears that this was an independent initiative of that particular barangay and not part of the JP interventions. Given the influential role of fathers in supporting lactating mothers and ensuring food security, this is a practice that should be included in the programme design as a good practice.

Recommendation 5.

The JP should design and undertake a targeted study to determine and recommend appropriate MNP dosage for the Philippines.

Issues to be addressed:

There appears to be mixed messages that are going through to the Government with regards the distribution of MNP. While there doesn't seem to be coherence in approach between UNICEF and WFP at the country level, at global and headquarters level, the two agencies work closely together through the Home Fortification Technical Advisory Group (HFTAG). In

addition, right from the JP design, the issue of MNP was identified as an issue which required evidence-based implementation guidelines, which until now have not been developed.

Recommendation 6.

The JP in collaboration with partner UN agencies should continue review and redraft of the JP indicators.

Issues to be addressed:

Some of the JP outputs are qualitative in nature (as for example, raising community awareness or behavior change); and yet their indicators are quantitative, which essentially makes progress monitoring activity-based. Appropriate and adequate qualitative indicators need to be developed to strengthen existing indicators.

Recommendation 7.

The JP should develop a specific Exit Strategy that clearly defines what the JP will leave in place at the conclusion of the programme, including national capacities and fully tested process models for replication.

Issues to be addressed:

The JP does not have a specific exit strategy that clearly identifies and defines what the JP will be leaving in place in order to ensure that the processes and results that have been developed and piloted can be sustainably replicated.

ANNEX 1: Documents Reviewed

1. MDG-F 2030 (2011); Joint Programme Monitoring Report: July – December 2010
2. Philippines – Nutrition Transmit Memo
3. MDG-2030 (2011); Summary of Physical Accomplishments based on Color-coded Status Report as of 30 June 2011
4. MDG-2030 (2011); Nutrition Month 2011 – Talking points
5. MDG-2030 (2011); Coordinating Meeting: 7 July 2011.
6. MDG-2030 (2011); Activity Report: Regional Consultation on Interventions to Promote Exclusive Breastfeeding in the Workplace (Region 6)
7. MDG-2030 (2011); Joint Programme Monitoring and Evaluation Framework: Children, Food Security and Nutrition
8. MDG-2030 (2011); Color coded progress report as of June 2011
9. MDG-2030 (2011); Process Documentation: Regional Consultation on Interventions to Promote Exclusive Breastfeeding in the Formal Workplace; Sep 2010
10. MDG-F 2030 (2011); National Steering Committee Meeting and Field Visit: Caraga Region, July 2011
11. MDG-2030 (2010); National Technical Working Group Meeting No. 4, Series of 2010
12. Government of Philippines (2009); Republic Act No. 10028
13. MDG-F 2030 (2010); Joint Programme Monitoring Report: July – December 2009
14. MDG-F 2030 (2010); Mid-Year Programme Narrative Progress Report for period January-June 2010.
15. Government of Philippines (2010); Philippine IYCF Strategic Plan of Action for 2011-2016
16. MDG-2030 (2009); Joint Programme Document Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines
17. MDG-F (2009); Implementation Guidelines for MDG Achievement Fund Joint Programmes
18. UNDG (2008); Revised Standard Joint Programme Document
19. MDG-F Advocacy and Communication Strategy
20. MDG-F Mission Report
21. Advocacy and Partnerships: Guidance Note for Elaborating Advocacy Action Plans
22. Generic Terms of Reference for the Mid-Term Evaluation of Children, Food Security and Nutrition Joint Programmes
23. Monitoring and Evaluation System: “Learning to Improve,” Making evidence work for development
24. UNDP/Spain Millennium development Goals Achievement Fund Framework Document

ANNEX 2: Individuals Consulted

1. Abas, A. (Ms)	Health Education & Promotion Officer	NCHP
2. Acosta, A. (Ms)	Midwife	Zamboanga
3. Alano, P.B. (Ms)	PRO III	NCHP
4. Alim, A. (Dr)	Deputy Country Representative	UNICEF
5. Almaria, M. (Ms)	City Nutritionist/Dietician	
6. Ambayec, K. (Ms)	JP Coordinating Assistant	PMU
7. Anderson, S. (Mr)	Country Representative	WFP
8. Aquino, R.B. (Mr)	Mayor	Ragay
9. Aquino, F. (Ms)	Nutritionist	Ragay
10. Aquino, R. (Mr)	Nurse	Ragay
11. Arce, C.P. (Ms)	MDG-F JPs Coordinator	UNRCO
12. Asis, R.E (Ms)	Senior Programme Assistant	WFP
13. Asuncion, I. (Dr)	Director IV	NCHP
14. Badcock, J. (Dr)	UNRC	NSC
15. Baldemoro, E.S. (Mr)	Barangay Captain, Concepcion Grande	Naga City
16. Batutay, S. (Ms)	MNP Coordinator	Region 9
17. Bawiga, M. (Ms)	Barangay Nutrition Scholar	Zamboanga
18. Bhattacharyya, D. (Mr)	Chief, Food Security	WFP
19. Bongga (D. (Dr/Ms)	Consultant (FS-EWS)	FAO
20. Borja, V.E (Ms)	Supervising Health Program Officer	NCDPC
21. Buenaventura, R. (Ms)	---	ECOP
22. Buere, R. (Ms)	Sub-NTWG Naga City	Region 5
23. Busita, M. (Ms)	Barangay Nutrition Scholar	Zamboanga
24. Canete, M.P. (Ms)	Nutrition Scholar, Concepcion Grande	Naga City
25. Cabaguio, M.J. (Ms)	JP Coordinator	PMU
26. Ceneta, D. (Ms)	Barangay Health Worker/Midwife	Ragay
27. Closa, L. (Ms)	Nurse	Ragay
28. Cordial, S. (Mr.)	Director	NAPC
29. Dalida, M.L. (Ms)	Baseline Consultant Assistant	---
30. Daza, N. (Ms)	Barangay Health Worker/Midwife	
31. De Guzman, G. (Ms)	---	ILO
32. De Leon, M. (Ms)	College Student	Ragay
33. Enteria, M. (Ms)	---	NNC
34. Escartin, I.C. (Ms)	Chief, Health Promotion Division	NCHP
35. Fernandez. A (Ms)	Nurse	Zamboanga
36. Fernandez, I.A.G.	Director (COMBI Training NGO)	ARUGAAN
37. Firmesa, K. (Ms)	JP Coordinator (Climate Change Adaptation)	NEDA

38. Flores, M.B.T. (Ms)	A/Sec., Executive Director IV, PMC Chair	NNC
39. Fransisco, T. (Mr)	Communications Specialist	UNICEF
40. Godoy, K. (Mr)	---	NEDA
41. Guevarra, C. (Ms)	Barangay Nutrition Scholar	Zamboanga
42. Iguin, T. (Ms)	Peer Counselor	Zamboanga
43. Jasmin, J.S. (Ms)	Barangay Nutrition Scholar	Zamboanga
44. Labitigan, J. (Ms)	National COMBI Coordinator	WHO
45. Liwag, A. (Ms)	Midwife	Ragay
46. Lobregat, C.L. (Mr)	Mayor	Zamboanga
47. Macabingil, L. (Ms)	Nutritionist	Zamboanga
48. Manangan, M.E.P. (Ms)	---	DOLE
49. Pastores, M.C. (Ms)	Team Leader	FAO
50. Perua, M. (Ms)	Midwife	Ragay
51. Polig, E (Atty)	Chief, Legal Information and Compliance Division	FDA
52. Portugal, A.A. (Mr)	Assistant Representative	FAO
53. Raval, J. (Ms)	OIC, NNC-NIED	NNC
54. Rebuena, J. (Ms)	----	NAPC
55. Rosaldo, L. (Ms)	---	NNC
56. Sallan, E. (Ms)	Midwife	Ragay
57. Solis, K. (Ms)	Communications Specialist	UNICEF
58. Salunatin, C. (Mrs)	Peer Counselor	Zamboanga
59. Sardana, M.C. (Ms)	Senior Programme Officer	ILO
60. Sareno, J. (Dr/Ms)	HMB Consultant	
61. Sanial, O.P. (Dr)	Baseline Consultant	Philippine University
62. Rayco-Solon, P (Dr)	Nutrition Specialist	UNICEF
63. Tan-Lim, A. (Ms)	Field Programme Coordinator	Region 9
64. Terania, J. (Ms)	---	DOH-NCHPD
65. Tesiora, S. (Ms)	Alliance of Workers in the Informal Economy	
66. Tipay, N. (Mr)	Planning & Development Officer	Ragay
67. Trillana, M.A. (Ms)	Programme Assistant	FAO
68. Tsurumi, K. (Mr)	Country Representative	FAO
69. Valencia, A. (Ms)	Project Coordinator	ILO
70. Van Hees, J.	MNP Consultant	WFP (Rome)
71. Vega, M.L. (Ms)	Chair, NTWG	PMC
72. Villablanca, E. (Ms)	Barangay Nutrition Scholar	Zamboanga

ANNEX 3: Summary of Activity Accomplishments: Color-Coded Status Report as of 30 June 2011

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed		
1. Increased exclusive breastfeeding rate in the JP areas by 20% annually	1.1 An evidence-based marketing and advocacy campaign developed and executed nationally and in JP areas	1.1.1 Development of a "marketing brand" for EBF6				
		45.18	64.29	1.1.2 Launching of a PR and media campaign in support of EB6		
				1.1.3 Engaging DOH hierarchy and LGUs at all levels to actively participate in COMBI for EB6 efforts		
				1.1.4 Building partnerships with the private sector to mobilize resources for the COMBI Plan		
				1.1.5 Deployment of corps of trained peer counselors to effect desired behavior change (EB6) among pregnant mothers		
				1.1.6 Organizing and holding of COMBI launch		
				1.1.7 Promotion of EB6 in various points of service delivery		
			1.2 Exclusive breastfeeding is strengthened as a key component of the National Family Welfare Programme (FWP)	1.2.1 Conduct of (1) national and (3) regional consultations to review the Family Welfare Programme (FWP) and existing practices in setting up lactation stations in the workplace		EBF-W component is delayed primarily because of the delay of release of RA 10028 IRR. PMC advised the JP to revise strategy of encouraging the secretary to revise the signed (unpublished) IRR. Sending of letters and position papers will not be done anymore. PMC's plan of action is to meet the secretary informally to
	33.33	1.2.2 Documentation and dissemination of good practices on workplace-based/ workplace-initiated support to working mothers, particularly through the promotion of exclusive breastfeeding				
		1.2.3 Formulation, review, issuance of a DOLE policy on integrating EBF-W in the				

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
		National Family Welfare Programme		encourage him to revise the signed version.
	1.3 Strengthened FWP piloted in 3 JP cities	1.3.1 Conduct orientations on RA10028 and its IRR for Family Welfare focal persons and Family Welfare Committees in 3 JP cities		
	40	1.3.2 Establish partnership/network of Family Welfare focal persons, FW committees and JP local implementers, particularly health officers (PHO, CHO, MHO)		
		1.3.3 Conduct of advocacy activities on EBF, IYCF, RA 10028 among employers/companies and trade unions		
		1.3.4 Advocacy and communication activities of EBF-W		
		1.3.5 Provision of technical assistance to companies piloting EBF		
	1.4 Models of informal sector workplace interventions for exclusive breastfeeding designed and demonstrated in 3 JP cities	1.4.1 Conduct of baseline study on informal sector practices to promote breastfeeding/EBF		
	37.5	1.4.2 Conduct of consultations with informal sector stakeholders towards designing demonstration projects for EBF in the workplace		
		1.4.3 Provision of support to pilot informal sector workplaces piloting EBF		
		1.4.4 Monitoring and documentation of demonstration projects for informal sector workplaces in 3 JP cities		

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
	1.5 Local peer counselors nominated and trained	1.5.1 Development and reproduction of training modules on enhanced skills of midwives, peer counseling tools, and module for group counseling on complementary feeding		
	50	1.5.2 Mobilization of opinion leaders and the community		
		1.5.3 Conduct of IYCF trainings		
		1.5.4 Distribution of equipment for the barangays and health offices for training		
		1.5.5 Identification and training of peer counselors on IYCF		
	1.6 Home visits conducted by peer support counselors	1.6.1 Mapping and updating of list of households with target groups (pregnant, lactating women and/or children 0-24mths)		
	16.67	1.6.2 Conduct of home visits (c/o peer counselors) and counseling of targets on exclusive breastfeeding, breast feeding, and appropriate complementary feeding practices		
		1.6.3 Conduct of monitoring visits in JP areas		
	1.7 Communications for development on IYCF developed and implemented	1.7.1 Conduct of community events and promotional activities to produce an enabling and supportive environment for breastfeeding		
	50			
	1.8 Pregnant and lactating women received adequate supply of iron-folic acid tablets	1.8.1 Procurement of iron folic acid tablets		
	50	1.8.2 Repacking and distribution of iron folic acid tablets		
	1.9 Human milk bank established in a tertiary	1.9.1 Review of Human Milk Bank (HMB) Guidelines in the		

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
	hospital	IRR of the Expanded Breastfeeding Promotions Act - RA 10028		
	50	1.9.2 Qualitative study on KAP and perception by health staff and community on use of HMB		
		1.9.3 Technical training on HMB		Milestone changed from "Technical training on HMB conducted" to "HMB consultant hired"
		1.9.4 Development, orientation, and dissemination of advocacy information on HMB		
		1.9.5 Identification and selection of hospital where Human Milk Banks will be established		
		1.9.6 Organization and maintenance of functional Human Milk Bank Committees and adoption of HMB by birthing facilities		
		1.9.7 Procurement of supplies needed to establish HMBs		
	1.10 National standard module for monitoring the Milk Code developed	1.10.1 Orientation on the Milk Code (Year 2: DOH, DTI, DOJ, DSWD) , Private hospitals and birthing centers		
	60	1.10.2 Setting up of text hotlines to report violators		
		1.10.3 Conduct of region-based advocacy activities on the Milk Code (Year 2: Tacloban, Tagaytay, Palawan, Carles, Zamboanga, Naga)		
		1.10.4 Monitoring of MDG-F areas (Monitors trained on Milk Code monitoring) and monitoring of advertisements, sponsorships, donation		
		1.10.5 Zonal Program Implementation Review (Manila, Cebu, Davao)		

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
2. Reduced prevalence of undernutrition by at least 3% among children 6-24 months old by 2012	2.1 Resources for counseling on age-appropriate complementary feeding produced	2.1.1 Conduct of formative research on KAP of child caregivers on complementary feeding (linked with JP 1)		
	72.5	100	2.1.2 Designing and testing of learning resources for appropriate complementary feeding	
	2.2 Recipes from homestead gardens and locally available foods for integration in community / nutrition education activities documented	2.2.1 Conduct of formative research and production of resource materials on group counseling for appropriate complementary feeding practices and recipes from locally available foods (UNICEF, FAO)		
	100			
	2.3 Community/household nutrition education activities on improving the quality of diets for complementary foods from homestead gardens and locally available foods conducted	2.3.2 Training of community health/ nutrition workers, and midwives on the preparation of nutritious and age-appropriate complementary foods made from homestead/community gardens and locally available foods (training on recipe trials)		
	50			
	2.4 Improved micronutrient status of all children 6-24 months old in the 2 JP areas, through micronutrient powder (MNP) supplementation and proper utilization, as indicated by significant increase in hemoglobin level among beneficiaries	2.4.1 Procurement of micronutrient powders (MNP)		Discussion over dosage (60 vs 90) was recently settled. PMC agreed that MNP distribution should be aligned with national government policy and with the recently developed DOH manual of operations.
	60	2.4.2 Development of MNP local packaging		WFP, as UNCT lead, is insisting on the 90

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
				dosage as per new international recommendation, however UNICEF recommends otherwise.
		2.4.3 Distribution of MNP		
		2.4.4. Assessment of local companies for possible production/packaging of MNP in the country.		
		2.4.5. Conduct of the MNP Effectiveness Study		
	2.5 Increased awareness of LGU functionaries, health workers, households and communities on the need and importance of using MNP in improving the nutritional status of children 6-24 months old.	2.5.1 Design, production and printing of IEC and training materials		
	75	2.5.2 Organize community events, face-to-face communication and distribute promotional and IEC materials		
	2.6 Improved capacity of all BHWs and BNSs in 2 JP areas on advising and counseling mothers on the appropriate use of MNP to fortify home-prepared complementary foods for children 6-24 months old	2.6.1 Training and retraining of trainers, BHWs, BNSs and other MNP distributors in 2 JP areas		
	50			
3. Improved capacities of national and local government and stakeholders to formulate, promote, and implement policies and programs on IYCF	3.1 Needs assessment on knowledge, attitude and practices on three policies conducted and used for formulating and adjusting policies, and program designs among others.	3.1.1 Conduct of IYCF-related policy scan and assessment (completed in 2010)		

Outcomes	Outputs	Sub-outputs/Activities	Status	Recent PMC instructions / Any NSC guidance or approval needed
66.67	66.67	3.2.2 Development of LGU policies, plans, and programs to create an enabling environment for optimal IYCF including local ordinances and incentive systems.		
		3.2.3 Development of local policy, administrative ordinances, and local incentive systems supporting IYCF		
	3.2 Early warning system (EWS) for food security and nutrition is piloted in one JP area	3.2.1 Review of existing data on household food security, nutrition and identify gaps/deficiency.		
	83.33	3.2.2 Actual piloting of the EWS in Ragay, Camarines Sur		
		3.2.3 Monitoring of activities of LGU officials in the actual piloting of EWS		
	3.3 Nutrition information system evaluated	3.5.1 Assessment of nutrition information at LGU level		TOR drafted. Output will be redesigned with the NNC as lead and will involve the conduct of a workshop to determine how local nutrition information system could be improved
	50	3.5.2 Formulation of recommended measures to improve the nutrition information system		

ANNEX 4: Outcome 1: Status of Outcome and Output Indicators

Outcome 1: Increased exclusive breastfeeding rates in highly urbanized cities and JP municipalities by 20% annually			
Indicators	Baseline and Targets	Current Status of Indicators	Comments on progress
Some of the possible indicators could include reduction in the levels of stunting and reduction in the gross sales of infant formulae	Baseline:		The Revised M&E Framework does not have indicators, baselines and targets at the outcome level. This will affect the Final JP evaluation, which should be conducted at the outcome level.
	Target:		
	Baseline:		
	Target:		
Output 1.1. Increased number of pregnant and lactating women visited at home by a peer counselor			
1.1.1. # of community support groups established in COMBI areas	Baseline: 116 Target: 631		Many of the indicators listed here are basically activities, which are phrased as indicators.
1.1.2. # of peer counselors trained and deployed in COMBI areas	Baseline: 1,620 Target: 8,835	337	
1.1.3. # of peer counselors trained and deployed at 1 peer counselor/ 20-25 pregnant women and infants 0-24 months old in JP municipalities	Baseline: 0 Target: 185 (Ragay) – 132 (Carles) – 210 (Aurora) Total target: 527		The output relates to “increased number of pregnant and lactating women visited by a peer counselor”; and as such an appropriate indicator should: 1) Measure the ratio of women visited against total, 2) Assess the quality of information provided during the home visits by monitoring the level of compliance with desired behaviour change (as in 1.1.8. below)
1.1.4. # of midwives and health workers trained on IYCF and on mobilization/ community organizing and facilitating groups	Baseline: 0 Target: 246	216 (IYCF training) 72 (community mobilization)	
1.1.5. % of RHUs and BHS with trained personnel on IYCF and on mobilization and facilitating groups	Baseline: 0 Target: 100%	100% (IYCF training)	As presently formulated, these indicators lead to activity-based reporting, which does not provide sufficient information about the achievement or progress towards expected results.
1.1.6. # of EBF brand materials reproduced and distributed	Baseline: 0 Target: Posters= 10,000 PC notebooks= 2,500 Ballers= 10,000 Training manuals= 250 pcs	Content, designs (aside for the brand w/c is final), lay-out are being finalized	

1.1.7. # of EBF-related PR activities and public events undertaken	Baseline: 0 Target: 35	2 (Breastfeeding marketing brand launch, BF TSEK, 23 February 2011; Breastfeeding Friend Enrolment, 14 May 2011) 6 barangay level events in Carles, Iloilo	See above.
1.1.8. % of infants breastfed within the first hour of birth	Baseline: 53.5% (based on NDHS 2008 data) 51% (JP's baseline survey) Target: 70%		
1.1.9. # of infants EBF 0-5 months	Baseline: 22% (JP's baseline survey) Target: 20% increase annually		
1.1.10. % of pregnant and lactating women visited by a peer support counselor	Baseline: 22,680 Target: 166,699		
1.1.11. % of pregnant and lactating women who receive iron-folic acid (FeFo) supplements	Baseline: 40% (based on 2008 NNS Data/NDHS report) Target: 80%	Iron-folic acid tablets distributed to LGUs; Guidelines for distribution of FeFo being finalized by NCDPC	
Output 1.2 Support mechanism for working mothers in formal and informal workplaces to continue EBF to 6 months in major work places in Naga City, Iloilo City and Zamboanga City			
1.2..1 # of companies promoting and with facilities for EBF and lactation stations under their FWP	Baseline: No data available Target: At least 2 in every JP city		These are appropriate indicators, but would generally be reinforced by additional qualitative indicators that monitor the usage of the lactation stations, including the time given to mothers to express milk.
1.2.2. # of common lactation facility set-up in the 3 cities	Baseline: 0 Target: 3 (1 per JP city)		
Output 1.3 Established human milk bank (HMB) in a secondary or tertiary birthing facility (Public/private)			
1.3.1. Human milk bank established	Baseline: No Human Milk Banks in the tertiary or secondary birthing facilities in JP areas Target: At least 1		Additional qualitative indicators would provide more results-focused information
Output 1.4 Established Milk Code monitoring system adapted and used in JP areas			
1.4.1. # of reported Milk Code violations validated	Baseline: 0 Target: The reason there is no target is because you cannot pre-determine a negative outcome		Additional qualitative indicators to assess the effectiveness and enforcement of the milk code provides more results-focus
1.4.2. # of trained Milk Code monitors in 6 JP areas	Baseline: 0 Target: 200	174	

ANNEX 5: Photo Gallery



EBF Photo exhibition



Presentation of 2nd Quarter FS-EWS report



COMBI training session



Talking to a mother who just delivered

ANNEX 6: GENERIC TERMS OF REFERENCE FOR THE MID-TERM EVALUATION OF CHILDREN, FOOD SECURITY AND NUTRITION JOINT PROGRAMMES

General Context: The MDGF and the Children Food Security and Nutrition

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

The following points should be provided by the joint programme team

- Describe the joint programme, programme name and goals; include when it started, what outputs and outcomes are sought, its contribution to the MDGs at the local and national levels, its duration and current stage of implementation.

2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek **to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation**. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis or object of study for this mid-term evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.

3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the Children Food Security and Nutrition **thematic window**, and the Millennium Development Goals at the local and/or country level.

4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick interim evaluation exercise.

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

Design level

- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
 - a) To what extent the identification of the problems, inequalities and gaps, with their respective causes, clear in the joint programme?
 - b) To what extent the Joint Programme take into account the particularities and specific interests of women, minorities and ethnic groups in the areas of intervention?
 - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
 - d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
 - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
- **Ownership in the design: national social actors' effective exercise of leadership in the development interventions**
 - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?
 - b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

Process level

- **Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results**

- a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?
- b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
- d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
- e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?
- f) To what extent more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?
- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?

- Ownership in the process: National social actors' effective exercise of leadership in the development interventions

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?
- b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

Results level

- Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
 - 1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
 - 2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
 - 3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
 - 4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
- b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?
- c) To what extent is the joint programme having an impact on the targeted citizens?

- d) Are any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
- e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?
- f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
- g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
- h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

Sustainability: The probability that the benefits of the intervention will continue in the long term.

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?
At local and national level:
 - i. Is the programme supported by national and/or local institutions?
 - ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
 - iii. Have operating capacities been created and/or reinforced in national and local partners?
 - iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
 - v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
 - vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent are the visions and actions of partners consistent with or different from those of the joint programme?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

Country level

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?
- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? One UN
- g) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- h) To what extent is the joint programme helping to influence the country's public policy framework?

5. METHODOLOGICAL APPROACH

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation and a locally hired consultant who will support the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and assist with translation of key meetings/ interviews during the mission as needed. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

☞ **Inception Report** (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

☞ **Draft Final Report** (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

☞ **Final Evaluation Report** (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
 - Background, goal and methodological approach
 - Purpose of the evaluation
 - Methodology used in the evaluation
 - Constraints and limitations on the study conducted
3. Description of interventions carried out
 - - Initial concept
 - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the Evaluator and the reference group of the Joint Programme in connection with the findings and/or recommendations. The Evaluator must corroborate all assertions, and note any disagreement with them.
- **Integrity.** The Evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- **Independence.** The Evaluator should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, the Evaluator must report these immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used by the Evaluator to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.

- **Validation of information.** The Evaluator will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the Evaluator shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation are the Secretariat of the MDGF, the Programme Management and the Programme Management Committee. The Programme Management Office, PMC, and RC Office will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents (Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The Secretariat of the MDGF shall manage the mid-term evaluation in its role as proponent of the evaluation, fulfilling the mandate to conduct and finance the mid-term evaluation. As manager of the mid-term evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated; promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process. It shall also support the country in the main task of disseminating evaluation findings and recommendations.

9. TIMELINE FOR THE EVALUATION PROCESS

A. Design phase (15 days total)

1. The Secretariat shall send the generic TOR for mid-term evaluation of China's CCPF to the reference group. The reference group is then to adapt these to the concrete situation of the joint programme in China, using the lowest common denominator that is shared by all, for purposes of data aggregation and the provision of evidence for the rest of the MDGF levels of analysis (country, thematic window and MDGF).

This activity requires a dialogue between the Secretariat and the reference group of the evaluation. This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

2. The MDGF Secretariat will send the finalized, contextualized TOR to the Evaluator it has chosen.
3. From this point on, the Portfolio Manager is responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the Evaluator, to serve as interlocutor between the parties (Evaluator, reference group in the country, etc.), and to review the deliverables that are produced.

B. Execution phase of the evaluation study (55-58 days total)

Desk study (15 days total)

1. The Portfolio Manager will brief the Evaluator (**1 day**). He/she will hand over a checklist of activities and documents to review, and explain the evaluation process. Discussion will take place over what the evaluation should entail.
2. The Evaluator will review the documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. The Evaluator will submit the inception report to the MDGF Secretariat; the report will include the findings from the document review and will specify how the evaluation will be conducted. The Evaluator will share the inception report with the evaluation reference group for comments and suggestions (within **seven days of delivery of all programme documentation to the consultant**).
4. The focal points for the evaluation (PMC Co-Chairs) and the Evaluator will prepare an agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (Within **seven days of delivery of the desk study report**).

Field visit (9-12 days)

1. In-country, the Evaluator will observe and contrast the preliminary conclusions reached through the study of the document review. The planned agenda will be carried out. To accomplish this, the Secretariat's Portfolio Manager may need to facilitate the Evaluator's visit by means of phone calls and emails to the reference group.
2. The Evaluator will be responsible for conducting a debriefing with the key actors he or she has interacted with.

Final Report (31 days total)

1. The Evaluator will deliver a draft final report, which the Secretariat's Portfolio Manager shall be responsible for sharing with the evaluation reference group (**within 10 days of the completion of the field visit**).
2. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The Evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat's Portfolio Manager can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed (**within 14 days of delivery of the draft final report**).
The evaluation reference group may also comment on the value judgements contained in the report, but these do not affect the Evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.
3. The Secretariat's Portfolio Manager shall assess the quality of the final version of the evaluation report presented, using the criteria stipulated in the annex to this TOR (**within seven days of delivery of the draft final report**).

4. Upon receipt of input from the reference group, the Evaluator shall decide which input to incorporate and which to omit. The Secretariat's Portfolio Manager shall review the final copy of the report, and this phase will conclude with the delivery of this report by the MDGF Secretariat to the evaluation reference group **(within seven days of delivery of the draft final report with comments)**.
5. **Phase of incorporating recommendations and improvement plan (within 21 days of delivery of the final report):**
 1. The Secretariat's Portfolio Manager, as representative of the Secretariat, shall engage in a dialogue with the reference group to establish an improvement plan that includes recommendations from the evaluation.
 2. The Secretariat's Portfolio Manager will hold a dialogue with the reference group to develop a simple plan to disseminate and report the results to the various interested parties.

10. ANNEXES

a) Document Review

This section must be completed and specified by the other users of the evaluation but mainly by the management team of the joint programme and by the Programme Management Committee. A minimum of documents that must be reviewed before the field trip shall be established; in general terms the Secretariat estimates that these shall include, as a minimum:

MDG-F Context

- MDGF Framework Document
- Summary of the M&E frameworks and common indicators
- YEM Thematic Window TORs
- General thematic indicators
- M&E strategy
- Communication and Advocacy Strategy
- MDG-F Joint Implementation Guidelines

Specific Documents for Joint Programme

Other in-country documents or information

- Evaluations, assessments or internal reports conducted by the joint programme
- Relevant documents or reports on the Millennium Development Goals at the local and national levels
- Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
- Relevant documents or reports on One UN, Delivering as One

b) File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
2.3				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				