



Summative Evaluation of the Project Combatting Anaemia in Children and Pregnant and Postpartum Women in Cabo Verde (2017/2019)

EVALUATION REQUESTED BY UNICEF WCARO

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DISCLAIMER

This publication has been produced with the assistance of UNICEF. The contents of this publication are the sole responsibility of the evaluator, Maria João Paiva Nazareth supported by Marianne Kearney as English editor.

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Acronyms

C4D	Communication for Development
CIMPOR	Cimentos de Portugal, Portugal cements
CMA	Committee on the Anaemia Monitoring
CSO	Civil Society Organization
CU5	Children Under 5 years old
CV	Cabo Verde
CVCV	Red Cross Cabo Verde
DaO	Deliver as One
IDRF	Household Expenditures and Income
IDSRII	Demographic Survey on Reproductive Health – Inquérito Demográfico de Saúde Reprodutiva
EBO	Compulsory Basic Education – Ensino Básico Obrigatório
KAP	Knowledge, Attitude and Practices
LDCs	Least Developed Countries
ME	Ministry of Education– Ministério da Educação
MNPs	Multiple Micronutrient Powders
MSSS	Ministry of Health and Social Security– Ministério da Saúde e da Segurança Social
NAT – PNAN	Núcleo de Apoio Técnico do Plano Nacional de Nutrição - Technical Support Nucleus for the National Nutrition Plan
NGO	Non-Governmental Organisation
ORS	Oral Rehydration Salt
PEDS	Strategic Plan for Sustainable Development
PEE	Strategic Plan of Education
PNAN	National Plan for Food and Nutrition
PNN	National Nutrition Program
REJOP	Journalists’ Network for Population Issues (Rede de Jornalistas para Questões de População)
SIS	Health information System (Sistema de Informação de Saúde)
SIDS	Small Island Developing State
The project	Combating Anaemia in Children and Women in Cabo Verde
ToC	Theory of Change
ToR	Terms of Reference
ToT	Trainer of Trainees
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

1. Introduction

In 2019 the UNDP, UNFPA and UNICEF Joint Office in Cabo Verde commissioned the final evaluation of the project *“Lutter contre l’anémie chez les enfants et les femmes enceintes au Cabo Verde - Aider les enfants à survivre et à prospérer”* from now on referred to as *“the anaemia project”*. This evaluation was requested by UNICEF and funded jointly by the Cabo Verde Joint Office and the UNICEF Regional Office for West and Central Africa (WCARO).

2. Context

The anaemia project was implemented nationwide and aimed to reduce the anaemia prevalence amongst children 6-59 months of age and a variety of other population groups. These included pregnant and postpartum women (thanks to the involvement of the Ministry of Health and Social Security or MSSS), children 6-12 years of age in the compulsory basic education (EBO) and community preschools (thanks to the involvement of the Ministry of Education or ME) and, lastly, children 3-5 years of age supported by the Municipalities and CSOs. The project was designed in collaboration between the government of Cabo Verde and UNICEF and rested on the assumption that, in order to effectively reduce the anaemia rates, it should be the government’s Nutrition Department to manage the project implementation as well as to enhance general knowledge on nutrition.

3. Key project details

The project was implemented for a period of three years (from January 2017 to December 2019), across the whole country, which consists of the nine inhabited Cabo Verde islands. The project was implemented in phases, from phase 1 to phase 3 (phase 1 began on 5 islands; phase 2 was implemented in 2 islands and phase 3 was implemented in the final 2 islands). The beneficiaries included children from 6 to 54 months, children from 6 to 12 years old and women as pregnant and postpartum. It aimed to reach 46,944 children aged 6-59 months, 83,000 children aged 6 -12 years old and 11,000 pregnant and postpartum women.

The project provided Vitaferro, (powdered micronutrients, which includes iron, and was called Vitaferro, after a national campaign to choose the best name) to children 6-59 months, iron to children from 6 to 12 years old, and iron, vitamin A and folate pregnant and postpartum women.

The project was implemented by the MSSS, through the PNN with the support of ME, the NGO VERDEFAM, the INGO RedCross, government municipalities and CSOs via the community preschools.

4. Purpose, objectives and scope of the evaluation:

Purpose: This evaluation had a double purpose. First, to enhance the accountability of the project coordinators and implementers – MSSS, PNN, ME, CSOs, NGOs, Cabo Verde Government, UNICEF Cabo Verde and UNICEF Regional Office for West and Central Africa – to the donor and the population groups whom the project was expected to serve. Second, to enhance the learning amongst key stakeholders on how to strengthen the effectiveness and efficiency of interventions for any future initiatives aimed at anaemia elimination. The envisaged evaluation users included the following: the UNICEF Country Office in Cabo Verde, the UNICEF Regional Office for West and Central Africa Regional, the donor, the Cabo Verde

government ministries, the NGOs and development partners involved in the fight against anaemia across the country.

Objectives: The evaluation pursued a number of objectives: (i) to determine the extent to which the anaemia project achieved its expected results as outlined in the project document, including any unintended/unexpected results; (ii) to identify factors that affected the project implementation; (iii) to identify best practices and lessons learned to guide the development of future interventions; and (iv) to develop strategic and operational recommendations to improve the implementation of similar projects in the future.

Scope: This evaluation, whose fieldwork took place in three of the country's islands (Santiago, São Vicente and Sal) in November-December 2019, covers the period from the start of the project's implementation in January 2017 until the end of December 2019 and assessed the status and quality of all implemented activities across the country, both within the health and nutrition domains.

5. Evaluation Criteria and Questions

In order to fulfill the two key evaluation purposes and attain its envisaged objectives and address the 23 evaluation questions spelled out in the evaluation Terms of Reference (ToR), the evaluation was guided by five criteria: four guided by the OCDE/DAC evaluation criteria (relevance, effectiveness, efficiency and sustainability) and one additional theme or criteria encompassing gender, human rights and equity. The evaluation process considered gender, equity and human rights as one major criterion and to this end the evaluator ensured that she interviewed a wide cross-section of the population and beneficiaries, particularly to evaluate whether there was any discrimination based on age, gender, ethnic, socio-cultural group or nationality. These interviews included interviews with: men, women, youth and children of all ages and, cultural, social and geographical backgrounds (from the different islands as well as people from other West African countries working in Cabo Verde).

6. Evaluation methodology:

Data Collection: Consistent with the need to measure a variety of project indicators and outputs and the social dynamics affecting its performance, this evaluation employed a highly participatory mixed methods approach. In particular, the combination of quantitative and qualitative methods coupled with systematic triangulation allowed the evaluator to gather, compare and synthesize different data sources in response to each one of the evaluation questions and, as a result, to draw well-founded conclusions under each one of the evaluation criteria. The data collection methods, used in the different municipalities (Concelhos) located in three of the country's islands (Santiago, São Vicente and Sal), included the following:

- Key informant interviews with stakeholders with knowledge and experience of the anaemia project;
- Interviews with project beneficiaries and their parents and caregivers, in order to understand beneficiary experiences of the project and the impact of the project on their lives;
- Focus group discussions with project beneficiaries and health facilities staff to gather their views on the challenges of MNP Vitaferro use or iron drugs for the children and pregnant women;
- Direct observations of a representative sample of health facilities services and parents in the three islands: on each island observations were conducted at the health delegation, 2 to 3 health centers and, lastly, in 3 primary schools and 2 community schools.

Data analysis: Qualitative and quantitative data was reviewed, coded and analyzed systematically in order to identify key themes, patterns, relationships and explanations relevant to the evaluation questions. The triangulation approach (detailed in the report) increased the data and conclusions reliability. In addition, a validation workshop was held in Praia on December 9, 2019 in order to gather feedback from key stakeholders on the validity of evaluation findings and analysis, and whether the recommendations could be implemented. A few limitations and constraints were also identified during the course of the evaluation and, as reported below, a few mitigation strategies were put in place to enhance the successful completion of the assignment.

Limitations and constraints	Mitigation strategies
Reporting bias	<ul style="list-style-type: none"> • The evaluator explained to all respondents that this evaluation is a learning-based exercise. • Questions were asked sensitively. • A validation workshop was conducted to allow for extra questions and follow-up exchanges with the key stakeholders.
Recall bias	<ul style="list-style-type: none"> • As respondents may have forgotten, or misremembered past events, the evaluator sought to triangulate with other sources of information and documentation.
Determining causality and isolating effects	<ul style="list-style-type: none"> • Where baseline data was not available, the evaluator asked respondents about their conditions and those of their children before the start of the project and then asked them to what extent those same conditions changed over time (e.g. after the project started) and what factors, other than the project, may have explained any possible change.
Language and cultural barriers	<ul style="list-style-type: none"> • Although all respondents understand Portuguese (some maybe shy or have speaking difficulties), the evaluator double checked with the translator. The interviewer used UNICEF staff to assist in providing translation during interviews, so they could be conducted in the Cabo Verde creole. The evaluator could understand most of the content of participants' interviews, but as she couldn't ask questions in the local kreole, she needed assistance from UNICEF staff. As most participants had some fluency in Portuguese, the evaluator was able to confirm the translation performed by UNICEF staff. In addition, the mixed methods approach to the evaluation helped strengthen the accuracy of results and mitigate against errors in interpretation that may have arisen in specific cases because of language and cultural barriers
Implementer presence in the interviews	<ul style="list-style-type: none"> • UNICEF Cabo Verde informed the evaluator that she could not conduct the visits to MSSS and ME without the presence of an official. This was needed to explain the role of the evaluation and introduce the evaluator. The evaluator requested implementing partners not to speak or support the answers provided by other partners or officials interviewed. • Beneficiaries interviews during the field work were performed without the UNICEF and MSSS presence.

7. Key Findings and Conclusions (by criterion)

This section provides an overview of the key evaluation findings organized by criterion (relevance, effectiveness, efficiency, sustainability and Gender and Human Rights).

7.1. Relevance:

This project was found to be highly relevant to the country context, and with international development objectives, such as SDG 2 and 3. The project was designed in alignment with the government strategic plans on nutrition, health, and education, and as a result was successfully implemented by the Nutrition Department in the MSSS. The project has been able to achieve the identified needs of the priority populations by targeting the most vulnerable and taking a gender and equity approach in implementing this project.

7.2. Effectiveness:

The project has achieved its intended objectives in both reducing the anaemia in the country and increasing knowledge and understanding around the treatment and cause of anaemia, and nutrition. As shown in the 2018 Demographic Health Survey, the project contributed to reducing anaemia rates (-18%) for children aged 6-59 months and providing iron supplements and folic acid supplementation for pregnant women (86%). Furthermore, the project managed to reach over 20,000 pregnant and postpartum women (above target of 11,000 women), 72,722 primary school children, and 16,979 preschool children through access to services and communication campaigns. In particular, the project's Communications for Development (C4D) strategy was found to have a significant influence on beneficiaries' knowledge about anaemia effects. In addition, capacity building targets were all achieved, using a "Training the Trainer" model at all levels. Project staff, as well as the many partner staff were trained not just on anaemia prevention but also general nutrition concepts. The project focused on intensive capacity building in the ministries of Health and Social Security, as well as training on various aspects of the project implementation for partners, combined with regular refresher training. Once again, the fact that the project was so well aligned with the needs and interests of the different partners (MSSS, ME and the implementing NGOs) was the key to its success. MSSS have covered the costs of the micronutrients by the end of the project as per the project agreement. UNICEF supporting was instrumental and appropriate for the context, in assisting the Cabo Verde government ministries to implement this project

However, the evaluation identified a few areas where progress in relation to project outcomes was limited due to external constraints. In particular, staff learning outcomes were found to be limited about data registration and reporting due to limited human resources.

7.3. Efficiency:

Overall, the project model has been very well designed, effectively delivered and efficiently run. The anaemia project used available resources economically to over-achieve on its objectives, reaching 8,876 beneficiaries more than what was originally envisaged. It made efficient use of time staff, travels and partnerships at national and local level (Private sector, Red Cross, Journalists' Network) to maximize outcomes for the beneficiaries.

7.4 Sustainability:

Despite the paucity of resources available at this stage to continue the project in the future, the fact that the anaemia project has been implemented by the Ministry of Social Services and

Health and the Ministry of Education, clearly shows a certain degree of national ownership. At the time of the evaluation, a concrete and action-oriented sustainability strategy for the project was already being discussed among the implementing ministries.

Moreover, the involvement of civil society, private sector and professional organizations in the implementation of project activities and communication has promoted greater ownership and ensured that key messages be dutifully relayed to the beneficiaries and public.

Evaluation findings suggest that, given the full effectiveness of the model, there is a strong potential for the project to be expanded within existing project sites, and replicated outside of Cabo Verde. Potential approaches to scaling up are explored further in the recommendations section.

The evaluation can only identify a few areas where progress in relation to project outcomes was limited due to external constraints. In particular, staff learning outcomes were found to be limited about data registration and reporting due to limited human resources. If the project had supported extra learning on data quality for project decision-making, this could have enhanced the project implementation and assisted in identifying any weaknesses, as well as providing lessons learnt to be applied when implementing the later stages of the project.

7.5. Gender, equity and human rights:

Gender, Equity and Human Rights principles were integrated into both the project design and implementation, thus contributing to reaching the most vulnerable groups and fulfilling the childrens' rights spelled out in the International Convention on the Rights of Children (CRC). For instance, participation and inclusion were promoted through a variety of communication strategies and tools, which ensured participation and inclusion of Cabo Verde society at all levels.

8. Lessons Learned

- **A multi-disciplinary approach is key to effective programming.** This project was highly effective because it was a partnership between the Ministry of Health, and the Ministry of Education. Ministries other than Health should be involved in any future anaemia / nutrition projects, in order to ensure effective program implementation and assist in finding innovative solutions. The anaemia project's holistic and multi-disciplinary design, particularly the distribution of MNP's and communication on anaemia through pre-schools and primary schools has been key to its success and the degree of commitment and government ownership is key to a success.
- **Using a Training of Trainer model creates a ripple-on effect.** Using a training of trainer (TOT) model creates a foundation which improves the likelihood of success in relation to other outcomes (improved decision making, relationships, educational outcomes, and sensitization skills). These outcomes reinforce confidence in people's ability to implement the project, resulting in a positive feedback loop. Thus, any project should ensure that there is strong training provided, and an effective training of training program to all implementers, particularly partners from NGOs, Red Cross or journalist associations.
- **A standard monitoring database is more effective when established and implemented from the beginning of a project.** If the project is using any SIS (Health Information System) a standard database should be established to guarantee detailed information (equity and equality) and to guarantee quality. Public semester reports will guarantee data quality and the involvement of beneficiaries. Monitoring of project results should be provided on a quarterly basis and disseminated to all partners. Annual reports should be issued within 6

months of the end of the year, and then results should be communicated to beneficiaries, and partners.

- **The Communication for Development strategy is all the more effective when it is able to harness the power of local culture and local journalist associations,** as well as cultural preferences, for instance using popular local musicians, or well-known entertainers is an effective way to ensure media coverage of the project, and to ensure the community remember and respond to the messages. It should also work with local reporters and the reporters or journalist associations so that they understand the importance of reducing anaemia, and then provide good reporting on the project. Constant communication is essential in any project that deals with behavior change and budget should be organized for a strong communication strategy.
- **Education on nutrition, should be intensified into school, pre-school and teacher's curricula.** Nutrition components which include education on healthy nutrition and hygiene habits should be integrated in pre and basic schools' curricula and in the package of health services delivered at the health centers at national level, as well as in the Nursery university course and Teacher university course.

9. Recommendations

Based on the various findings detailed in this report, the evaluator put forward a number of recommendations (strategic and operational) whose objective is to contribute to improvements for an expected future programme. These exchanges (these recommendations were validated between the evaluator and the implementer partners on a number of occasions before the submission of the final report to UNICEF) and focused on two particular aspects of the recommendations, namely their feasibility and relevance to the implementation context. This process also contributed to the prioritization of the recommendations in question.

9.1 Strategic recommendations

Strategic Recommendations - RS	Recipients
RS1- To increase the participation of government structures and departments in the planning and implementation of the next project phase	MNN, MSSS, Ministry Agriculture & Environment, Ministry of Maritime Economy, Ministry of Finance
RS2 – To ensure greater involvement of the implementing partners with the government, mainly in the implementation and revision of actions	MNN, MSSS
RS3 – Build upon on the existing capacity building and partnership strategy and ensure that more staff within Ministries as well as other entities and partners benefit from it	MNN, MSSS, ME
RS4 – To expand on the communication strategy during the life of the project and focus on messaging directed to communities, in particular to schools and health centres	PNN, MSSS
RS5 – Maintain the partnerships approach with the private sector for the continuation of the project in order to optimize the efficiency of the project	PNN, MSSS, Private sector, CSOs

RS6 – Expand Partnerships to include religious organisations to enlarge community awareness	
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9.2 Operational recommendations

Operational Recommendations - OR	Recipients
OR1 - Support the monitoring and reporting to achieve a high-quality standard.	PNN, MSSS, UNICEF Cabo Verde
OR2 – Consider using the DHIS2 to conduct a comprehensive evaluation on vulnerable beneficiary groups.	PNN, MSSS, UNICEF Cabo Verde, UNICEF regional
OR3 – Consider strategies for identification of different groups' nutrition habits	PNN, MSSS, UNICEF Cabo Verde, UNICEF regional

Introduction

In November 2019, UNICEF WCARO commissioned an individual international consultant to conduct the final evaluation of the project “Combatting Anaemia in Children and in Pregnant and Postpartum Women in Cabo Verde”. The project is aligned with the Cabo Verde Nutrition and Food National Plan 2015-2020 (PNAN 2015-2020) and with the Social Strategic Plan for Development 2017-2021 (PEDS 2017-2021) objectives, mainly with the one related to health. The project strategy is based on objectives and the priority areas of PNAN 2015-2020:

PNAN Priority Area 1- *The control and prevention of malnutrition by monitoring the nutritional status of the key population groups: especially women of childbearing age, pregnant women and children under 5 years old. The provision of nutrition education and counseling in schools, health services and amongst the general population;*

PNAN Priority Area 2- *Provision of micronutrient supplements in conjunction with education and nutritional counseling in schools, health services and to the general population;*

PNAN Priority Area 3 – *Strengthening the institutional capacity to manage and implement the PNAN.*

This project is aligned with UNICEF Cabo Verde Strategic Plan and with a number of Sustainable Development Goals, including SDG 2 (Zero hunger) and SDG 3 (Ensure healthy lives and promote wellbeing for all at all ages). The project goal is to support the decrease of the prevalence of anemia amongst children (both under five year of age and children from 6 to 12 years old attending primary school) and pregnant women across the nine inhabitable islands which the country consists of. The total number of expected direct beneficiaries are 46,944 children from 6 to 59 months, 83,000 of children from 6 to 12 years old and 11,000 pregnant women.

In 2019 the UNDP, UNFPA and UNICEF Joint Office in Cabo Verde commissioned the summative (end-of-project) evaluation of the project (this evaluation was made possible thanks to UNICEF funding) in accordance to the project document according to which:

[....] At the conclusion of the 3- year project, in 2019, an evaluation will be undertaken with stakeholders and beneficiaries taking into account the nutritional status of children and pregnant women and the effectiveness of the Communication for Development (C4D) strategy [....]

The purpose of this summative evaluation is to generate evidence which can identify good practices and lessons learned to support the Government of Cabo Verde and other interested parties to strengthen anaemia interventions in the future. The evaluation envisaged users include the following: the UNICEF Country Office in Cabo Verde, the UNICEF Regional Office for West and Central Africa Regional, the donor, the Cabo Verde government ministries, the NGOs and development partners involved in the fight against anaemia across the country.

The evaluation report that follows begins by providing important background to the evaluation, including the context and rationale for anemia prevalence, and a brief summary of the project and its interventions, logic model and indicators. It then sets out the purpose, objectives and scope of the evaluation itself, and the methodology that was implemented in order to achieve these. The following section presents findings in relation to the evaluation questions under each of the primary UNEG criteria: relevance; effectiveness; efficiency; and sustainability. Finally, the

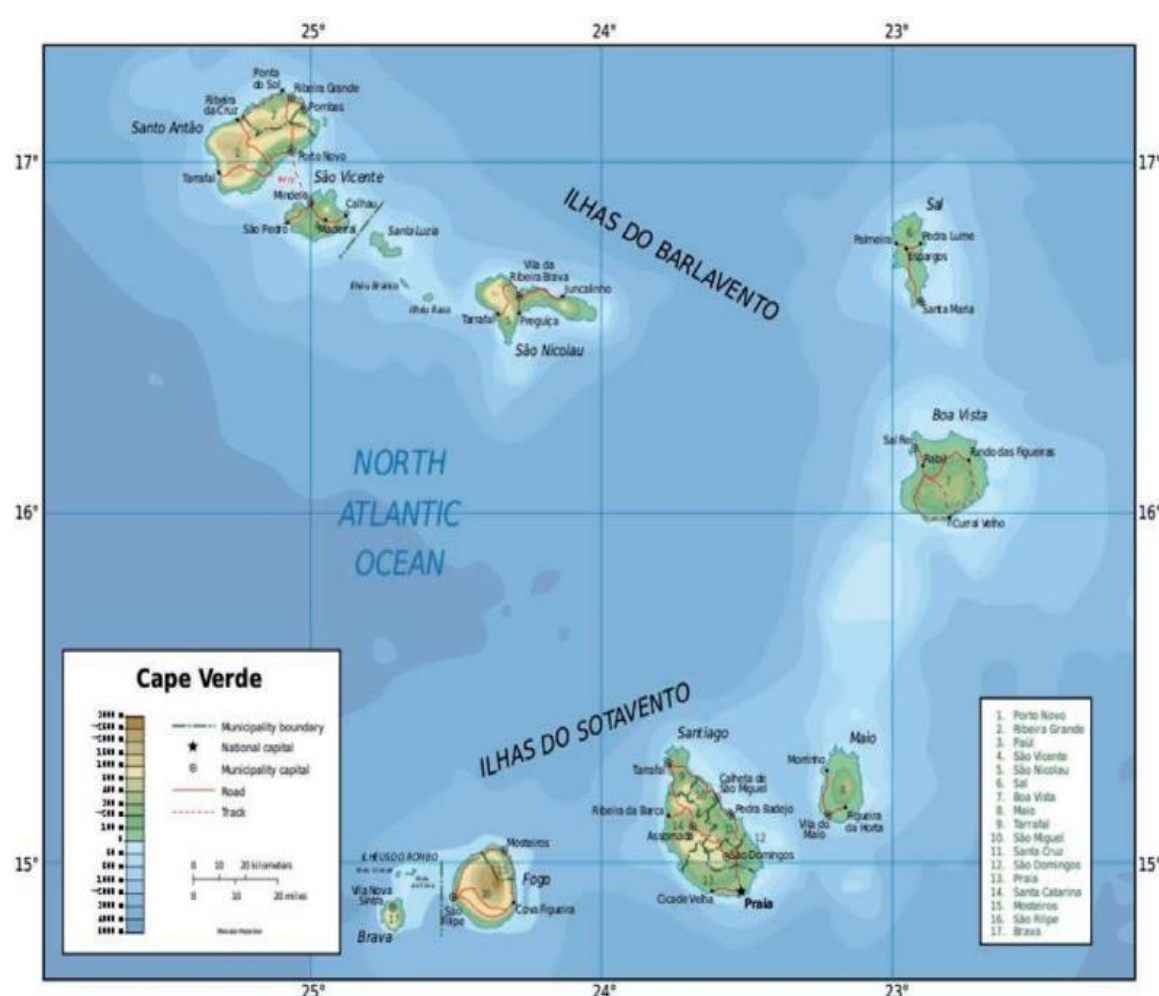
evaluation identifies conclusions and lessons learned which are supported by the findings and presents evidence-based recommendations.

1. Situation and background of the evaluation

1.1 Cabo Verde background in the evaluation object context

Cabo Verde is a country in West Africa with a population of over half a million people. The Cabo Verde islands are comprised of an archipelago of ten islands and five islets (only nine of them are inhabited) that lie about 500 km off the west coast of Africa. The islands are divided into two groups: Barlavento in the north, composed of Santo Antão, Boa Vista, São Nicolau, São Vicente, Sal and Santa Luzia; and Sotavento in the south, consisting of São Tiago, Fogo, Maio, and Brava. The islands are mostly mountainous, with the land deeply scarred by erosion.

Figure 1 : Cabo Verde islands

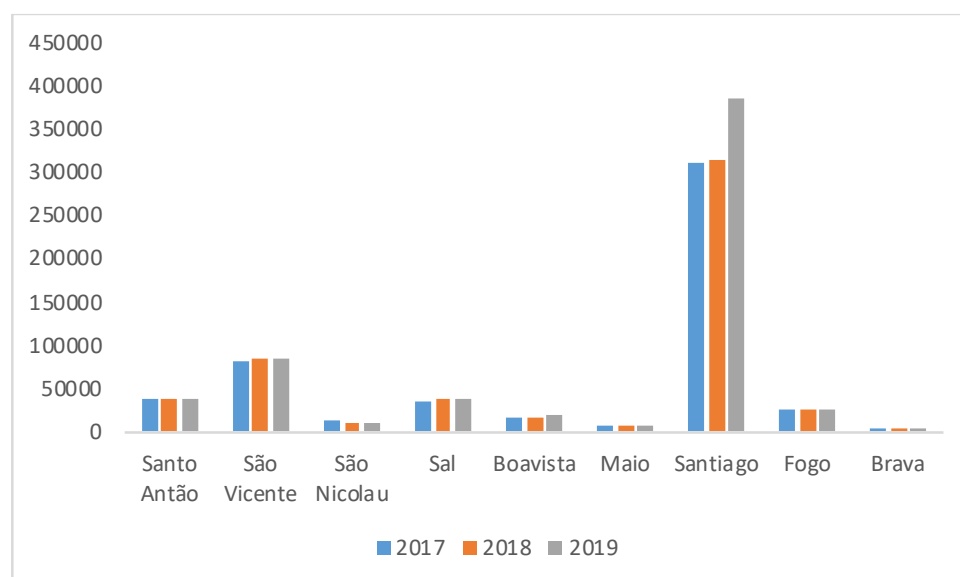


As of 2019, the Cabo Verde population is 550,483¹ and 32% of them are under the age of 14 (12,6% are under the age of 5 and 19,4% between 6 and 14 years). As depicted in Figure 1, the current population is distributed as followed: 62,760 from 0 to 5 years old, 91,329 from 6 to 14 years old and 129,466 women from 15 to 49 years old. The median age is 25.8 years and the

¹ According census 2005 population figures, INE, 2018

dependency rate for youth is 48.4 (the total dependency is 55.4). Urban population is 66.2% but population distribution is variable among the nine inhabited islands: islands in the east are very dry and are only sparsely settled to exploit their extensive salt deposits; the more southerly islands receive more precipitation and support larger populations; approximately half of the population lives on Santiago Island, which is the country' capital (Praia) is located.

Figure 2 : Population by Islands, 2017 to 2019



Source: INE, Demographic Projections, 2010 – 2030

Cabo Verde population has a literacy rate of 85%, one of the highest literacy rates in the Western Africa. The Ministry of Education (ME) system has three levels: preprimary (4 to 5 years old), Compulsory Basic Education² (EBO) with 2 cycles from 6 to 14 years old and High School (ES) from 14 to 17 years old. The pre-school education is provided via 567 schools and the primary school education is provided through 435³ schools. According ME statistics in the PEE 2017-21, 71,4% of children from 3 to 5 years old are enrolled in the pre-primary schools and the EBO has an enrolment rate of 91%. Cabo Verde has a Foundation for School Social Action (FICASE⁴) whose mission is to promote equity in the school community and to guarantee the quality in learning. FICASE is also responsible for the national nutrition component and food distribution in schools. All schools report to FICASE for any aspects related to nutrition.

The National Plan for Health Development (PNDS) 2017-2021 is the major strategy document which supports the National Health Policy (PNS). There are six hospitals in the Cabo Verde archipelago: two central hospitals (one in the capital city of Praia and one in Mindelo, São Vicente) and four regional hospitals (one in Santa Catarina in northern Santiago region, one on São Antão, one on Fogo, and one on Sal). In addition, there are 28 health centers, 35 health centers and a variety of private clinics located throughout the archipelago. The health infrastructure network provides easy access (less than 30 minutes) to about 85% of the population, (91.6% urban) and (77.1% rural).

The country is facing a major public health problem, classified as serious, linked to the anemia rate of children under 5 years of age. The most recent survey on anaemia prevalence (2009)

² In 2018 a law (Decree #13/2018) promote the education system and change the EBI – Ensino Básico Integral to EBO – Ensino Básico Obrigatório

³ Education Indicators 2016/2017, ME, 2018

⁴ Fundação Cabo Verdiana de Acção Social Escolar

found that for children aged 6 to 23 months, more than 70% are affected by anemia, a rate higher than 40% in children under 10 years and 52% in children under five. Among women aged 15 to 49, 28.6% were diagnosed with anemia. Among pregnant women, the prevalence was 43.2%. Between 1992 and 2005, surveys to detect anemia in pregnant women in Cabo Verde, indicated that this constituted a serious public health problem by directly affecting the mother / woman but also with an impact on the child directly associated with low birth weight, prematurity as well as increased perinatal mortality and stillbirth. These are the main reasons for the government requesting support to UNICEF, which culminate on the evaluated project : *“ Lutte contre l’anémie chez les enfants et les femme enceintes au Cabo Verde - Aider les enfants à survivre et à prospérer”*

Despite some encouraging results, health indicators in Cabo Verde are still influenced by a number of factors, including the level of access to services and nutrient by the people in need, the level of supply of human resources and equipment of health services; as well as the and the type of habits, beliefs and attitudes still prevailing amongst the country’s population. The country has been achieving consistent results in reducing child mortality. First, from 1995 to 2011 mortality rate was reduced by 40 (from 57.9 per thousand to 23 per thousand). Second, the preliminary results from the IDSR III attests that (i) infant mortality, that is, mortality among children under one year, has decreased from 30‰ in 2005 to 16‰ in 2018; (ii) mortality among children 1-4 years of age has remained at 3% in both years (2005 and 2018); and (iii) children mortality rate under five years old (CU5) is at 18%, which represented a 45% decrease from the previous survey conducted in 2005.

According to the National Plan of Nutrition 2015-2020 (PNAN 2015-2020) validated by the MSSS, the anemia rate was still at 40% in children under 10 and 52% in children under 5⁵, a reduction of more than 20% if compared with 1996 but still an alarming figure. Similarly, almost a third of women aged 15 to 49 years (28.6%) were diagnosed with anemia. The prevalence was even higher amongst pregnant women (43.2%).

Among the factors explaining the existing anemia rates is low state of the country’s food security⁶: Cabo Verde has been considered as a country in risk related to IPC level 2, in hold of severe drought, as expressed in the FAO last food security update⁷ .

1.2 Rational for the “Lutte contre l’anémie chez les enfants et les femme enceintes au Cabo Verde - Aider les enfants à survivre et à prospérer”

Considering the various and linked challenges that the Cabo Verde population faced in relation to the higher-than-expected anemia prevalence rates, the national government requested technical and financial support to UNICEF in order to put in place efficient strategies that could help (i) decrease the anemia rates; and (ii) support the roll-out of nutrition education programs that could enable the healthier development of children under 5 years of age. When contacting UNICEF Cabo Verde, the national government also requested greater technical and finance support to reduce both the morbidity and mortality rates among children and pregnant women, and to boot the sustainability of interventions aimed to fulfill the objectives set out in the PNAN.

Several national strategic frameworks and policies, developed in recent years (including the Health Strategy Plan, the Education Strategy Plan, National Nutrition and Food Plan and the statistics annual report for Cabo Verde) and the country official leader speech have also stressed

⁵ the Anemia Prevalence Survey (IPAC) 2015.

⁶ The Early Warning Early Action report on food security and agriculture October - December 2019

the need to reduce the anaemia rates. In response to such requests, UNICEF and key line ministries of the Cabo Verde government along with local and international organization partners, decided to build upon its existing programming to reduce the anaemia rates amongst the children under the age of 14 and to target pregnant and postpartum women through enhanced nutrition education.

1.3. Project implementation sites

The project was implemented in all of the 9 inhabited islands of Cabo Verde. It was implemented in different phases:

- Phase 1 five islands with the highest anaemia rates, starting in the beginning of 2017, Sal, São Nicolau, Boa Vista and Fogo in 2017;
- Phase 2 – in the island of São Vicente, Brava and Maio in 2017 and 2018 and
- Phase 3 - in Santo Antão and Santiago island in 2018 and 2019.

At the time that the project was developed, UNICEF had already been working in Cabo Verde with MSSS and ME. The project was designed to enhance the nutritional status of children and pregnant and postpartum women on a sustainable basis reducing the rate of anaemia in country through the joint interventions. It was decided then that intervention would focus on food fortification, micronutrient supplementation, deworming interventions and nutrition education. The project strategy was to implement through the MSSS, more specifically the nutrition department and the logistic pharmacy department with the contribution of the ME and FICASE.

1.4. Combatting Anaemia in Children and Pregnant Women – Ensuring Children Survive and Prosper: Project Goals

The project goal was to decrease the anaemia rates to 15% in children under 5 years old, as referred to under item 4. According to the project document, the objectives were to provide micronutrient supplementation and nutrition education to 47,000 children aged 6 to 59 months, to 83,000 children aged 6 to 12 as well as to 11,000 pregnant women. Given the high prevalence of anemia in the 6-59 months age group and due to the irreversible damage of anemia during this critical period in children's life, it was established that the project direct beneficiaries would be all the of children in this age group (46,944 children). All the pupils in the EBO age group (83,000 children) and all the estimated 11,000 pregnant women per year in the country were also designated as direct beneficiaries, over three years from 2017 – 2019.

The project was implemented by MSSS, in cooperation with Ministry of Education through EBO, Municipal Cameras (pre-primary schools), NGO VERDEFAM⁸ and Red Cross organizations. The implementing partners work under the supervision of the Nutrition department under the MSSS. A coordination group- Intersectoral Technical Team – was also established, which was expected to meet on a quarterly basis. Although the participants varied in this coordination group, the members of the Nutrition Department, Pharmacy Department, FICASE, ME and UNICEF Cabo Verde were regularly involved.

Officially, the project is a joint project between UNICEF Cabo Verde and the Cabo Verde government, with UNICEF providing 145,000 Euros and Cabo Verde Ministry of Health and Social Security (MSS) providing 250,152. The total project cost is Euros 790,000.

⁸ More information through www.verdefam.cv and facebook <https://www.facebook.com/verdefam.verde>

1.5. Logical Framework

In order to meet the goal, the following objectives were outlined in the project document:

Goal - Ensure that Cabo Verde children are protected from irreversible damage caused by anaemia in the first years of life.
Objective 1 - Prevention and treatment of micronutrient deficiencies and the provision of micronutrient supplements for children under five, postpartum women and pregnant women
<ul style="list-style-type: none">• 80% of children under 5 years old received micronutrients supplements through the health facilities and preschools• 80% of pregnant women received micronutrients supplements through the health facilities
Objective 2 - Promotion of healthy eating habits and lifestyles for children and pregnant women and integration of promotion strategies through government services
<ul style="list-style-type: none">• 50% of the Health Centres with nutrition promotion on health good habits
Objective 3 - Strengthen the health system by ensuring the gradual ownership of micronutrient procurement system through the Ministry of Health budget
<ul style="list-style-type: none">• Micronutrients paid for by the MSSS budget as of: 35% in 2018, 55% in 2019 and 100% in 2020⁹

2. Purpose, objectives and scope of the evaluation

2.1. Purpose

This evaluation has a double-fold purpose. First, to enhance the accountability of those who coordinated and implemented the project vis-à-vis the donor (vertical accountability) and the population groups whom the project was expected to serve. Second, to enhance the learning amongst key stakeholders on how to strengthen the effectiveness and efficiency of interventions of future initiatives aimed at elimination of the anaemia nationwide. By gathering the lessons that were learned during the project implementation and the proposition of strategic and operational recommendations that stem directly from such lessons learned and other related conclusions, this evaluation is intended to inform the implementation and allocation of resources for similar projects in the future. In doing so, the evaluation will specifically fulfill the envisaged uses identified for each one of its key users identified in the ToR (table 1).

Table 1 - Evaluation users

Evaluation Users	Evaluation Uses (how recommendations will be used)
Bureau of UNICEF, UNFPA and UNDP (health portfolio)	To guide next futures plans and actions in the nutrition domain and especially the fight against anaemia; To orient the next steps for the UNICEF gradual disengagement from the micronutrient acquisition.

⁹ In the project document the budget participation distribution is different that this one. There is no Agreement signed but in the 2017 annual report, from UNICEF, it is referred on the change and the acceptance by the donor.

MSSS – central services / health facilities	To support the revision of the national plan of nutrition and food 2015/2020, according the results of the anaemia prevalence from the IDS III; To support on the needs for the continuation of the micronutrient's supplementation.
ME – central services/pre-schools	To support on the revision of the nutrition aspects in the national education strategy and related documents; To improve on the needs for a harmonious continuation of the micronutrient's supplementation.
Communities schools ¹⁰ , CSO	In collaboration with the MSSS support strategies to decrease anaemia rates at community level.

2.2. Objectives

The key **objectives** of the final evaluation, as set out in the Terms of Reference (ToR), are:

- To measure the extent to which planned results have been attained during the implementation of the project;
- Identify good practices and document lessons learned;
- To assess and analyze the conditions in place for a gradual withdrawal of support from UNICEF for micronutrients distribution and budgeting, and the assumption of project responsibilities by the national authorities;
- To analyze the sustainability potential of the project if implemented under full ownership of government;
- To assess the relevance and efficiency of UNICEF's current support for the anaemia program.

2.3. Scope

The evaluation covers the period from the start of the implementation of the anaemia project, in January 2017, until the end of December 2019 as per agreement with UNICEF Cabo Verde, with the geographical focus on all inhabitant island of Cabo Verde.

3. Evaluation criteria and questions

Evaluation Criteria

In order to fulfill the two key purposes and attain its expected objectives and address the 23 evaluation questions, the evaluation was guided by five criteria: evaluation criteria: relevance, effectiveness, efficiency and sustainability, (four the five OCDE/DAC) and the additional one on gender, human rights and equity. Due to the learning-oriented focus of the evaluation and since the project is still in implementation, the evaluation does not seek to determine the impact of the project. Instead, it aims to assess the main outcomes of the project up to the current point (November 2019) and to evaluate whether and to what extent the project has met its proposed objectives, as per the log frame. Further, the evaluation considers how coordination, gender, human rights and equity considerations have been integrated throughout the project.

¹⁰ Also called "Les Mairies"

Evaluation Questions

A set of evaluation questions and sub-questions were developed by the evaluator and UNICEF to guide the evaluation (as set out in the TOR, Annex 1). During the inception phase, these questions were reviewed by the UNICEF team and refined to ensure that questions; a) be in line with the agreed objectives and scope of the evaluation (in particular considering the timeframe covered by the evaluation and the approach taken to evaluating outcomes); b) take into account gender, human rights and equity considerations, and c) be clear and unambiguous and conducive to a clear presentation of evaluation findings.

The final evaluation questions were grouped around the five different criteria as follows:

Relevance

1. To what extent does the project meet international development priorities, including the SDGs?
2. To what extent have the needs and priorities of the project beneficiaries been taken into account in project planning and design? How were these needs, and interests identified?
3. To what extent were nationally identified needs achieved by the project?
4. To what extent are the proposed and implemented activities pertinent to the project objectives?

Effectiveness

1. To what extent were the aims of the project (R1)- reduction of the anemia prevalence in pregnant and postpartum women, children under five years of age and primary school students - reached?
2. To what extent were the aims of the project (R2) “improved levels of information and knowledge of target populations in nutrition, dietary habits and healthy lifestyles” achieved?
3. To what extent were the aims of the project (R3) “incorporation of the monitoring of nutrition data in the health Information system” achieved?
4. To what extent were the aims of the project (R4) “gradual integration of the micronutrients budget in the MSSS budget” achieved?
5. To what extent did the project contribute to changed nutrition habits of pregnant women and children? Were the fortified foods regularly consumed by the beneficiaries?
6. To what extent did the project strengthen the technical, institutional and financial capacities of national institutions (ministries, NGOs and community associations responsible for contributing to the reduction of anaemia)?
7. To what extent was the intended coverage of the project (in terms of population and stakeholders) achieved?
8. Which UNICEF internal and external factors can be considered constraints in achieving the project implementation, impacting on the ability to reach projects objectives? What correction measures were adopted to reduce these constraints?
9. What were the UNICEF internal and external factors that can be considered constraints in achieving the project objectives and results? What correction measures were adopted to reduce these constraints?

Efficiency

1. To what extent can the resources in terms of finance, human and logistics can be considered as:
 - Enough (in terms of quantity) in relation to the identified needs and to the expected results?
 - Adequate (in terms of quality) in relation to the expected results?

- Delivered in time?
- 2. To what extent did the project activities reinforce synergies with other initiatives to achieve optimal utilization of available resources?
- 3. Could other strategies have been used to reach the same results?

Sustainability

1. To what extent did the target community associations assume ownership of the project interventions?
2. What is the probability that the nutrition components and healthy habits promoted by the project will be maintained after the end of the UNICEF-supported project period?
3. To what extent do the national authorities have the sense of ownership which will allow for the continuation of the project after the end of the UNICEF funding?
4. What changes should be made to the current set of partnerships to promote long-term sustainability?

Human rights, gender and equity

1. To what extent did the interventions take into consideration human rights, gender equality and an equity approach in the following stages?
 - a) conception and planning
 - b) implementation
2. To what extent did the interventions reach the most vulnerable women and children?
3. To what extent did the monitoring and evaluation system take in consideration human rights, gender equality, and an equity approach including breakdown of data by gender, age, region and socio-economic status categories?

An Evaluation Matrix, attached as Annex 2, was developed and links the evaluation criteria to the evaluation questions and methodologies employed. It also sets out the indicators, data sources, and data collection methods to be used to answer each question. The evaluation matrix and the data collection tool (Annex 3) were used to support answers to each evaluation question.

4. Evaluation methodology

Overall approach

In order to attain its envisaged objectives and answer the different evaluation questions exhaustively, this evaluation followed a participatory evaluation approach with a strong utilization focus. By combining the use of qualitative and quantitative methods during both the data collection and analysis (mixed methods), the evaluation was able to gather, compare and synthesize different data sources and represent multiple stakeholders' perspectives in response to each one of the evaluation questions (triangulation).

In line with the highly participatory nature of this evaluation, the evaluation consultant worked closely with the MSSS staff, in order to access respondents and participate in national nutrition-related meetings¹¹ during the fieldwork. This ensure the timeliness and relevance of the fieldwork and allowed for findings to reflect more accurately the opinions and experiences of technical specialists nationwide. This approach also contributed to enhancing the stakeholder ownership over the evaluation process and fostered a greater buy-in of the final evaluation conclusions and recommendations. Findings and conclusions are grouped in correspondence of each one of the five criteria.

The adopted methodology also envisaged the mainstreaming of gender, equity and human rights principles across all stages of the evaluation process, starting from the design of the evaluation methodology and the development of the data collection tools until the data analysis and the drafting of the report. This affected the sampling strategy and enabled the sample

¹¹ The evaluator participated in a distribution of deworming in a school with the presence of the director of ME

included in this evaluation to be highly inclusive and representative of all stakeholders (men and women alike). Likewise, the participation of different categories of beneficiaries was particularly sought, especially those who are the most vulnerable based on certain characteristics (gender, age and socio-economic status).

During the fieldwork, the evaluator interviewed a wide cross-section of beneficiaries from the local population, so as to avoid any form of discrimination based on age, gender, socio-economic or ethnic status. A series of semi-structured interviews were conducted with the main project beneficiaries, including pregnant and postpartum women, school-age children, as well as men, and fathers, and grandparents. The rationale for exchanging with such typology of respondents was quite apparent: these subjects were expected to have been exposed to the communication messages conveyed through the project and, therefore, they should be able to understand how to prevent anaemia, and what difference the consumption Vitaferro makes in their children's, grandchildren's or wives' life (in case of the male respondents). In order to assess whether people from different socio-economic groups received equal benefits from the project, the evaluator chose to conduct the interviews in public markets, and to exchange with a variety of respondents, including street vendors, shops managers, café and hotel servants, public servants and tourism actors. The evaluator also interviewed a certain number of expatriates from West Africa, who are working in Cabo Verde, and who are also expected to have been benefited from this project.

Besides interviewing a sample of project expected beneficiaries, the evaluator conducted semi-structured interviews as well as focus group discussions with other typologies of respondents (including service providers, ministry officials, media officials) in different municipalities (Concelhos) located in three of the country's islands. The findings from all these interviews were combined with the results of the thorough program document review conducted by the evaluator during the earlier phase of the assignment in order to better understand the project's design, costs and other implementation details. More details are provided below on the data collection, data analysis and sampling strategy adopted in the course of this evaluation.

4.1 Sampling

As the scope of the anaemia project was national, the evaluator tried to ensure as much as possible that the sample be representative of the population reached by the project interventions. A three-stage cluster sampling strategy was used. First, the 9 islands were grouped according to two main criteria: type of site (urban/rural) and population density (scarcely populated/densely populated). Next, the evaluator selected the 3 islands which best represented the wide range of differences existing among the islands (maximum variation sample) based not only on the two abovementioned criteria but also on the specific phase of the project implementation at which they found themselves (more details on the final sample in the table below).

Islands included in the final sample	Urban or Rural	Population	Intervention Stage
• Sal,	Urban and Rural	25,779	First stage (2017)
• São Vicente	Urban and Rural	76,729	Second stage(2018)
• Santiago (Praia)	Urban*	131,719	Third stage (2019)
• Santiago (São Domingos)	Rural	13,808	Third stage (2019)

*Praia is the capital of the country located in the most populated island, Santiago, which also has the country most rural area.

- Location with a significant volume of nutrition-related activities and with a certain number of several agencies working together;
- Location with either a Pharmaceutical Affairs Department (ex: General Pharmaceutical Direction - DGFM)/Ministry of Health or a central and regional warehouse (this was expected to facilitate the evaluator's understanding of the way the micronutrient procurement and the information system worked);
- Location's proximity to the capital (either high or low) (this would help the evaluator understand how coordination mechanisms worked in a big city as well as in more isolated locations);
- Location's degree of involvement in clusters-related interventions.

- Health facilities (including the health delegation, two-three health centers and the pharmaceutical warehouses (if a warehouse existed);
- Educational facilities (including 3 primary schools and 3 preschools);
- Also, in each island several beneficiaries were interviewed on their knowledge of nutrition and exposure to community radio spots.

- Sal as first stage intervention
- São Vicente, second stage intervention
- Praia city in Santiago as the third stage intervention
- São Domingos in Santiago as the third stage of intervention.



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4.2 Data collection

4.2.1 Desk review

During the evaluation inception phase as well as throughout the fieldwork, the evaluator identified, collated and reviewed a series of documents related to the anaemia project. The 141 documents consulted included a variety of items, such as the project proposal, the progress and supervision reports produced during the three years of implementation, the different modules used during the capacity building sessions aimed at government staff, the project financial reports, etc. The desk review also focused on all other contextually-relevant information pertaining to the status of nutrition knowledge in Cabo Verde (specialized websites, journal articles, TV spots, existing studies, surveys, reports on relevant subjects as well as strategic plans and laws, as per Table 2).

Table 2 - Desk review documents

Type of document	Number
Communication documents (news, activities) and payment receipts	52
Supervision and activities report	26
Spots, brochures and flyers	18
Coordination minutes	11
Manuals and trainings	9
Documents related to strategies	8
Logistic and finance reports	7
ToR and MoU	6
Assessments and surveys	4
Total	141

4.2.2 key informant interviews

Key informant interviews (KI) were undertaken to obtain detailed and specific information from key stakeholders with in-depth knowledge in particular areas relevant to the evaluation. The evaluation aimed to reflect the perspectives of diverse stakeholders, and the selection of participants was undertaken in consultation with MSSS and facilitated by UNICEF. Interviews were conducted based on a semi-structured guide that allowed for a certain degree of interaction with the respondents. Most interviews were carried out individually but, when possible, the evaluator performed the interviews with at least two people to allow for a deeper and more interactive discussion. Even in those cases when group interactions were envisaged participants were provided the opportunity to engage directly with the evaluator to share their experiences and views if they felt more comfortable in a private and confidential setting.

A total of 23 key informant interviews were undertaken, at both central and municipal level, with stakeholders and implementers, to better understand how the project implementation worked in reality across the whole of Cabo Verde. A detailed list of the different typologies of interviewees is provided in the Table 3.

Table 3 – Interviews and Focus Group Discussions conducted during field work

Typology of Interviewees	Location	# of people
Health Staff at the central level	MSSS	7
Education staff at the central level	ME	3
CSO/ NGO	VERDEFAM	2
	Red Cross	3
	CIMPOR	2
Radio (the Manager and the presenter)	Praia	2
Radio (the Manager)	Sal	1
Journalist (Newspaper)	Praia	2
C4D specialist	Praia	1
Municipal	Sao Domingos, Sao Vicente, Sal	3
Municipal HC	Sao Domingos, Sao Vicente, Sal	6
Municipal USB	Sao Vicente	2
Pre-primary municipal	Praia, Sao Vicente, Sal	6 (each one with 3 people) =18
Schools	Praia, Sao Vicente, Sal	6 (each one with 3 people) =18
	Sao Vicente (special school day)	3 teachers, 2 cooks, 1 education delegate, 2 nurses, 3 parents
Beneficiaries (men in the health Centre and in a shop)	Sao Vicente, Sal	4 men

The objective of these interviews was to learn about the implementation modalities as well as the unique perceptions and experiences of those who were involved in it, either as a service provider or service user. These interactions provided the evaluator with concrete and multiple perspectives on how the project interventions really worked, how performing they actually were and what kind of impact (if any) they seemed to contribute to. More importantly, the KII provided valuable insights into *whether*, *how*, and *why* the anaemia project model may be strengthened and improved moving forward and learning for future programming.

Mothers who were expected to have benefited from this project were also interviewed based on a purposive sampling method. Despite the non-randomized selection of mothers to interview, the evaluator made a specific effort to have an adequately representative mix of female respondents: apparently vulnerable people, young mothers, grand-mothers, individual mothers together with their children and a group of mothers. The interviews took place in the markets, community places, bus station stop and also at the health centers waiting room.

A total of 38 interviews were taken at the beneficiaries' level, including 3 fathers and a policy officer. Interviews were conducted with a variety of stakeholders: 30% with teachers and government staff, 35% in shops and 35% with youth and market vendors.

4.2.3 Focus group discussion

Focus Group Discussions (FGD) were organized to allow for an in-depth discussion among stakeholders. A small number of such focus group discussions were held with adolescent beneficiaries in the market and in the proximity of bus stops. FGD were also held with health

and education members to gather data on their perspectives on the project's wider impact in communities. These interactions were particularly useful to understand how the project is engaging and linking with the wider community. In total, six focus groups were undertaken:

- 2 with beneficiaries at the market (4 people each time);
- 1 with the staff of a Health delegation (a doctor, one nurse and 2 nutritionist advisers);
- 1 in a café with the cook and 2 waiters;
- 2 with the pregnant ladies in the waiting room (4 ladies in one FGD and 3 ladies and a man for the second FGD).

Special observations were held in two classrooms at the EBO with the Vitaferro jingle, with around 30 children, aged 7 - 8 years. In these observations the jingle was played in the classroom to confirm children recognized the music and the choreography of the TV presentation. In the middle of the jingle the music was stopped, and children continued to sing demonstrating their strong knowledge of the jingle lyrics.

All the interviews were record for analysis purposes.

Typology of Focus Group Discussion	Location	Number of people
Focus group discussions municipality level / Health	São Vicente, Sal	2 FGDs (4 people each one)
Beneficiaries assessment	Praia in Santiago, markets, public space, bus stop, school entrance, HC waiting room	12 people (70% youth and 28% elderly and one policy officer)
	São Vicente, markets, shops, bus stop, HC waiting room	14 people (80% youth and 20% grandparents)
	Sal, markets, shops, bus stop, HC waiting room	8 people (70% youth and 30% elderly)

4.3 Data analysis

Once collected the information from the different respondents, the evaluator conducted a review and analysis of all the collected data.

With respect to the **qualitative data**, the consultant first identified the key themes, patterns, relationships and explanations relevant to the evaluation questions and indicators in the evaluation matrix. The analysis was carried out manually by a thorough review of interview transcripts, notes from participant observations and other materials. Then, by using the evaluation matrix as a framework, the consultant started making sense of all the information received. Thanks to the comparison and synthesis of the FGD and interview results, the consultant was able to identify some good practices, to pinpoint some of the implementation challenges, to measure the knowledge of nutrition knowledge amongst the different stakeholder and to generate ideas for future program improvements.

With respect to the **quantitative data**, (the results of the KAP survey as well as other related studies), the consultant first conducted a descriptive analysis. Next, the consultant disaggregated the available data by age, islands, and other demographic variables. This made it possible for the evaluator to assess the extent to which the project has effectively mainstreamed UNICEF key principles of equity and identified areas for future improvement and learning.

Both qualitative and quantitative data were triangulated in order to identify any inconsistencies in the obtained information. Triangulation¹² was performed to ensure the accuracy of findings, analysis and interpretation: this assisted the evaluator in overcoming the biases and weaknesses associated with any one of the methods used in the course of this evaluation.

The triangulation was possible in almost all cases. Where triangulation wasn't possible as a third piece of data wasn't available, two sources of data were used such as the interview, and project documentation¹³. There was only one case where the triangulation could not be performed, and the evaluator had issues related to triangulation or even cross checking with a second source of data. It concerned project finance documents. There was only one source of finance information from ATLAS, although the evaluator also requested the documents to the pharmacy department. In this case the evaluator only analyzed the ATLAS¹⁴ reports.

4.3.1 Consultation and validation

The analytical process was consultative as UNICEF Cabo Verde and MSSS staff participated in some of the interviews and focus group discussion¹⁵. In the interviews at subnational level MSSS and UNICEF Staff were present to introduce the theme and the evaluator but did not participate in the interviews. In some interviews, mainly in the education environment, the technical staff from PNAN were not recognized as technical implementer staff. As the implementer staff were only present in the health area the evaluator ensured they didn't answer any technical question and the evaluator could also confirm that they didn't intimidate the interviewer. For the beneficiaries interviews the UNICEF and PNN staff didn't participate. To guarantee the interview quality and process all the interviews were recorded.

In addition, a first validation workshop was held first with UNICEF team in early December 2019. The comments and suggestions shared by the validation workshop participants (including the MSSS and UNICEF Cabo Verde staff) were integrated into the consultant's analysis and adequately accounted for in the first evaluation draft. The highly participatory nature of the analysis contributed to validating the accuracy and relevance of the information collected during the fieldwork and triangulated with other sources, but it also helped refine the evaluation findings and conclusions.

4.3.2. Theory of Change

A theory of change (ToC) for the project, which sets out how project interventions are expected to contribute to anaemia rates decrease, was first articulated at UNICEF Cabo Verde.

The ToC is as follows:

If the population (parents and the general population) have life skills that enhance their abilities to make positive decisions and deal effectively with the demands and challenges of nutrition needs in everyday life; **then** they will become empowered to make good decisions about their

¹² The term triangulation refers to the practice of using multiple sources of data or multiple approaches to analyzing data and enhance the credibility of the evaluation. It means using more than one method to collect data on the same topic capturing different dimensions of the same phenomenon. This leads to a more comprehensive understanding of the phenomenon of interest.

¹³ Managing quality in qualitative research, Uwe Flick, 2007

¹⁴ ATLAS is the UN management tool which includes project finance data.

¹⁵ To ensure the objectivity and the transparency of the process the evaluator ensure during the interview that there was a real debate and definition of priorities and specific objectives in the interview discussions. The interviews were record to avoid the bias.

food intake and shift negative perceptions about nutrition, **which will result in** the development of positive habits in relation to nutrition. The improved nutrition of women and children will lead to more positive outcomes, such as increased educational achievements, lower risk of maternal mortality, lower rates of anaemia and malnutrition.

The ToC sets out a change pathway, whereby population' nutrition habits and knowledge lead to improvements in their decision-making abilities. These strengthened abilities, in turn, lead to a better nutritional outcome, namely improved food intake, reduced poor nutritional behaviors (e.g. consumption of foods high in fat or sugars), and ultimately positive results. If cannot consume nutritious food to reduce anaemia, the micronutrients package at least provides a minimum standard of micronutrients consumption.

The ToC has a clear causal chain which relies on a number of strong assumptions. For instance, the ToC assumes that enhanced knowledge competencies and micronutrients will lead to improved nutritional habits, despite the lack of economic opportunity. Similarly, it assumes that entrenched behaviors and social attitudes will shift as a result of people's improved knowledge, and through the provision of the MNPs, iron supplementation and promotion of the consumption of nutritious food in two important settings; preschools, primary schools and health facilities. Establishing a suitable model for behavior change is a priority for having an effective and effective intervention. The theory chosen for this project is the theory of planned behavior.

The question of whether these causal links have been realized in practice will be explored further in the findings section of this report. The consequence of this approach is that the results framework represents an accurate delineation of results for which UNICEF will be supporting government for delivering (outputs) and those to which it will be accountable for contributing (outcomes).

4.3.3. Ethical considerations

The consultant followed strict ethical guidelines and her work was guided by the principles of independence, impartiality, credibility, avoiding conflicts of interest and accountability, as well as the 'do no harm' principle (ensuring safety and security of participants at all times). The consultant also developed a tailored ethical protocol to ensure an ethical process was followed throughout the evaluation process, which was developed in accordance with the UNEG Ethical Guidelines, UNICEF Procedures for Ethical Standards in Research, Evaluation and Data Collection and Analysis. It included procedures (amongst others) for obtaining informed consent, protecting anonymity and the privacy of respondents, storage of data, and responding to child protection concerns. Overall, the compliance with such ethical guidelines made it possible for the evaluator to provide a clear description of the level of participation of the different key stakeholders through the different phases of the evaluation process and to explain why each level of respondents was chosen. Furthermore, the writing style of the report was ethics-friendly in that it included the following:

- a. Human-rights language;
- b. Gender-sensitive and child-sensitive language;

4.3.4. Limitation and Mitigation strategies

Limitations encountered by the evaluator are set out below, along with the mitigation strategies

Limitations	Mitigation strategies
Reporting bias:	<ul style="list-style-type: none"> • To mitigate against reporting bias, the evaluator explained to all respondents that the evaluation is a learning-based exercise. • The validation workshop was also an opportunity to raise questions that were fully respected by the evaluator • Questions were asked sensitively, and interactions were flexible and participatory to allow for the most authentic, spontaneous and participant-led exchange
Recall bias:	<ul style="list-style-type: none"> • Given that the evaluation involved asking respondents to reflect on past experiences, this may have led to some inaccuracies in their responses and, therefore, in some of the data presented in the evaluation report • Respondents may have forgotten or misremembered past events, and their ideas about when, where, how and why such events took place may also have been coloured by subsequent events • The evaluator, wherever possible, sought to triangulate information through the assistance of other sources of information and documentation (eg., reports, survey data etc) • Further, respondents' subjective ideas contained findings and learning relevant to the evaluation questions in their own right, even if the objective truth of their statements could not be verified
Determining causality and isolating effects	<ul style="list-style-type: none"> • Whilst this evaluation was not designed to measure the impact of the project, where possible, the evaluator considered baseline data in order to gain a stronger understanding of the effectiveness of different interventions and determine causality • Where baseline data was not available, the evaluator asked respondents for the retrospective data about the previous situation and considered how that has changed due to project interventions and other factors
Language and cultural barriers	<ul style="list-style-type: none"> • In order to mitigate against this, the evaluator request the UNICEF and MSSS staff to perform the questions and translate them • The interviewer used UNICEF staff to assist in providing translation of the interviews, so they could be conducted in the Cabo Verde creole. The evaluator could understand most of the content of participants' interviews, but as she couldn't ask questions in the local creole, she needed assistance from UNICEF staff. As most participants had some fluency in Portuguese, the evaluator was able to confirm the translation performed by UNICEF staff. In addition, the mixed methods approach to the evaluation helped strengthen the accuracy of results and mitigate against errors in interpretation that may have arisen in specific cases because of language and cultural barriers
Influence of Bias Program staff	<ul style="list-style-type: none"> • UNICEF Cabo Verde staff accompanied the evaluator on all the field visits, the evaluator was careful to mitigate against the participants tending to report positive effects, ensuring that interviews were conducted apart from UNICEF staff. For interviews and focus groups with beneficiaries, the evaluator was able to conduct the majority

	<p>of the interviews independently with UNICEF staff, but also spoke to beneficiaries separately without UNICEF staff.</p> <ul style="list-style-type: none"> • Maintaining independence does not mean that those responsible for design and delivery of the intervention being evaluated are isolated from the evaluation process. They are key stakeholders and their participation is essential and must be meaningful. However, they didn't have any control or influence in the design or conduct of the evaluation or any veto on its findings. • All the interviews were recorded to prove the non-existence of program staff influence.
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5. Findings and Preliminary Conclusions (by criterion)

This section will address each evaluation question and will provide an overview of the findings and preliminary conclusions generated following the data collection and analysis phases. The findings presented in the following pages are organized around five criteria: relevance, effectiveness, efficiency, sustainability, and gender, human rights and equity. All paragraphs concerning findings are numbered and each one of the preliminary conclusions scattered throughout the text (in shaded textboxes) will make explicit reference to the exact number of the paragraph numbers corresponding to the findings on which they are based.

5.1 Relevance

1. This section measures the extent to which the project's objectives addressed the needs of its target groups and examines whether the project design is adequate to achieve its overall goal and outcomes. The section also reflects on the project's alignment with the (i) international development priorities; (ii) the priorities of the UN Country Programme priorities in Cabo Verde (UNDAF); and (iii) the Cabo Verde government's policy priorities.

Questions on Relevance

- 5.1.1. To what extent does the project meet international development priorities, including the SDGs?
- 5.1.2. To what extent have the needs and priorities of the project beneficiaries been taken into account during the project planning and design? How were these needs, and interests identified?
- 5.1.3. To what extent were nationally identified needs achieved by the project?
- 5.1.4. To what extent were the proposed and implemented activities pertinent to the project objectives?

Figure 4: Market sellers receiving training on nutrition and anemia prevention, 2018



5.1.1. To what extent does the project meet international development priorities, including the SDGs?

1. The project contributes to a number of SDGs, namely SDG 2 and SDG 3. The SDG 2 (“End Hunger, achieve food security and improved nutrition”) is intended to enable the implementation of sustainable solutions to end hunger in all its forms by 2030, that everyone has enough nutritious food to lead a healthy life and to achieve food security.. The SDG3 (“Ensure healthy lives and promote well-being for all at all ages”) is also reflected in the project objectives. More specifically, the different anaemia project activities and the project objective: *“promotion of healthy eating habits and lifestyles for children and pregnant women and the integration of promotion strategies through government services”* contribute to the attainment of different SDG 2 and SDG3 targets. The dissemination of micronutrients and the improvements in knowledge of food quality, geared towards anaemia prevention amongst the country’s population make important contributions towards SDG2 and SDG3.

The photo in Figure 4 shows community members - mainly the market vendors - receiving training on anaemia prevention and general nutrition. Due to the holistic nature of the project, the training modules included content not only on anaemia prevention but on what constitutes good nutrition and healthy dietary habits. Likewise, the project’s Communication for Development strategy followed during the sensitization campaign focused not only on anaemia but also on what constitutes nutritious food and healthy dietary habits. Given that the main implementing partners are the MSSS (health) and the ME (education) and that most training-related and strategic-decisions are made within these two ministries, who’s strategic plans include goals which are aligned with the SDG 2 and 3, then the project implementation was aligned with SDG2 and SDG3.

2. Similarly, the project goals and outputs are aligned with the 2018- 2022 UNDAF for Cabo Verde and, more specifically with one of its outcomes: ***“By 2022, the population of Cabo Verde, particularly the most vulnerable, have improved access to, and increase their use of quality health, education, food security and nutritional services, and benefit more from social and child protection services, that are inclusive and gender sensitive, throughout life cycle: .*** The project itself sits within UNICEF child survival and development and the reproductive health section.

5.1.2. To what extent have the needs and priorities of the project beneficiaries been taken into account during the project planning and design? How were these needs, and interests identified?

3. The development of the project proposal objectives and outcomes was closely aligned with the Cabo Verde government’s strategies and policy frameworks on health, nutrition as well as education, and its goal to improve childhood nutrition. In particular, the project is aligned with the following four major strategic government documents:

- a) The National Nutrition and Agriculture Plan (PNAN). Two objectives of the PNAN plan which are integrated into the anaemia project are:

- ***Objective 1-*** *The control and prevention of malnutrition by monitoring the nutritional status of the key population groups: especially women of childbearing age, pregnant women and children under 5. The provision of nutrition education and counseling in schools, health services and amongst the general population;*

- **Objective 2- Provision of micronutrient supplements in conjunction with education and nutritional counseling in schools, health services and the general population**

- The National Health Development Plan 2017-2021 (PNDS)¹⁶ which presents the health strategy for the next years and builds heavily on the recommendations stemming from the evaluation of the prior strategy (the PNDS 2012-2016) which advocated for stronger efforts to fight to fight anaemia nationwide.
- The Strategic Plan for Sustainable Development (PEDS) 2017-2021¹⁷. The chapter on vulnerability and resilience; objective 3 of pillar 2 – to guarantee the social inclusion and to improve equity; and with the sub-objective to improve inclusion and equity for the national health system and the security access;
- The Cabo Verde Strategic Education Plan (PEE) 2017-2021¹⁸. Under the theme of “a compromise for the future”, this document outlines the importance of childhood nutrition in ensuring children are able to reach educational goals, and that Cabo Verde as a whole will have a healthy and well-educated workforce in the future. This document recognizes that good nutrition and ensuring children are able to reach the country’s educational goals begins in pre-school and sets out learning and nutrition goals for this key period in in a child’s mental development as per figure 5. The translated version of these goals is in Annex 6.

Figure 5 : Key health activities matrix for ME

Matriz de Atividades Chaves e Ações de educação para a saúde¹⁹

DES CHAVE	Ações de educação para a saúde	2018	2019	2020
Infância para promoção	Realizar o diagnóstico e acompanhamento sistemático da saúde dos alunos.			
	Fazer a projeção da saúde dos alunos.			
Conhecimento e desenvolvimento de habilidades e competências para a vida e a cidadania	Desenvolver cursos de educação continuada em saúde de crianças em idade pré-escolar e escolar para o setor de saúde e educação.			
	Promover a inclusão e atenção a crianças e adolescentes com necessidades educacionais especiais (NEE).			
	Fortalecer as habilidades de professores, pais e o resto da comunidade educacional para abordar adequadamente o problema, a fim de minimizar as consequências negativas dos problemas de saúde em sua aprendizagem escolar.			
	Incorporar o tema de habilidades e competências para a vida e a saúde no desenho político pedagógico das escolas e jardins de infância, passando por todas as áreas de estudo e promovendo experiências no cotidiano das atividades escolares.			
Alimentação, higiene e saneamento	Reforçar as ações de educação nutricional e sanitária no projeto pedagógico das escolas e jardins de infância.			
	Promover e apoiar as atividades de saúde nas escolas e jardins de infância.			
	Implementar o cronograma de vacinação na idade escolar.			
Doenças e cuidados	Distribuir suplemento de ferro.			
	Executar a desparasitação.			
	Promover a educação sexual e reprodutiva.			
	Promover boas práticas de higiene (lavagem das mãos, escovagem dos dentes, etc.)			
	Prevenir e reduzir os fatores de riscos das Doenças Crônicas Não Transmissíveis (DCNT)			
	Contribuir para a adoção de hábitos e estilos de vida saudável			

¹⁶ Plano Nacional de Desenvolvimento Sanitário 2017 a 2021, Governo de Cabo Verde, 2017

¹⁷ Plano Estratégico do Desenvolvimento Sustentável 2017 a 2021, Governo de Cabo Verde, 2017

¹⁸ Plano Estratégico da Educação, 2017 a 2021, Governo de Cabo Verde, 2017

4. In addition, the latest UNDAF plan has committed to supporting these objectives as,

“The UN will support national efforts in the implementation of National Strategies and National Plans on food security and nutrition, which have impact on population health, with an emphasis on decentralizing services, the support of research, and the review and implementation of the national regulatory framework”¹⁹.

5.1.3. To what extent were the nationally identified needs achieved by the project?

5. The stakeholders engaged in the design of the project stated that the considerable attention was paid to the key issues and strategies spelled out in the country's most relevant nutrition and health related policies in the country. This was confirmed in all the key interviews with Ministry of Health and Ministry of Education staff, and also confirmed by a review of the project documents and a comparison of the project main tenets with those of the national strategic documents referred to above. All of the most relevant national strategies and policies in the health and nutrition domains recognized the need for specialized anemia prevention programme aimed at children (mostly under 5 years of age) and women of reproductive age, pregnant breastfeeding and postpartum women. The national government strategies aimed to tackle anemia also called for the adoption of an integrated and multi-sector approach to improving health, nutrition and educational outcomes. The policies acknowledged, too, how the fight against anemia would be more effective through enhanced access to community health services, formal and informal education, life skills training (figure 4 highlights the information skills and training given to journalists) and, lastly, employment and income-generating activities. All national strategies unanimously emphasized the importance of enhancing the nutrition status and knowledge along with the reduction of anaemia rates amongst all of the Cabo Verde population.
6. The project design also addressed several of the needs identified among the population by the surveys available at the time the activities were being articulated. Such surveys, which included data on children's welfare²⁰, IMC²¹, census 2010²², health in children²³, all confirmed that that childhood mortality for children under 5, although improved significantly over the previous two decades, was still an area of concern. Although the mortality rate for children under one year decreased to 16 % in 2018; the mortality amongst children 1-4 years of age remained at 3% and the child mortality rate among children under five years old (CU5) was still at 18%, despite a 45% decrease from the previous survey (1996). Likewise, the Anemia Prevalence Survey (IPAC)²⁴ showed an anemia rate of over 40% in children under 10 and 52% in children under 5, a reduction of more than 20% since 1996 but still above the acceptable rate of 40%. Among pregnant women the prevalence for anaemia was 43.2%, whilst for women of reproductive age (15 to 49 years) it was 28.6%.

¹⁹ UNDAF Cabo Verde, page 14

²⁰ Dia da criança, INE CV, 2016 (Children's Day)

²¹ Estatísticas das famílias e condições de vida, IMC 2018, INE CV, 2019 (Families Statistics and Living Conditions)

²² IV recenseamento Geral da População e Habitação 2010, with projections, INE CV, 2011 (Population Census)

²³ Dia Mundial da Saúde em 2016, INE CV, 2016 (World Health Day)

²⁴ Prevalence of Anaemia and Associated Factors among Children below Five Years of Age in Cape Verde, West Africa, Dec 2014, Department of Public Health Studies, Brasil

7. Whilst some of these health needs can be addressed by the project at the planning stage, there are also other factors, beyond the scope of the project, which determine the health needs and gaps. Health and nutrition indicators in Cabo Verde, for instance, are linked to the level of service access, the degree of availability and the human resources quality, the type and adequacy of and equipment of health service, and the habits, beliefs and attitudes of the population as WHO has noted. Whilst food security and the access and cost of nutritious food will also influence the nutritional outcomes of a population.²⁵
8. Although the logical framework for the project does not have any objectives specifically linked to food security, and therefore no indicator has been envisaged to measure improvements in food security among the project target groups, the project provided for the distribution of micronutrients, and thereby is likely to have reduced the risk of malnutrition.²⁶ This is all the more relevant if one takes the latest figured on the country's food security into account. Due to a severe drought recently experienced, Cabo Verde was classified a country with a "high food insecurity risk at IPC level 2" (*Food and Agriculture Organization's food security update*, 2019, page 4 and risk map).
9. By targeting children under 5 years of age, and pregnant and postpartum women, the project was meeting the needs of the population who are expected have the most benefits from reducing their anaemia rates. For children under 5, especially children in the first 1,000 days of life, anaemia can impede physical and mental development. Thus, this project sought to reduce the risks babies that the first 1,000 days would be anaemic.
10. In addition, this project had an equity focus, by starting the project in the five islands with the highest rates of anaemia, thus providing three years of iron and micronutrients supplementation to the most disadvantaged women and children in Cabo Verde.

5.1.4 To what extent were the proposed and implemented activities pertinent to the project objectives?

11. The anaemia project was implemented by MSSS, led by the Department of Nutrition across the whole country through its health facilities and education centers. The ministry provided supportive supervision in all the decentralized rural areas, and it covered all children under 5 years old (CU5), children in schools (pre-school and primary learning system), pregnant and postpartum women, in line with the project objectives and project document.
12. The project was implemented in phases (each year corresponded to a different phase) and a SWOT analysis was conducted at the end of each phase. The results of the analysis, which were included in annual reports, were the object of discussion and that allowed for strategic reflections (and corrections) on the strengths and weakness of the project implementation, as per the table below. Table 4 shows a SWOT analysis conducted at the end of 2017, after the first phase of implementation, which was used to inform the implementation of the second phase (confirmed by the 2018 annual report).

²⁵ <https://www.who.int/hia/evidence/doh/en/>

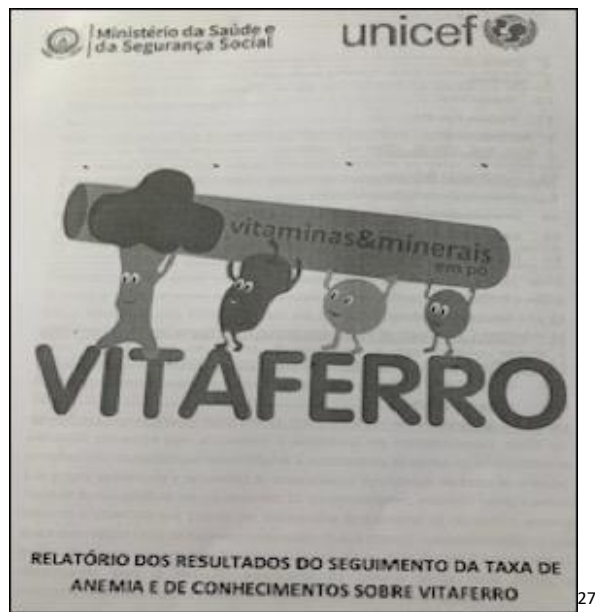
²⁶ The Early Warning Early Action report on food security and agriculture October - December 2019

Table 4 - SWOT analysis 2017

Strengths	Weaknesses	Recommendations
Strong team spirit is demonstrated during the supervisory visits to the health facilities.	No weakness	Continue supporting the team spirit
The protocols are known and implemented (Vitamin. A, Iron, Iodine, Vitaferro); - Vitamin A supplementation is distributed to postpartum women and recorded;	The Vitamin A Supplementation Protocol is not fully implemented, and at-risk children are not provided with supplements	Share, again all protocols Ensure they are visible, and staff know Guarantee Vitamin A protocol is fully implemented
The iron is sent for distribution to schools every month by the health <i>delegacia</i> station; The school focal point and health team often visits the schools for follow up;	ME does not send data to delegacia and the latter cannot send the data from ME to PNN on time	Ensure all forms are filled and sent on time
Iodised salt has been tested for acceptability in the primary school meals	The salt production has not been tested outside the school meals.	Forms for inspection needs to be filled and shared with the Delegation
Iron to pregnant and postpartum women distributed according. The requisition is fully completed	No weakness	Confirm all forms filled and sent to PNAN in time (some are still with blank space, no answers)
Statistics data is well completed in the daily forms	No weakness	But statistic monthly data needs to be filled and reconfirmed Nutrition data to be included in the monthly report of the island

13. Communication strategies were also aligned with beneficiaries' needs. A KAP survey was conducted in the 2017 at the beginning of the project, which involved surveying 1600 people. The KAP survey showed that the general population had a fairly high understanding of anaemia, including its main causes. However, the understanding of how to take Vitaferro and other iron supplements, as well as the level of knowledge of the types of food that can reduce the prevalence of anaemia was lower. According to the KAP study, the most prominent media in Cabo Verde were used to disseminate messages ie television, cellphones, and local musicians to create jingles for Vitaferro and iron (Figures 6, 7 and 8). The KAP study was analyzed by the PNN with the support of UNICEF Cabo Verde Communications for Development staff to support the implementation and improvement of activities (confirmed by the quarterly meetings and also by all the key informants' interviews at subnational level).

Figure 6 : Cover of the KAP study on Vitaferro



14. Following a SWOT analysis, it was decided to use popular musicians Grace Evora and Elida Almeida to produce a jingle to promote Vitaferro, which was very effective in communicating messages about providing Vitaferro to children.

Figure 7: Mass media sensitization (brochure)



Figure 8 : Messages to beneficiaries



²⁷ Cover for the “results report on the KAP study on vitaferro”

Preliminary conclusions on the relevance of the anaemia project

REL 1: The project responds adequately to all the strategic needs spelled out in most of the national strategic policies in the health and nutrition policies such as the PNAN the PNDS, and PEE (Paras 1 to 3).

REL 2: project objectives are highly relevant to addressing the health, nutrition and education needs of children under 12, pregnant and postpartum women, and are aligned with the international development priorities such as SDG 2 and 3 (Paras 4 to 6).

REL 3: The project design has considered the needs and rights of the beneficiaries as expressed in a number of national development plans such as the PNAN the PNDS, and PEE, as well as establishing beneficiaries needs through various health and nutrition surveys, including the Demographic Health Survey (Paras 7 to 11).

REL 4: The project has been able to achieve the identified needs of the priority populations by targeting the most vulnerable and taking the gender and equity approach in implementing this project. In addition, it has responded to needs by conducting SWOT analysis and adjusting the project accordingly (Paras 12 to 13).

5.2 Effectiveness

The following section considers the effectiveness of the project in delivering on its main objectives, through the following main evaluation question:

Questions on Effectiveness

- 5.1.5. To what extent were the project targets – “the reduction of the anaemia prevalence for pregnant women, children under five years of age and primary school students” - reached?
- 5.1.6. To what extent did the project achieve “improved levels of information and knowledge around nutrition, dietary habits and healthy lifestyles amongst the target populations”?
- 5.1.7. To what extent was the “incorporation of nutrition monitoring data into the Health Information system” achieved?
- 5.1.8. To what extent was the “gradual integration of the micronutrients budget in the MSSS budget” achieved?
- 5.1.9. To what extent did the project contribute to a change of nutrition habits and knowledge amongst women and children? Were the fortified micronutrients consumed regularly by the beneficiaries?
- 5.1.10. To what extent did the project strengthen the technical, institutional and financial capacities of national institutions (ministries, ONGs and community associations) responsible for contributing to the reduction of anaemia?
- 5.1.11. To what extent was the intended coverage of the project (in terms of population and stakeholders) achieved?
- 5.1.12. What were the UNICEF internal and external factors that contributed to the achievement of the objectives and projects results?
- 5.1.13. Which UNICEF internal and external factors can be considered constraints to reach the objectives and projects results? What correction measures were adopted to reduce these constraints?

5.2.1. To what extent were the project targets – “the reduction of the anemia prevalence for pregnant women, children under five years of age and primary school students” - reached?

- 15. In line with the project logical framework this project successfully distributed iron, folic acid and micronutrients to pregnant and postpartum women, children under five years of age, and primary and lower secondary school students (up to 14 years of age), across all of the 9 islands in Cabo Verde, according to data from the SIS, data from the ME and the key interview with the pharmacy department.
- 16. The partnership between the two Ministries (MSSS and ME) was the key to the project’s success. The strong connections and collaborative attitude of these two ministries is to be commended, as the connections and collaboration were essential for the effective iron and micronutrients distribution. This collaboration was underpinned by alignment between the two ministries’ strategic plans which both refer to the importance of nutrition and reducing anaemia rates. Strong coordination was possible due to having an education focal point at

each subnational level within MSSS, and through holding the quarterly meetings to discuss implementation changes. This was key to the success of project implementation, according to the key interviews with MSSS, with ME staff, and further confirmed and triangulated by reports on the quarterly meeting participation.

17. The first phase of the project, which began in 2017, was successfully implemented across 5 islands (Fogo, Boa Vista, Sal, São Nicolau, São Vicente), according to data from the monthly project reports and interviews with PNN, UNICEF Cabo Verde and the SIS. In 2018 the project implementation started in two other islands (Maio and Brava). In 2019 the project was rolled in the remaining 2 islands, Santiago and Santo Antão, according to PNN reports, UNICEF Cabo Verde's Annual Report and the key interviews at the health center. Details of these activities are explained in annex 7
18. According to the Ministry of Education figures on iron and micronutrients distribution to the primary and pre-schools, the project distributed these micronutrients to a total of 72,722 children (from 6 to 12 years old) and 16,979 children (from 4 and 5 years old) respectively, as show the Table 5 from FICASE:

Table 5 - Distribution of iron and micronutrients in ME by year (2017 to 2019)

Island	Concelhos (administrative areas)	Schools health	
		Primary	Preschool
Brava	Brava	811	316
Fogo	São Filipe	3,381	770
	Santa Catarina FG	704	160
Santiago	Mosteiros	2,064	413
	Praia	18,565	2,139
	RG de Santiago	1,259	287
	Santa Catarina	7,605	1,741
	SS do Mundo	1,287	260
	Santa Cruz	4,484	1,300
	SL dos Órgãos	1,313	298
	São Domingos	2,764	470
	São Miguel	2,747	602
	Tarrafal	2,330	727
Maio	Maio	1,200	303
Boa Vista	Boa Vista	1,586	694
Sal	Sal	4,157	970
S Nicolau	Ribeira Brava	1,146	303
	Tarrafal de SN	614	243
S Vicente	São Vicente	8,800	3,600
S Antão	Ribeira Grande	2,017	602
	Porto Novo	3,010	623
	Paul	878	158
National		72,722	16,979
Source- FICASE			

19. **The project met its targets of distributing the MNP Vitaferro to children aged 6 months to 4 years old.** According to MSSS annual data reports, the project distributed Vitaferro to a total of 25,479 children, through the use of health facilities on all 9 islands. The table 6 presents the expected results and the achievements by type of beneficiaries:

Table 6 - Achievements by type of beneficiaries

Beneficiaries	Expected results	Achievements	Level of attainment
Children from 6 to 59 months	46,944	+16,979+25,479 = 42,458	91%
Children from 6 to 12 years old	83,000	72,722	88%
Women pregnant and postpartum	11,000	22,000	200%

20. **The project was able to achieve well over its targets for distributing iron supplements and folic acid to pregnant women:** A total of 20,000 pregnant or postpartum women received iron at the health facilities in 2018²⁸, according to MSSS annual data reports (for 2017 and 2018), which was above the project target of reaching 11,000 pregnant women. The higher-than-expected performance was possible thanks to the high percentage of women (86%) receiving antenatal care according to the data from the IDS III (Demographic Health Survey or IDS III, 2018). Although the pharmacy department didn't send to the evaluator the annual reports on the procurement of the supplements, the evaluator could confirm the numbers in the internal documents.
21. Moreover, the reduction in the anaemia prevalence seems to have been effective during project implementation. Preliminary available results from IDS III show that (the national anaemia prevalence dropped from 55% in 2005 to 43% in 2018). It is worth noting that, as the first public results of the IDS III were still being complemented and disaggregated in December 2019. Although a draft version was available, it was not possible for the evaluator to report the anemia prevalence data disaggregated by island.
22. Furthermore, the IDS III also demonstrated a sharp increase in antenatal care and births with a skilled professional in 2018 (table 7), with 97% receiving assisted births, and 86% of women receiving antenatal care.

Table 7 - Anaemia rate from IDS III, 2018

Key Health Indicators	Year	
	2005	2018
Antenatal care	72%	86%
Assisted birth	78%	97%
Vaccination	84%	94%
Exclusive breastfeeding	28%	45%
6 to 59 months anaemia	55%	43%

Source: INE 2018, public preliminary results

²⁸ Data are referred as an average per year and 2019 were not finalized and used as 2018.

23. The success in the fight against anaemia was also confirmed by the Minister of Health, Dr. Arlindo Rosario. During a speech delivered on World Food Day (October 16, 2019), the Minister listed the significant drop in the anaemia prevalence among the country's most recent improvements in nutrition and food security.²⁹
- gains that translate into the reduction of growth retardation, anemia prevalence, infant mortality, and prevalence of diseases transmitted through contaminated water and food". "*
24. Almost all the activities (98.3%) planned under objective 1 were achieved, as per desk review reporting and key informant interviews. These included the ones aimed at the "Prevention and treatment of micronutrient deficiencies and the provision of micronutrient supplements for children under five, women of reproductive age, and pregnant women". Activity 1 (also referred to as "intervention 1), which consisted in Home fortification with MNPs for children under 5, was duly completed as attested by the results attained on the ground as per the original plan (as presented in annex 7):
- Launch of a home fortification pilot project in the 5 islands of the country with the highest anaemia prevalence rates, namely, São Vicente, São Nicolau, Sal, Boa Vista and Fogo;
 - Conducting a KAP study (knowledge, attitudes and practices) at national, community level as well as at the level of health facilities and schools to better understand the problem concerning nutrition and infant feeding as demonstrated in the KAP survey report;
 - Development of a Communication Plan for Nutrition including for the prevention and management of anemia as demonstrated in the Communication Plan and in interviews with the C4D specialist;
 - Development of a continuing education program for technicians in the health and education sectors in nutrition, eating habits and healthy lifestyles;
 - Development of educational and information resources and materials / awareness-raising of target populations (comics, TV and radio spots, posters), as proven with the posters, banners, comics available as booklets, and general population familiarity with the radio spots, and detailed below.
25. The only target which was not met during the first year of implementation was the signing of a contract for the hiring of a nutrition manager in MSSS. However, the nutrition manager was appointed in early 2018. Activities 3 and 5 (pertaining to the roll-out of a communication strategy and the increase in nutrition-related knowledge among the target population) will be discussed under the next evaluation question (5.2.2). Activity 4 on capacity building will also be discussed in one of the next evaluation questions (5.2.6).
26. The logical framework had all the objectives achieved, as listed below (Table 8).

Table 8 - Logical framework level of attainment

Envisaged Result	Observed results on the ground	Level of Attainment
Objective 1 - Prevention and treatment of micronutrient deficiencies and the provision of micronutrient supplements for children under five, women of childbearing age and pregnant women		

²⁹ As per the original declaration in Portuguese: "ganhos que se traduzem na diminuição do atraso de crescimento, mas também na redução da prevalência da anemia, na diminuição da mortalidade infantil, e na prevalência de doenças transmitidas através da água e alimentos contaminados". Source: <https://www.governo.cv/cabo-verde-vem-registando-progressivos-ganhos-em-materia-de-seguranca-alimentar-e-nutricional-ministro-da-saude-e-da-seguranca-social-arlindo-rosario/>

<ul style="list-style-type: none"> 80% of children under 5 years old received micronutrients supplements through the health facilities and preschools. 	91% MSSS's monthly reports and ME reports (Ficasse).	Fully achieved
<ul style="list-style-type: none"> 80% of pregnant women received micronutrients supplements through the health facilities. 	86% DHIS2	Fully achieved
Objective 2 - Promotion of healthy eating habits and lifestyles for children and pregnant women and the integration of promotion strategies through government services		
<ul style="list-style-type: none"> 50% of the Health Centres have promotion on good nutrition and healthy dietary habits. 	100% DHIS2	Fully achieved
Objective 3 - Strengthen the health system by ensuring the gradual ownership by the Ministry of Health for the cost of the micronutrient procurement system		
<ul style="list-style-type: none"> Micronutrients acquired by the MSSS budget as of: 35% in 2018, 55% in 2019 and 100% in 2020³⁰. 	35% in 2018; 55% in 2019; 100% in 2020. UNICEF finance documents	Fully achieved

5.2.2. To what extent did the project achieve improved levels of information and knowledge around nutrition amongst the target populations?

27. The activities referred to by this evaluation question are the following three, as per the project logical framework:

- Development of a Communication Plan for Nutrition including prevention and management of the anemia burden;
- Development of a continuing education program for technicians in the health and education sectors in nutrition, eating habits and healthy lifestyles;
- Development of educational and information resources and materials / awareness-raising of target populations (comics, TV and radio spots, posters)

28. Firstly, the project managed to develop a comprehensive Communications for Development (C4D) strategy which included daily radio spots aired daily across all the island's radio stations, as well as daily TV spots. This strategy included an extensive distribution of flyers, posters, calendars, booklets, printing books, t-shirts, pens. Furthermore, the campaign used events, such as the Baby Awareness Week, which was supported by NGOs and private companies and attracted country wide support to fight anemia including the support of the Prime Minister. Lastly, a comprehensive social media campaign was developed, demonstrated by the list of published web and Facebook stories in Annex 3. The evaluator had access to all financial documents related to the Communications for Development strategy and implementation activities, which were confirmed by the interviews at central and subnational level (Table 9).

³⁰ In the project document the budget participation distribution is different that this one. There is no Agreement signed but in the 2017 annual report, from UNICEF, it is referred on the change and the acceptance by the donor.

Table 9 - Communication Campaign and Reach (2017 to 2019)

Communication Strategy	Year	2017	2018	2019
Printed documents: calendar & brochures		15,000 each – distributed across all islands	calendar x1,500, flash x 17,000, brochures x 10,000	
Children's colouring books			5000	
Flash drive with Vitaferro draw			X 10,000	
Pregnant and post-partum anaemia Radio & TV advertising spots		Daily all year		Daily all year
Vitamin A– TV & radio		Daily x 1		
Public outdoor billboard		São Vicente, São Nicolau, Sal, Boavista, Maio, Fogo e Brava x 4 / location		São Vicente
Journalist coverage & news stories		Weekly x 1		
Radio magazine morning program TV				Daily until July
Drawing competition in schools				X 1
Technical meeting in Tv station				X 1 per week

29. Furthermore, in order to increase the public awareness and community buy-in during the campaign, the C4D strategy used a competition, run nationwide to find the best name for the micronutrient powders, and the most popular name, Vitaferro, was selected. The customized labeling (both colors and images) was also finalized not only by the mothers responding to the opinion survey but also by the health providers.
30. Following the SWOT analysis conducted at the end of the first year of implementation, the iron supplementation and Vitaferro campaign was complemented by an innovative social media campaign, using local musicians. This new campaign mainly consisted of the dissemination of messages to cellphones, Facebook and Instagram accounts. In addition, during 2018, it was decided to use local musicians to spread the messages. This included the creation of a jingle promoting the use of iron by a well-known pregnant Cabo Verde singer, Grace Evora. The jingle was aired during TV and radio commercial breaks on the radio and TV and was broadcast during local music shows³¹. This proved to be a highly effective strategy, as observed by the evaluator during the focus group discussion and field observation: almost every single child would enthusiastically sing the whole song, when the evaluator started playing the first few bars of the song. The song became quite popular and the key related messages were retained by people and led to changes in their behaviors, as per the interviews and FGD at subnational level.

³¹ Cabo Verde is known internationally by his music

31. The evaluation found that the distribution and reach of this campaign was highly effective: every single health facility visited had posters, brochures and calendars. Public billboards were also visible, and schools enthusiastically adopted the campaign. The evaluation found strong buy-in and involvement from the schools, all of which had posters and brochures. For instance, some schools created their own murals, explaining healthy food, and how to avoid vitamin A deficiency and anaemia. Whilst other schools developed a flier for parents and teachers to promote good nutrition.
32. Importantly the C4D strategy was clearly a component of all training programs offered to the project implementers either at municipal and central level. The community health officers participated in the training program and used these communication tools during their household visits. This was important in order to ensure that all the health and education staff implementing the project used consistent messaging (Figure 10).
33. In terms of receiving the messages on how to mix Vitaferro, there was an extremely high level of knowledge: 90% parents / mothers knew how to mix the product. However, in practice only 47% of parents/mothers did mix the product according to the instructions (figure 10). In particular, many mothers admitted forgetting to give Vitaferro to their child during the weekends. From a C4D standpoint, interpersonal information is usually the most effective and has high retention rates, so it is not surprising that 33% of parents said they received information on Vitaferro from health facilities. Still a high portion of parents received the information from other outlets: 31% received information from radio, whilst 23% received from television, and 12% from flyers. Figure 11 shows a mural on a school wall which teaches the children about the foods with high iron and vitamin C content to prevent anaemia. However, this evaluation didn't measure general knowledge of nutrition, as it was not the objective of the project, for instance which foods have poor nutritional value, and which foods have high nutritional value, and which foods can prevent anaemia, or other behaviors such as handwashing, which can prevent malnutrition. Therefore, it is not possible to comment on general nutritional knowledge.

Figure 9 – A mother listens to an explanation about the causes of anaemia at an HC




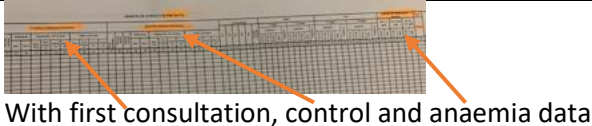

Figure 9 : Mural on one of the school walls, São Domingos

34. The evaluation found that there was much higher level of recognition of the Vitaferro product, as well as a good understanding of the causes of anaemia, compared to the results of KAP survey conducted at the start of the project in 2017. In the KAP survey 83% were aware of anaemia, 66% could name the causes, and 41% were aware of Vitaferro, whereas during the evaluation 100% were aware of anaemia, 100% could name the causes, and 100% said Vitaferro could prevent anaemia.
35. Of the 38 beneficiaries interviewed 100% stated that their knowledge came from the health facilities and, more specifically from the nurses. In addition, 80% of interviewed beneficiaries stated that they received their information from TV, radio as well as during public events. Interestingly, 70% declared they acquired knowledge on MNPs during meetings with other parents (that said, only 50% of parents have time to participate in the ad hoc informational meetings organized by their children's schools.) Strikingly 100% of the interviewees with children attending preschools received knowledge from the pre-schools. This suggests that peer to peer communication has been particularly effective, and also communication from the pre-schools and children in the pre-schools is a very effective communication channel.

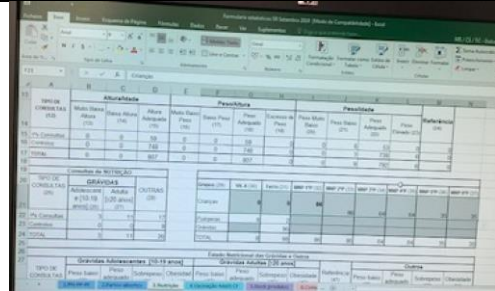
5.2.3. To what extent was the nutrition monitoring data incorporated into the Health Information system?

36. The MSSS monthly reports have officially incorporated data related to anaemia indicators for children and women, as shown below in the paper forms, and this information has been incorporated into the SIS or DHIS2. As presented in Table 10, health facilities currently use paper forms that include the following information (i) anaemia in children from the age of 6 months up to 5 years old and (ii) anaemia in pregnant and postpartum women. In addition, Individual schools track the total number of children receiving either iron supplements/drugs or Vitaferro, and send such information regularly to PNAN, as demonstrated by the paper forms below.

Table 10 - Forms integrating anaemia indicators for women and children

Type of form	Image
<p>Daily CU5 (breastfeeding with nutrition evaluation, and micronutrients).</p> <p>For the micronutrients, the distribution date and related the amount are indicated</p>	
Pregnant women	 <p>With first consultation, control and anaemia data</p>
Postpartum women	

Monthly report



Community schools

(the distribution of Vitaferro is accounted for in the children health bulletin–caderneta da criança)

- Presença de sangue nas fezes
- Persistência da diarreia por mais de 7 dias

Handwritten notes:
Vitaferro
= 1/13/19 OV
24/11/19 OV
945 CP
27/5/19 f
65 CP
31/3/19 f

EBO – from MSSS school focal point and confirmed by the school

Ministério da Saúde e da Segurança Social
Programa Nacional Nutrição / Programa Escolas Promotoras de Saúde
Sistema de Informação Sanitária - Distribuição de comprimidos de Ferro nas Escolas do Ensino Básico Obrigatório

Delegação de Saúde de: _____ Serviço de Saúde de: _____
Escola (): Escola Nova Pólo nº5 Agrupamento: _____
Mês: Janeiro Ano letivo: 2018/2019

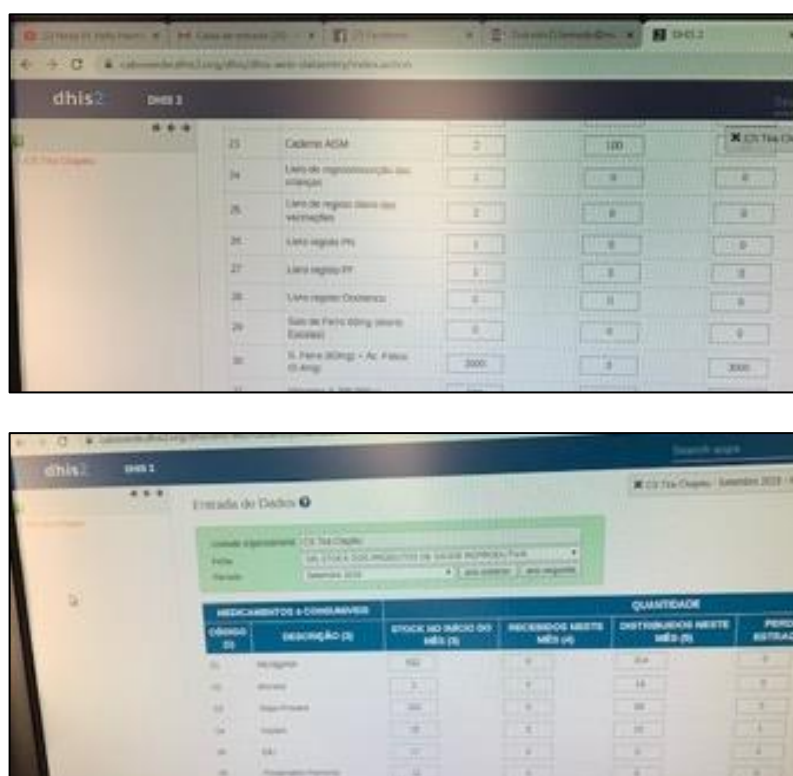
Número de crianças/alunos matriculados		Número de comprimidos de Ferro enviados /levados para a escola	Número de crianças/alunos que receberam comprimidos - confirmado		Número de Comprimidos danificados	Número de comprimidos distribuídos na escola
Masculino	Feminino		Masculino	Feminino		
677	566		677	565		1682

Ministério da Educação
Coordenação Concelhia da FICASE
E-mail: Delegacaoebs-sd@hotmail.com --- Tel./Fax: 268 11 57
Distribuição de Ferro + Ácido Fólico

Saldo 2015/2016	Quantidade Recebida 2016/2017	Quantidade Distribuída 2016/2017	Saldo 2016/2017
9.228	26.400	25.128	10.500

37. The annual statistical report aggregating all these indicators is ready but not yet published at the time of writing the evaluation report (December 2019). All the health delegations have the DHIS2 available for data input by the health facility including the anaemia indicators. Since the integration is quite recent, providers in both health and education facilities admit that a bit more time is needed to make it happen on a regular basis. As a result of these delays the 2018 MSSS Annual Report is still in draft form.
38. All the health delegations have the DHIS2 available for data input by the health facility with the anaemia indicators available (Figure 10), but they don't seem to have all the health centers inputting the data, as per verification during the fieldwork. This is one of the shortcomings of the project, as although it allows PNN to analyze monthly data, the quality of data doesn't allow the PNN to adjust their project accordingly. The PNN at central level is regularly analyzing data and trying to face the data quality but still need to provide additional training to have the data at the desired quality. This was confirmed by the key interviews at central and at subnational level and by the absence of the 2018 and 2019 annual report from the MSSS with the anaemia data.

Figure 10: DHIS 2 in an health center



5.2.4. To what extent did MSSS gradually assume responsibility for the micronutrient costs within the MSSS budget?

39. The budget documents made available by UNICEF demonstrate that the MSSS gradually increased their share of the overall project costs, as each year progressed, as per the memorandum of understanding signed in 2017. Key interviews at central level confirmed MSSS contribution to project costs according to the initial agreement, which was: 35% in 2018, 55% in 2019, and 100% by the end of project. The consultant confirmed the documents and also confirmed in the online project management and budgeting site, Atlas, that MSSS had made the 100% of the micronutrient costs.

5.2.5. To what extent did the project contribute to a change of nutrition habits and knowledge amongst women and children? Were the fortified micronutrients consumed regularly by the beneficiaries?

40. The MSSS survey conducted at the end of 2017 found that beneficiaries' knowledge of anaemia and the Vitaferro use was high. The survey found that more than 90% of health promoters, preschool caregivers and parents of children between 6 to 59 months understood the causes of anaemia and how to prevent it. This compares favorably with the results of the KAP survey in February 2017, where according to which 83.4% understood the causes of anaemia. Health promoters had even higher levels of understanding around the causes and prevention of anaemia³².

³² The findings have mainly focused on knowledge and practices, not so much on changes brought to nutrition habits and regular consumption of fortified micronutrients as it was not the project objectives.

41. Again, this compares favorably with the 2017 KAP results, where nearly 60% of the target population had not heard of Vitaferro yet, and of the remaining 40% who had heard of Vitaferro, only 20% knew to mix it with food. The main sources of information about Vitaferro was due from the health facility (33%), radio (31%), television (23%) and flyers (12%). For the correct consumption of Vitaferro, 90% parents or mothers surveyed at the end of 2017, knew how to mix the product and 47% forgot to provide it to their children on weekends due to time constraints.
42. Of the 2017 MSSS survey respondents 62% received Vitaferro from the health facilities, 27% received Vitaferro from pre-school and only 9% said they didn't received any.
43. The survey conducted with 38 beneficiaries in the 3 islands visited as part of this evaluation in December 2019, showed improved results from the 2017 KAP survey and the 2017 MSSS assessment: knowledge on utility of Vitaferro was really high (100%) and 100% knew how to use it. Respondents receiving Vitaferro from the preschools were the majority (70%) and those receiving Vitaferro from the health facilities were a minority (30%). The primary source of information on anaemia and nutrition-related issues were the preprimary and community events followed by the health facility interactions. All respondents (100%) had heard about Vitaferro on both TV and radio. On the question of any changes noticed after using Vitaferro, an increased percentage of respondents (100% against the 87% from the 2017 KAP) admitted that their child was smarter thanks to the micronutrient.
44. This evaluation found that caregivers' knowledge on Vitaferro had increased compared to the 2017 MSSS study. The 2017 MSSS survey found that 67% of the caregivers (at the preschools) knew how to prepare Vitaferro and what it does, the observations conducted during the evaluation field visits to a selected number of preschools confirmed that 100% the caregivers had received information about Vitaferro from the health staff. Interestingly, in two of the preschools visited where the caregiver was not present, the school administrator and the children's monitor could answer all technical questions on the modalities of Vitaferro consumption.

Quotes from interviewed parents :

- *"You should not stop giving these vitamins. My child is much more active and can sleep better."*
- *"My son is now running much more and jumping all time."*
- *"He eats a lot. He eats more and better."*

45. Caregivers were able to observe changes in their children's energy levels and appetite, the analysis of the qualitative data (interviews and focus group discussions), demonstrated. It emerged that parents and caregivers, such as grandparents, directly observed changes in their child as a result of no longer being iron-deficient and valued the change in their child, as the interview excerpts below show.

46. In addition, health education sessions have been incorporated into the primary school curriculum as a result of the project, as per Figure 5. This figure represents the original document and in the figure 5 the blue color presents the nutrition curricula incorporation activities, the yellow color the promotion of health-related activities in schools and preschools and the green color the activities of risk factor for the health component.

Parents and caregivers' interviews:

"If I mix it with hot food the taste is not good and my child doesn't like, but if I mix with a porridge, he loves it and wants more."

"He is more active, he plays more, since regularly having Vitaferro".

"He sleeps much better, throughout the night."

5.2.6. To what extent did the project strengthen the technical, institutional and financial capacities of national institutions (ministries, NGOs and community associations) responsible for contributing to the reduction of the anaemia at national level?

47. A central aim of anaemia project is to improve the capacity of the national institutions, and the partner NGOs to deliver the project, and to be able to assume more responsibility for project implementation. This aim was achieved through the provision of capacity building trainings and supportive supervision visits. Two training of trainers (ToT) were conducted in 2017 and another two training in 2018, in the capital city of Praia for staff from MSSS and ME across all seven islands, residing outside of Praia, as seen in the photo shown in Figure 11.

Figure 11 : Training of Trainers



48. A total of 200 staff from health and education ministries from 5 islands received the training on nutrition components, such as the distribution of micronutrients Vitaferro. Training began on these 5 islands, as they were the first islands to implement the project, according to the PNN reports. Later, a capacity building program aimed at 20 health staff on Vitaferro was organized in Fogo island (8 technicians) and in the Santo Antão island for the FICASE staff, which was responsible for the logistics

"I participated not only in one course but in the following year, too.... then I cannot forget!", health technician staff at Sal island

connected to the distribution of Vitaferro, as well as for the 3 school Principals. In addition, logistics and procurement training of warehouse staff were provided in Praia in 2017, and again in 2018.

49. In 2018, four capacity building ToTs were conducted with the 63 health staff from Santiago. Capacity building sessions were also offered to the municipal ME staff in Santiago and Santo Antão. All the capacity building modules came with a manual covering the following topics: nutrition, anaemia, Vitaferro distribution and iron supplementation. Filling out daily and monthly data collection forms were also covered during the training. Every year a refresher course was also organized to ensure that trainees retained the concepts presented during the first training.
50. As part of a pilot strategy to sell Vitaferro through the private pharmacies, 26 staff from most of the private pharmacies (85%) of two islands (Santo Antão and Santiago), were provided with capacity building training on the dosage and use of Vitaferro for children. This was an important initiative, as it was not part of the original project plan, but could certainly contribute to the project's sustainability.
51. To enhance the learning fostered by the national training activities, some of the project staff and implementing partners attended international workshops on anaemia treatment and (8 workshops in 2018 and 2019). To support the capacity building activities implemented as part of the project, MSSS approved the creation of a Technical Support Team (NAT) in the PNN, which included members of the PNN, the pharmacy department and the SRH department. Its main task was to follow up on and to analyze activities related to nutrition and anaemia.
52. All training programs included a module on how to fill in the forms correctly and on how to collect data and report it on a monthly basis. But the module didn't include training on data analysis. The modules also covered the logistics and distribution modalities of the Vitaferro and iron supplementation.
53. An example of the improved technical ability and initiative demonstrated by the ME staff, is the school distribution methods deployed by some of the FICASE staff (Foundation for Education responsible for nutrition education in schools). The FICASE staff copied the distribution system of the health facilities, providing the correct number of tablets for each classroom, to ensure that students received the correct dosage of iron, and that the iron was consumed by each student in each class.
54. The implementing partners Red Cross Cabo Verde (CVCV) and VERDEFAM were also given training programs similar to those provided to health facilities staff, as well as training on the importance of providing community information, in line with the C4D strategy, this was confirmed by the project reports on training, interviews with Red Cross, VERDEFAM staff, and also by the interview with UNICEF's C4D communications specialist.
55. All key interviewees at subnational level from MSSS and ME, and the preschools interviewees confirmed their staff participated in the training workshops. They also confirmed that their staff were able to present the workshop materials, as TOT trainers. The evaluator verified all the participation lists and also confirmed through the key

"I am using the machine to count the drugs which I need to drop weekly at schools. I learnt that I should request number of students and give extra drugs to the school, but I manage to pack the drugs by plastic bags and write the class and amount of drugs in the plastic bag.... The school then needs to return the same plastic bag and it should be empty..." Focal point for schools at subnational level.

interviews with the health and education staff, that they had acquired the technical knowledge to implement the project.

56. Partners were found to possess the institutional and financial capacities to implement project activities following training, by the evaluator through key interviews. Key informant interviews with schools' administrators and pre-schools confirm the institutional ability to perform the activities, as well as interviews with nurses and health staff responsible confirmed their ability to provide nutritional messaging to the community. The journalists interviewed confirmed their ability to understand the nutrition concepts after the training.

5.2.7. To what extent was the intended coverage of the project - in terms of population and stakeholders - achieved?

57. The project has five main indicators used to measure results or project outputs. As detailed below, all of them were achieved and the majority were above the expected results outlined in the project document:

- "80% of the children under 5 years old will receive micronutrients by the health sector and by the community education center across all 9 islands according to the implementation plan" → **achieved according to data from FICASE and MSSS (PNAN)**
- "80% of pregnant and postpartum women will receive micronutrients supplements" → **according to the IDS III, 86% women attended a HF and have received micronutrient supplements. Above the project targets.**
- "50% of the Health Facilities will integrate the nutrition program: → **according MSSS 100% of HF integrated the nutrition program. Above the project targets.**
- "MSSS covers the full cost (100%) of the MNP budget by end of 2019" → **complete as confirmed by the financial documents presented to the evaluator.**
- "50% of the nutrition key indicators are included in the MSSS statistic annual report" → **the key indicators are already in the DHIS2 and waiting to be released in the 2018 annual statistic report, according key interviews with PNAN staff**

58. The coverage of the project was successful and Vitaferro was introduced in all 22 districts across the 9 islands. Specifically, for Santiago, the country decided to experiment with different strategies to guarantee the future sustainability. The national partners and UNICEF, for instance, decided to introduce VITAFERRO in 8 of 9 districts of the Santiago Island through the health centers only, so as to a better understand the behaviors of the parents of two-year old children. This decision was justified given the government established that VITAFERRO would only be distributed to children between 6 and 24 months of age and no longer in preschool.

5.2.8. How did support from UNICEF contribute to the project reaching its objectives and projects results?

59. UNICEF Cabo Verde provided significant support to MSSS prior to the start of the project, through organizing and supporting the project planning meetings and liaison with the implementers.

All the communication products were jointly created ... they send to me their ideas and we sit together to fine tune the final communication" Key interview with C4D advisor

60. UNICEF Cabo Verde support for the Communication for Development (C4D) strategy and dissemination strategy was essential to achieve the high levels of recognition of Vitaferro, how to use Vitaferro, and how to prevent anaemia. According to the key interviews, all the communication strategies were analyzed and discussed within the UN and the MSSS.

"When we do have any problem, we call on UNICEF or vice-versa but we usually use the quarterly meetings to discuss issues ... " C4D advisor

61. The participation of UNICEF in the monthly internal meetings and in the quarterly meetings was also important, as they contributed to the analysis and discussions to plan each of the activities, according to the monthly reports.
62. UNICEF Cabo Verde engagement with the stakeholders – both government and NGO - was essential for the expansion and sensitization of the project. The UNICEF Cabo Verde team was continually liaising with partners and supporting new partnerships as per ToC and key interviews.
63. UNICEF Cabo Verde project staff were found to be open and responsive to the government's (MSSS) wishes and needs, and the communication was ongoing and constructive according to interviews with PNN staff, at both central and municipal level, as well as according to the interviews with FICASE and Red Cross staff. The project quarterly reports confirm the responsiveness of UNICEF Cabo Verde staff.

64. UNICEF Cabo Verde was supportive and responsive to suggested changes for instance to the C4D strategy, when it was suggested by PNN staff at central and municipal level via interviews with the 3 staff interviews (MSSS, ME and an NGO). The C4D reports (emails from the Communication advisor) also confirm the supportive work of UNICEF. Key informants told the evaluator about changes that had been made to the project based on inputs from beneficiaries.

"The young people were finding it boring just listening to the same radio advertisements all the time [...] We discussed the issue and we decided to add the famous youth musician to be the presenter of the anaemia jingle, so we had something different to do". Key interview with PNN manager.

65. UNICEF support for the logistics and supply chain management was key to the project success, according to monthly project reports, interviews with PNN and with pharmacy staff.
66. UNICEF support on the capacity building and expertise for the trainers was key to the project success, according to monthly project reports and interviews with PNN.

5.2.9. Which UNICEF internal and external factors can be considered constraints in achieving the project implementation, impacting on the ability to reach projects objectives? What correction measures were adopted to reduce these constraints?

67. Despite UNICEF capacity building efforts in the areas of data collection and reporting (e.g. through the ToT inclusion in the training package), the major weaknesses in this project remained the lower-than-expected quality of the data produced and the delayed reporting. While this seems to fall outside of the sphere of UNICEF direct responsibility, all interviewees at subnational level from MSSS and PNN said that there were delays in performing these tasks, as they were overstretched in implementing the other project activities and didn't have time for data entry. They suggested that the project needed more human resources for the completion of such tasks (according key municipality interviews).

68. Two other constraints observed during the project implementation were the turnover and rotation of MSSS and ME staff around Cabo Verde. As a result, whilst health staff on one island might receive the first training, they may be forced to move to a different location, and then replacement MSSS or ME staff did not receive any follow-up training.
69. Another constraint related to data quality is the lack of secondary data availability to triangulate the results. The Evaluator requested data from the pharmacy department to triangulate the distribution of MNPS, iron supplements and folic acid, but this data was not delivered the consultant. UNICEF Cabo Verde organized specific training for PNN staff in order to overcome this problem (according the PNN key interview).

Preliminary Conclusions on effectiveness

EFFEC 1: A reduction in anaemia rates was achieved for children, with an 18% decrease in children aged 6-59 months, from 2005- 2018, according to the Demographic Health Survey, (Paras 15-26).

EFFEC 2: As 86% of women receiving antenatal care, according to the Demographic Health Survey, then it means over 80% of women were provided with iron supplementation and folic acid (Paras 27-35).

EFFEC 3: Nutrition data has been incorporated into the Health Information System (DHIS2). However, the quality of the data and timeliness is not ideal due to low capacity in data collection, and more training in data collection, quality and reporting should be conducted (Paras 36-38).

EFFEC 4: MSSS have covered the costs of the micronutrients by the end of the project as per the agreement (Paras 39).

EFFEC 5: Knowledge of the causes and treatment of anaemia, general nutrition, as well as the awareness of Vitaferro, and how it should be prepared is high and has increased in the families, according to both this evaluation's survey of a select beneficiaries (Paras 40-46).

EFFEC 6: The ministries of Health and Social Security, as well as Education have received intensive training on various aspects of the project implementation and have attended regular refresher training. The PNN staff will also be trained in the new WHO guidelines on anaemia prevention, (Paras 47-56).

EFFEC 7: The project coverage was extremely good, reaching over 20,000 pregnant or postpartum women, and 72,722 primary school children, and 46,979 preschool children, (Paras 57-58).

EFFEC 8: UNICEF support was instrumental in assisting the Cabo Verde government ministries to implement this project, (Paras 59-66).

EFFEC 9: All the project data and annual reports are needed to support the dissemination and confirmation of project results. In this project UNICEF support was not sufficient to ensure data quality and there was a delayed-on data results (Paras 67-69).

5.3 Efficiency

The following section considers the efficiency of the project in delivering on its main objectives, through the following main evaluation questions.

Questions

- 5.3.1. To what extent can the resources - in terms of finance, human and logistics - be considered as:**
- Enough (in terms of quantity) in relation to the identified needs and in relation to the expected results?
 - Adequate (in terms of quality) in relation to the expected results?
 - Delivered on time?
- 5.3.2. To what extent did the project activities reinforce synergies with other initiatives to achieve optimal utilization of available resources?**
- 5.3.3. Could other strategies have been used to achieve the same results?**



Figure 12: healthcare agent attending to patients

5.3.1. To what extent can the resources - in terms of finance, human and logistics- be considered as: enough (in terms of quantity), adequate (in terms of quality) and delivered on time?

70. The evaluator found the anaemia project has been using the available resources economically to reach its objectives. In particular, the project has made efficient use of staff time (either from UNICEF as from PNN), in order to maximize outcomes for a large number of beneficiaries; in fact, reaching a higher number of beneficiaries than required under the Project Document. The project is delivered by a relatively small team: according to key interview respondents, about 18 staff members are involved in implementing the anaemia project in all of the 9 islands meaning an average of two staff per island. Through an effective combination of group meetings and individual support, staff are able to provide general services to a large number of beneficiaries, while also offering supportive supervision and by being flexible in providing one-on-one support to PNN and ME. The project funds were spent on activities as expected, in line with the project document.
71. As is demonstrated by the excerpts above, PNN plays a key role in this model: all expected activities as per the logical framework were delivered through the nutrition program, but UNICEF visited regularly, allowing for almost weekly interaction with MSSS staff. Through these very regular interactions, project constraints and who might need additional support

Figure 13: VERDEFAM support to community



were quickly identified and acted upon, according to the interviews with PNN, the health at the municipalities, and UNICEF staff, who used the Theory of Change model for responding to these constraints. Also, in the two workshops which were held with PNN and witnessed by the evaluator it was possible to verify the synergies that PNN built with all partners involved.

Figure 11 represents the Verdefam mobile clinic. The project worked efficiently with local NGO's, and private companies, to reduce costs

and distribute the MNPs more efficiently. Verdefam distributed the MNPs and iron supplements to support the health clinics.

72. The project's training component has also drawn upon various approaches to deliver activities in a cost-efficient way. By connecting with local trainers, the project has been able to provide beneficiaries (CS and schools) with applied skills training at a very low cost to the project, using a Training of Trainers model for MSSS staff as confirmed by the desk review and by the attendance list.
73. The project's C4D strategy should be commended for using direct interviews with radio and TV journalists, as a way of promoting the program and decreasing advertising costs. The health director and PNN coordinator were participating in several interviews at the radio, as a regular part of morning talk and quiz programs.
74. UNICEF Cabo Verde internal documents (as well as Atlas reports) demonstrate that the disbursements occurred according to the agreement without any delays.

75. The evaluation identified very few barriers to the efficient implementation of the project, however several stakeholders mentioned that the funding was not enough as MSSS and ME staff were working additional hours to implement the project, for instance filling out forms and spending extra time to visit schools and HC, as per the discussions during the interviews at subnational and central level.
76. The project was very efficient in that it originally was intended to provide iron and folic acid to 11,000 pregnant women, but in fact without any additional funding it reached 20,000 pregnant and postpartum women, as per the annual reports from MSSS and the DHIS2 data.
77. With all of the above measures, the project has been highly cost-efficient. The cost per beneficiary in the project is 5.27 Euros, considering the number of reached beneficiaries (ie 149,876 children and women) and the total cost of the project (US\$ 790,000 - according the project document for the total of the 3 years period). The amount of money received from donor was distributed as per table 11, according the ATLAS ERP document extracted:

Table 11 - Expenses and revenue

Year	Revenue (USD)	Expenses (USD)
2017	127,646.00	124,442.00
2018	154,321.00	160,234.00
2019	137,132.00	137,207.00
Total	419,099.00	421,883.00

From these amounts the 2019 4th quarter expenditures transactions were still not consolidated in the system. MSSS made increasing expenditures towards the cost of the micronutrients as agreed in the Project Document. These percentages were: assuming a cost of 29% in the first year, 38% in the second year and 33% by the third year.

78. As a comparison, similar anaemia projects usually cost an average of 8 Euros per beneficiary³³ (WHO Bulletin, 2000).

5.3.2. To what extent did the project activities reinforce synergies with other initiatives to achieve the optimal utilization of available resources?

79. One of the most efficient initiatives undertaken in this project was the signing of a memorandum with the Red Cross in Cabo Verde to assist in mobilizing the community to attend their local preschools, disseminating the communication materials on Vitaferro and distributing the MNPs at preschools. These activities were all carried out with no cost to the project and were covered by the Red Cross. Regular Resources of UNICEF were leveraged by the actual evaluated Project Funds to contribute to the anaemia interventions in Cabo Verde. UNICEF resource support for the DHIS2 implementation is another example of the synergic intervention.
80. Promotion of Vitaferro and anaemia prevention during National Baby Week promoted by the private sector in collaboration with the public sectors (health, education) is another

³³ M.Alonso Gongaaleez and others, Cost-effectiveness of iron supplementation and malaria chemoprophylaxis in the prevention of anaemia and malaria among Tanzanian infant, epidemiology and biostatistics research, WHO Bulletin 2000

example of cost savings and optimizing the use of existing resources, such as private sector advertising.

81. Project synergies were also demonstrated in the training of the journalist network (REJOP³⁴) on nutrition concepts and communication on anaemia, which led to the news stories and promotion of the anaemia project, at no additional costs for the project.

5.3.3. Could other strategies have been utilized to achieve the same results?

82. Strategies to reinforce and improve data collection, and thereby improve the project delivery would have been useful. It is hard to comment on improving the project implementation and especially distribution of the MNPS and iron supplements, without the data from DHIS2. This aspect was discussed during the key interviews with PNN, the pharmacy department as well as with UNICEF interview staff. This shows that all parties agreed on the best strategy to implement and achieve the results as set out by the project.

Preliminary conclusions on the project efficiency

EFFICY 1: The anaemia project is using the available resources economically to reach its objectives, and even to reach more beneficiaries than initially planned, reaching an additional 8,876 beneficiaries. In particular it has made efficient use of time staff and travels to maximize outcomes for the beneficiaries. All the activities were delivered as expected. The costs per beneficiaries is relatively low at 5.27 Euros/ person (Paras 70-77).

EFFICY 2: The government and senior politicians emphasized the importance of the project to improve nutrition across the country and reinforced the importance of UNICEF support to efficiently implement the project. Engaging INGOs, NGOs and the private sector through partnerships with Red Cross, the Journalists' network, local NGO Verdefam, community pre-schools, local telecoms, the Pharmacists' Association and CIMPOR (cement company), increased the project efficiency (Paras 78-82).

³⁴ Rede de Jornalistas para questão de população – Journalist group for population themes

5.4 Sustainability

The following section considers the sustainability of the project in delivering on its main objectives, through the following main evaluation question:

Questions on Sustainability

- 5.4.1. To what extent do the community organizations and residents of Cabo Verde demonstrate ownership of the interventions and a desire to implement the project?**
- 5.4.2. What is the probability that the nutrition components and healthy habits promoted by the project will be maintained after the end of the UNICEF funding for the project?**
- 5.4.3. To what extent do the national authorities have the sense of ownership which will allow for the continuation of the project after the end of the UNICEF funding?**
- 5.4.4. What changes should be made to the current set of partnerships to promote long-term sustainability?**

Figure 14: Journalists receive training on anaemia prevention, as well as good nutrition



83. The partnership with the journalist network was one of many assisting the project's sustainability, through ongoing news and promotion of anaemia prevention.
84. The partnership with communication through network cellphones had also advantages as more people could benefit on the messages. Figure 17 presents the message received from one of the cellphone networks.

5.3.4. To what extent do the community organizations and residents of Cabo Verde demonstrate ownership of the interventions and a desire to implement the project?

85. The evaluator found that Cabo Verde population has a high level of knowledge about anaemia and how to prevent it. During the key beneficiaries' interviews in the selected islands it was possible to confirm their knowledge on the importance of iron in their diet. In these interviews almost, all women referred on the need to have iron and vitamin when pregnant to avoid problems with their babies in the future. The awareness of anaemia problems is evident in all the interviewees. The same was found at the preprimary schools' staff where there is awareness to talk with parents on nutrition aspects.
86. Although isolated on only two islands, some strategies promoted by parents or businesses demonstrate the desire to directly provide Vitaferro to the children. The participation of population during the Baby Week was a sign that the population has a greater awareness of the effects of low anaemia in their child's life.
87. In Sao Vicente rural area, a fishing village is contributing to the nutrition of primary school students by providing fish at a low cost to the school. The school has made an agreement with the fisherman's syndicate to receive the very small fish that they would find difficult to sell, once per week. This example of the agreement between the fisherman's syndicate and the school, has been disseminated for replication in other municipalities.
88. The number of pre-schools asking MSSS to enroll their school in the Vitaferro distribution has increased since 2019. Also, a hotel on the Sal island, which has a preschool for the staff's kids, has been providing food as well as Vitaferro for free. This example is being disseminated to the other hotels for replication at least in this island.
89. Interviews with two Catholic preschools in Praia city demonstrates a strong interest to be part of the project and to distribute Vitaferro to their students. Although the PNN is already working with some Catholic schools (as pre-schools), discussions were ongoing to extend the community reach initiatives to community events organized by the Churches.

5.3.5. What is the probability that the nutrition components and healthy habits promoted by the project will be maintained after the end of the UNICEF funding for the project?

90. The probability that the nutrition components and health habits will be maintained is very high due to the activities performed during the 3 years of the project and the high level of government ownership during project implementation.
91. The capacity building was provided to all teachers and school administrators as well as to all Nutrition Department staff at municipal level, and all logistics staff in MSSS were also trained on distribution, they should be capable of implementing the project, once UNICEF ends its support.
92. The comprehensive C4D strategy, which also promoted good general nutrition habits not just in relation to anaemia, should ensure that the high levels of knowledge around the causes and treatment for anaemia, as well as the importance of a nutritious diet, and the

consumption of micronutrients is maintained. Also, the project performed a specially designed detailed technical training on the prevention and treatment of anaemia and micronutrient deficiencies for journalist. This approach was highly successful in engaging the journalists and ensuring they will continue to create news stories about nutrition and anemia.

93. Nutrition components and healthy habits were integrated in pre and basic schools' programmatic curricula (at education sector) and in the package of health services delivered at the health centers at national level (health Sector), as well as in Nursery and Teacher University curricula.

5.3.6. To what extent do the national authorities have the sense of ownership which will allow for the continuation of the project after the end of the UNICEF funding?

94. There is sufficient commitment from the national government, particularly the MSSS and ME, to ensure that the government implement a national program to reach its nutrition objectives, particularly it's PNAN objectives around reducing anaemia prevalence, once the UNICEF project has closed. A strong interest existing at the municipal level has ensured that some aspects of the anaemia objectives were completely integrated into the package of health services and is unlikely to be disrupted. Data recordings are in the process of being changed (inclusion of detailed information related to anaemia, per example) as per the project recommendations as can be seen by the pictures.
95. The Mother and Child's Health Book was being updated to incorporate nutrition indicators for use by the health centers. Figure 13 presents the new cover and the evaluator confirmed that the nutrition indicators have been incorporated.
96. Figure 14 presents the updated Mother and Adolescents Health Book which also incorporates nutrition indicators. Nutrition data for children and adolescents, including receiving the MNPs was entered into this book, so that a record of whether a child had received MNPs was available to parents, according the key interview at subnational level. The book was developed prior to the start of the project.
97. The Mother and Child's Health Book used to record the Vitaferro intake (by hand and in an informal format) is now incorporated in the actualized document (figure 14 and 15

Figure 15 : Mother and Adolescents Health Book (updated version)



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³⁵ Women and Youth health Sexual Reproductive Health Book

Figure 16: Child and Adolescent Health Book (updated version)



Figure 17 : Fortification distribution to children in the Adolescent and Child Health Book

FORTIFICAÇÃO

Vitaferro

As crianças a partir dos 6 meses de idade devem ser fortificadas com Vitaferro para a prevenção da anemia.

Para mais informações dirija-se ao serviço de saúde mais próximo da sua residência ou entre em contacto com o Ministério da Saúde e da Segurança Social, onde poderá encontrar mais informações acerca da fortificação da alimentação infantil com micronutrientes em pó.

Idade	1º Encontro	2º Encontro	3º Encontro	4º Encontro	5º Encontro	6º Encontro
1º Ano	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____
2º Ano	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____
3º Ano	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____
4º Ano	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____
5º Ano	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____	Idade: _____ Data: _____ Assinatura: _____

98. The MSSS has initiated discussions on a strategy for the continuation of the anaemia prevention project. These internal discussions led to the decision to reduce the age for the MNPs VITAFERRO beneficiaries from 6-59 months to 06-24 months, due to the financial difficulties experienced by the national government to fund the project for all age groups, said the Director of the PNN, PNN Manager and UNICEF Cabo Verde staff.

99. The Ministry of Finance reportedly could not financially support the MNPs/VITAFERRO distribution to all 06-59 months years old children for the next 2 years (2020/2021) due to budget restrictions. Therefore, national financial efforts will be made through the MSSS budget, to distribute MNPs/VITAFERRO to children with 06-24 months, said the PNN director. Although he said the strategy is still under discussion.

"The idea is according the WHO new policy brief on anaemia prevention, instead of supplying MNP to all children we can target children from 6 to 24 months and children from 6 to 14 years. The pregnant and postpartum women will continue to receive the iron supplements," said the PNN director.

"We are also thinking about a strategy to sell the Vitaferro at the private pharmacies across Cabo Verde. We will analyze the results of the pilot project with pharmacies in Praia city to see if we can replicate them," added the PNN Director.

100. However, as ME staff are intending to discuss future project implementation strategies with MSSS, according to an interview held with a ME official at central level. ME believes that there will be support for a joint program given the current food security situation in the country, which could mean that children above the age of two years in the pre-schools or primary schools could receive the MNPs, according to interviews with ME at Central Level. FICASE will support this discussion to find alternative support for the continuation of the project to avoid limiting distribution of the MNPs to children under two, according to an interview with the FICASE Director.
101. The implementing partners (NGO, CSO and private) commitment to reducing anaemia along with the memorandum signed between them will certainly continue after UNICEF project ends.
102. The work done by the health municipalities performed on the liaison with local organizations as well the extensive dissemination of communication materials to the population, point to the viability of the continuation of the project.
103. The new protocols and recommendations from WHO on both the Vitaferro target populations as well as iron intake recommendations, will support the sustainability of the anaemia project. UNICEF is currently conducting training to MSSS staff on these protocols and also developing manuals in Portuguese.

5.4.4. What changes should be made to the current set of partnerships to promote long-term sustainability?

104. It was clear from the partnership memorandum that NGOs (as per MoU signed) would not be paid during the project. This clearly makes it easier for the government to continue with these partnerships as they will not need to cover the costs, thus making it quite sustainable.
105. In addition to the two main NGOs assisting with the implementation of this project, extra partnerships were also built to support the sustainability of the project, once UNICEF funding ends.
- The reporters/journalist union (REJOP), which has promised to continue to provide regular news on nutrition and the MNP distribution to children under two, according to key informant interview and from the training with REJOP reports results.

- The Pharmacists' Association has committed to continuing to supply the MNPs and iron supplementation in all pharmacies at low costs, which do not allow for any profits, according to key interviews with PNN and the quarterly report;
- The Cabo Verde Telecom, UNITEL, and private telecommunication network companies have committed to providing free promotion messages (figure 16), according to the memorandum of understanding (MOU) signed between these companies and MSSS.

Figure 18: Telecommunication network companies message received by clients

Vamos prevenir a anemia em crianças menores de 5 anos em CV.
De VITAFERRO ao seu filho. VITAFERRO, o fortificante para o seu
filho crescer forte e saudável.

(Let's prevent anaemia in children under 5. Give Vitaferro to your child. Vitaferro is the MNP to guarantee a healthier life to your child)

106. By asking the NGO's, INGO (RedCross) the Reporters' Union, the Pharmacists Association, and private and state telecommunication companies to provide various contributions to the project, such as widespread news coverage in local media, free dissemination of messages via telecom companies, and MNPs and iron supplementation sold at cost, this has contributed to ensuring that these different actors would be willing to contribute to a future government funded project, once UNICEF funding has finished.
107. The anaemia project's holistic design has proved conducive to achieving sustainable outcomes. By addressing multiple aspects of population vulnerability and building their capacities in a nutrition and life health areas, the anaemia project approach has reduced the risk that challenges in one aspect of a project's life would undermine achievements in another. This is supported by findings in the effectiveness section of the evaluation, which presents evidence on how results in relation to one aspect of anaemia project to improve and reinforce results in another. The multi-disciplinary approach between Ministry of Health and Ministry of Education is key to the effective programming.
108. Reaching all the population with the highest vulnerability to anaemia and concentrating the communication strategy to reach children and pregnant and postpartum women promotes sustainability for more general outcomes, such as improving general nutrition behaviours. An example of the billboards which are widely found across Cabo Verde, promoting the reducing of anaemia, seen below in Figure 17.

Figure 19: A billboard in the islands



109. The project's capacity building contributions have not been limited to the project's direct beneficiaries but have included other organizations such as the Journalists Union, and the two NGO's Red Cross and Verdefam, which will contribute to their ability to support any future nutrition projects.

Preliminary Conclusions on Sustainability

SUST 1: There is strong support for the anaemia project from the national to the municipal level within the Health and Education Ministries, as well as from the community groups, and general community, (Paras 82-86).

SUST 2: Given that the anaemia project is been implemented by MSSS and ME there is a clear evidence of sustainability. A concrete and action-oriented sustainability strategy for the project is already been discussed within MSSS and incorporated by ME, (Paras 90).

SUST 3: The anaemia project was found to be an effective model due to the training and communication developed, (Paras 87-89).

SUST 4: The anaemia project is inclusive and has information related to the age group, gender and region, (Paras 91-93).

SUST 5: The strong involvement of NGOs and CSOs, (such as the pharmaceutical, journalists networks, as well as with the private sector) contributes to the project sustainability and needs to be maintained for future project implementation (Paras 94 -99).

SUST 6: Although sustainability and reduction of costs through beneficiaries' changes, the anaemia project, due to the need of constant communication require additional donor funding. Given this the project could be reshaped to incorporate more health areas serving as an important complement to these services, (Paras 100-109).

5.5 Gender and Human Rights

Questions on Gender and Human Rights

5.5.1. To what extent were Gender, Human rights and Equity Principles Integrated into the Design, Delivery and Monitoring of the Anaemia Project?

5.5.2. To what extent did the intervention reach the most vulnerable women and children?

5.5.3. To what extent did the monitoring and evaluation system take into consideration the human rights, gender equality and equity approach, including a breakdown of data by gender, age, region, and socio-economic categories?

Figure 19 : Waiting room at the health center



110. Improving accessibility to the routine health services, including the provision of anaemia treatment, requires serious attention to the systemic, institutional and political factors determining inequalities in access to these services. Rights-based approaches help to uncover the power dynamics that perpetuate these inequities and suggest strategic interventions such as the reallocation of resources, changing accountability mechanisms

within health systems and communities, and challenging existing hierarchies in health facilities.

111. The following section considers the gender and human rights of the project in delivering on its main objectives, through the following main evaluation question:

5.5.1. To what extent were Gender, Human rights and Equity Principles Integrated into the Design, Delivery and Monitoring of the Anaemia Project?

112. As this project is based on public health concepts, it delivered the vitamins and iron supplementation to all of the population most at risk for anaemia deficiency; women of reproductive age and children under five years of age. Likewise, by using a primary healthcare model to deliver the micronutrients for children, and iron tablets for pregnant and postnatal women, the project is also in line with Article 24 from the Convention of the Rights of the Child, which calls for the provision of primary healthcare services, treatment and education, to ensure that parents are educated about the best sources of nutrition, and how to prevent malnutrition. It also calls for healthcare for pregnant and postnatal women, to ensure optimal health for babies.
113. The project is gender sensitive in that it aimed to improve the health of women of reproductive age, following best practice advice based on WHO's global nutrition targets for 2025. The WHO global nutrition targets aim for a 50% reduction in global anaemia for women of reproductive age by 2025. Whilst the results of the IDSII have not been formally released, preliminary reports seen by the evaluator demonstrate a reduction in anaemia rates.
114. By distributing iron fortification and micronutrients to pregnant, postpartum women and babies under 2, the project was also aligned with UNICEF's policies promoting optimal nutrition during the first 1,000 days of life. Anaemia deficiency can delay and impact on a babies' brain development during the first 1,000 days, as numerous well-researched articles and specialized literature has demonstrated, including UNICEF's own policies.³⁶
115. Human rights principles respecting the right of the child were embedded into the project design, too, were widely upheld through the dissemination of messages, songs and social media posts, which promoted the consumption of Vitaferro, and clarified what constituted good nutrition practices. For instance, Article 17 from the Convention on the Rights of the Child states:

...States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health. To this end, States Parties shall Encourage the mass media to disseminate information and material of social and cultural benefit to the child....

³⁶ <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>

5.5.2. To what extent did the intervention reach the most vulnerable women and children?

116. This project was found to have a strong equity focus, by starting the project in the five islands with the highest anaemia rates, it was able to provide improved health outcomes for the most disadvantaged women and children. Thus, the project not only aimed to achieve basic human rights principles, such as the right to all for good health, but sought to ensure that the most disadvantaged were the first to receive the project benefits.
117. The project is to be highly commended for providing the MNP and iron supplementation for free. By doing so, it reached all individuals which included those from the lowest socio-economic status to the highest.
118. Not only women, but also fathers and extended families were exposed to the project nutrition messages while they visited health facilities. In addition, there were TVs in the waiting rooms that showed nutritional practices videos, thus allowing for family members to support improved nutrition through diet, breastfeeding practices and consuming iron supplementation and Vitaferro.
119. Furthermore, the project decreases the barrier to access anemia treatment by involving the community in public talks and events. Many of the events took place at markets, churches and community meetings.

Figure 20 - Community meeting on anaemia knowledge



120. The project involved community leaders and politicians to raise the awareness of anemia prevention and treatment for pregnant and postpartum women (figure 20). Figure 20 confirms the strong involvement from the community vendors in the project. Key interviews with market vendors by the evaluator confirmed that their knowledge on how to prevent anameia, including which foods reduce anaemia, increased.
121. This evaluation also noted that the project involved many popular musicians and actors, who brought the message about anaemia and nutrition to the general public in TV

commercials and music shows³⁷. Key interview with the popular musician (in a restaurant in Praia named “quintal da musica”) demonstrated the musicians support for the project as a result of being involved in making the jingle. Also, the evaluator participated in a small community event in a Sunday (a local fruit and plant market selling) and verified that one of the musicians performed the anaemia jingle, demonstrating ongoing support for the project.

122. The project also contributed to a week-long campaign (“Semana do Bebê”, which translates to “Baby awareness week”). This event was supported by NGOs and private companies and attracted country wide support to fight anemia including the support of the Prime Minister³⁸.

5.5.3. To what extent did the monitoring and evaluation system take into consideration the human rights, gender equality and equity approach, including a breakdown of data by gender, age, region, and socio-economic categories?

123. The M&E evaluation system takes in consideration the:

Non-discrimination and equality: All human beings are entitled to their human rights without discrimination of any kind, such as sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status as explained by the human rights treaty bodies. By providing a breakdown of the beneficiaries who received MNPs or iron supplements according to their age and also gender and demonstrating that there were no differences in terms of gender or age, for the distribution of the MNPs and iron supplements, the monitoring and evaluation system respected the principles of non-discrimination and equality. Thus, it allowed for analysis based on gender, geographic location, age grouped as well as by the socio-economic status, and by showing there was no discrimination based on socio-economic status, as well as age and gender abided by the principles of non-discrimination and equality. Also, the monitoring system reported on the number of beneficiaries receiving the MNPS / iron supplements who had contracted the zika disease, as the PNN wanted to ensure that children who had zika did not suffer from nutrition deficiencies.

Gender equality responsibilities and opportunities of women and men, and girls and boys. Equality does not mean that women and men will become the same but that their rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women’s issue but should concern and fully engage both men and women. Due to their higher needs for iron supplements, as a result of iron loss during childbirth and breastfeeding, or higher iron needs during pregnancy, pregnant and post-partum women were provided with the iron supplements, and there was positive discrimination for women, which is in line with WHO recommendations for iron distribution. However, both men and women received education and information on the needs for iron supplements for women, and the needs for MNPs for children, thus providing them with equal information, and thereby engaging men in the need for

³⁷ Cabo Verde is known internationally by his music

³⁸ I Semana do Bebê em Cabo Verde coloca enfoque nas questões ligadas à primeira infância, at portuguese news <https://lifestyle.sapo.cv/familia/bebe/artigos/i-semana-do-bebe-em-cabo-verde-coloca-enfoque-nas-questoes-ligadas-a-primeira-infancia>

improving women and children's nutritional status. This evaluation confirmed that both male and female babies and children received the MNPs, and according to both the FICASSE and MSSS data, there was no difference in distribution of the MNPs between the two sexes.

124. **Participation and inclusion:** Every person as children and women as pregnant or postpartum are entitled to active, free and meaningful participation in, and enjoyment of anaemia treatment in which human rights can be realized. This evaluation was able to confirm through the focus group discussions and interviews with beneficiaries at health clinics, schools, and markets, that all members of society were able to receive information not just about how to prevent anaemia, but also about good nutrition. This information was well distributed through various channels, including billboards, posters and handouts, booklets at health clinics and schools, public meetings at schools, through the radio and TV spots, and through news and feature stories in local media, as well as through social media. Thus, by using all these different channels the communications strategy ensured participation and inclusion of all levels of Cabo Verde society. Figure 21 presents the press release on the government website about the "3rd Baby awareness week", whose special focus was on anaemia and involved the minister of MSSS, with the support of the project, as can be confirmed by the key interviews at MSSS level and by the Website: <https://www.governo.cv/ilha-do-maio-acolhe-abertura-oficial-da-iii-edicao-da-semana-do-bebe/>
125. **Accountability and the rule of law:** States and other duty bearers are answerable for the observance of human rights. In this regard, they have to comply with the legal norms and standards enshrined in human rights instruments. The evaluation considered that it is the Cabo Verde' government's responsibility to ensure that its citizens can enjoy good health and nutrition, in line with the International Declaration on the Rights of the Child, as outlined above, and also assessing the government's performance against its own national strategies for health, nutrition and education.

Figure 20 : Press release on the anaemia project support for the awareness campaign



6. Lessons Learned

In collecting and analysing the data, the evaluation consultant drew strategic and operational lessons that deserve to be taken into account more carefully in the future, not only for this programme in Cabo Verde but also for other interventions implemented in the rest of the region, as long as they have the same characteristics in terms of intervention area and targets.

6.1. A multi-disciplinary approach is key to effective programming. This project was highly effective because it was a partnership between the Ministry of Health, and the Ministry of Education. Ministries other than Health should be involved in any future anaemia / nutrition projects, in order to ensure effective program implementation and assist in finding innovative solutions. The anaemia project's holistic and multi-disciplinary design, particularly the distribution of MNP's and communication on anaemia through pre-schools and primary schools has been key to its success and the degree of commitment and government ownership is key to a success.

6.2. Using a Training of Trainer model creates a ripple-on effect. Using a ToT model creates a foundation which improves the likelihood of success in relation to other outcomes (improved decision making, relationships, educational outcomes, and sensitization skills). These outcomes reinforce confidence in people's ability to implement the project, resulting in a positive feedback loop. Thus, any project should ensure that there is strong training provided, and an effective training of training program to all implementers, particularly partners from NGOs, Red Cross or journalist associations.

6.3. A standard monitoring database should be established and implemented from the beginning of a project. If the project is using any SIS a standard database should be established to guarantee detailed information (equity and equality) and to guarantee quality. Public semester reports will guarantee data quality and the involvement of beneficiaries. Monitoring of project results should be provided on a quarterly basis and disseminated to all partners. Annual reports should be issued within 6 months of the end of the year, and then results should be communicated to beneficiaries, and partners.

6.4. The Communication for Development strategy should harness the power of local culture and local journalist associations, as well as cultural preferences, for instance using popular local musicians, or well-known entertainers is an effective way to ensure media coverage of the project, and to ensure the community remember and respond to the messages. It should also work with local reporters and the reporters or journalist associations so that they understand the importance of reducing anaemia, and then provide good reporting on the project. Constant communication is essential in any project that deals with behavior change and budget should be organized for a strong communication strategy.

6.5 Education on nutrition, should be incorporated into school, pre-school and teacher's curricula. Nutrition components which include education on healthy nutrition and hygiene habits should be integrated in pre and basic schools' curricula and in the package of health services delivered at the health centers at national level, as well as in the Nursery university course and Teacher university course.

7. Final Conclusions

The conclusions although presented in the finding section are summarized by the criterion as relevance, effectiveness, efficiency and sustainability. Overall, the project model has been very well designed, effectively delivered and efficiently run and should be used as a project model, for future anaemia projects. The effectiveness and efficiency of this project is mainly due to the involvement of government with all partners (different stakeholders as NGOs, CSO, private and public society), and to the fact that there was a strong equity focus with most vulnerable sections of the population were prioritized for this project (children under 5, pregnant and postpartum women and regions in Cabo Verde with the highest rates of anaemia), and that the project was equally well implemented across different populations, showing no bias based on age, gender, ethnic background and socio-economic status.

7.1. Relevance:

This project was found to be **highly relevant to the country context, and with international development objectives, such as SDG 2 and 3**. The project was designed in **alignment with the government strategic plans for nutrition, health, and education, and as a result was successfully implemented by the Nutrition Department in the MSSS**. The project objectives are highly relevant to addressing the health, nutrition and education needs of children under 12, pregnant and postpartum women, having it in a perfect alignment with the international development priorities such as SDG 2 and 3.

The project responds adequately to all the strategic needs spelled out in most of the national strategic policies in the health and nutrition domains. The project **has been able to achieve the identified needs and rights of the priority populations** by targeting the most vulnerable and taking a gender and equity approach in implementing this project. The components of nutrition are now integrant part of the Demographic Health Survey.

7.2. Effectiveness

The project has achieved its intended objectives in both reducing the anaemia in the country and knowledge and understanding around the treatment and cause of anaemia, and nutrition.

As per the preliminary conclusions on effectiveness, **the project has managed to achieve a reduction in anaemia rates for children in a short timeframe, with an 18% decrease in anaemia in children aged 6-59 months**, from 2005 to 2018, according to the Demographic Health Survey.

The project coverage was high, reaching over 20,000 pregnant and postpartum women, which was higher than the target of 11,000 women, as well as reaching 100% target for children: 72,722 primary school children, and 16,979 preschool children. As 86% of pregnant women were provided with iron supplements and folic acid, this was higher than the target of 80% of pregnant women being provided with iron supplements and folic acid.

Nutrition data has been incorporated into the Health Information System (DHIS2) and government annual reports are now incorporating the nutrition and anaemia data.

MSSS have covered the costs of the micronutrients by the end of the project as per the agreement, although the support from UNICEF Cabo Verde was essential on the procurement and quality of the micronutrients.

It is also important to reinforce that the project did not only focus on decreasing anaemia rates but also on **improving knowledge of the causes and treatment of anaemia, improving general nutrition knowledge, as well as the awareness of Vitaferro, and how it should be prepared, across the whole Cabo Verde population**. To reach these objectives, the project focused on

intensive capacity building in the ministries of Health and Social Security, as well as training on various aspects of the project implementation for partners, combined with regular refresher training. The PNN staff also participated in training on the new WHO guidelines for anaemia prevention and management strategies.

In particular, **the project's Communications for Development (C4D) strategy was found to have a significant influence on beneficiaries' knowledge about anaemia effects.** In addition, capacity building targets were all achieved, using a "Training the Trainer" model at all levels. However, the evaluation identified a few areas where progress in relation to project outcomes was limited due to external constraints. In particular, staff learning outcomes were found to be limited about data registration and reporting due to limited human resources.

UNICEF supporting was instrumental and appropriate for the context, in assisting the Cabo Verde government ministries to implement this project.

7.3 Efficiency

Overall, the project model has been very well designed, effectively delivered and efficiently run. The anaemia project used available resources economically to over-achieve on its objectives, reaching an additional 8,876 beneficiaries. It made efficient use of time staff, travels and partnerships at national and local level (Private sector, Red Cross, Journalists' Network) to maximize outcomes for the beneficiaries.

7.4. Sustainability

Notwithstanding the future project funding needs which remain a critical issue, the fact that the anaemia project has been implemented by the Ministry of Social Services and Health and the Ministry of Education shows clear evidence of government and respective ministries ownership.

Overall, the project model **has been very well designed, effectively delivered and efficiently run.** The project had supported the sustainability through partnership with important local partners, such as the Journalists' Union, Pharmacists' Association, telecommunications network providers and the national pharmaceutical agency. Sustainability for the project, was also ensured through capacity building of national staff, as well as training for other partners.

As the project is strongly supported by partners and stakeholders, **it has greater potential to be continued in the future.** Evaluation findings suggest that, given the full effectiveness of the model, there is a strong potential for the project to be expanded within existing project sites, and replicated outside of Cabo Verde. Potential approaches to scaling up are explored further in the recommendations section.

The evaluation can only identify a few areas where progress in relation to project outcomes was limited due to external constraints. In particular, **staff learning outcomes were found to be limited about data registration and reporting due to limited human resources.** If the project had supported extra learning on data quality for project decision-making, this could have enhanced the project implementation and assisted in identifying any weaknesses in project implementation, as well as providing lessons learnt to be applied when implementing the later stages of the project.

8. Recommendations

Based on the different findings and conclusions, the evaluation team put forward a number of recommendations (strategic and operational) whose objective is to contribute to programme future improvements. These recommendations were validated during several exchanges held between the evaluation team and UNICEF Country Office staff as well as other stakeholders. These exchanges focused on two particular aspects of the recommendations, namely their feasibility and relevance to the implementation context. This process also contributed to the prioritization of the recommendations in question.

Strategic Recommendations – RS		
Recommendations	Recipients	Priority
RS1- To increase the participation of government structures into the planning and implementation of the next project phase: <i>The existing participation from the Ministry of Social Services and Health, and the Ministry of Education is very high and productive. But it would be more productive to have all related ministries such as Agriculture and Environment, the Ministry of Maritime Economy, Finance Ministry involved to underline the importance of the project to the beneficiaries and promote a sense of unity and social responsibility should be a key partner. This will support the approach and image that it is not only a matter related to health and enlarge the vision of the project.</i>	MNN, MSSS, Ministry Agriculture & Environment, Ministry of Maritime Economy, Ministry of Finance	HIGH – 3 months
RS2 – To ensure greater involvement of the implementing partners with the government, mainly in the implementation and revision of actions: <i>Coordination meetings already happen, and reports show a high involvement, but it is highly recommended to expand these meetings to all the implementing partners (and not only within government structures) this would include Red Cross, local NGO's and also when appropriate the journalists network; Meeting regularly with all partners could also lead to the development of a results management strategy to ask for feedback from beneficiaries and make the program more participatory.</i>	MNN, MSSS	HIGH – 3 months
RS3 – Build upon on the existing capacity building and partnership strategy and ensure that more staff within Ministries as well as other entities and partners benefit from it: <i>The fact that training was delivered not just to the major project implementers from MEE and MSSS, but also to the journalists' union, and NGOs is a great initiative. The fact that the capacity building used as training of trainers is also a great and effectively initiative. These should be replicated in other projects. Ensure that MSSS and ME staff, as well as partners to receive training in order to continue to implement the possibility next project effectively.</i>	MNN, MSSS, ME	MEDIUM – 6 months
RS4 – To expand on the communication strategy during the life of the project: <i>The communication strategy was efficient and large enough to absorb different communication strategies. It was also very</i>	PNN, MSSS	LOW – 1 year

<i>democratic and participative involving both government and community, thus it should be replicated. One of the strong points of the communication strategy was that it didn't just promote messages around Vitaferro and iron supplementation, but also on what constitutes good nutrition. This communication messaging should be continued in schools and health centres, as it is important to ensure good nutrition for all the population, through strong communication on good nutrition. All projects should have this level of communication as well as a KAP assessment conducted just before the end of the project. Conducting a KAP assessment towards the end of the project would highlight the project's communication achievements and also assist project sustainability is aligned with the achieved results and with the new actors that emerged during the project implementation.</i>		
RS5 – Maintain the partnerships approach for the continuation of the project: <i>The project had a very effective partnerships strategy, forming strong partnerships with the reporter's union which provide stories on the anaemia project, the pharmaceutical union – which agreed to keep MNP and iron supplementation prices consistent, the national telecom company UNITEL, to disseminate messages for free, and Ipharma which was exploring whether it could produce Vitaferro. Thus, the project should continue to maintain and recognise these important partnerships through public events, and publicity for instance on their social media pages.</i>	PNN, MSSS	HIGH – 3 months
RS6 – Expand Partnerships to include religious organisations: <i>As religious organisations and churches play an important role in Cabo Verde society, the project would benefit from strengthening the existence of partnerships with religious leaders, for instance to disseminate and reinforce messages on anaemia to community.</i>		
Operational Recommendations – OR		
Recommendations	Recipients	Priority
OR1 - Support the monitoring and reporting to achieve a high-quality standard: <i>Although the project is reaching partners to support the nutrition component on the collection and reporting, there is a need to enlarge this operational recommendation to ensure that all data are in the DHIS2 and in the health annual statistic reporting. Data should be collected and collated and disseminated to all project partners every quarter ie 3 months. Annual data and reports should be collected and disseminated within 3-6 months after the end of the year, and it should be disseminated, or parts of it to all partners, schools, health facilities, and the general public.</i>	PNN, MSSS, UNICEF Cabo Verde,	HIGH – 3 months
OR2 – Consider using the DHIS2 to conduct a comprehensive evaluation on vulnerable beneficiary groups:	PNN, MSSS, UNICEF Cabo	MEDIUM – 6 months

<i>The data on distribution of Vitaferro and anaemia rates for children at different ages, especially children within the First 1,000 days ie 6- 23 months, 24- 59 months, for girls and boys aged 11- 14, as well as data per island, and include the minimum demographic information relevant to place of living, services in use, sensitization done. By extracting and analysing data in this way it would ensure that some islands, or population groups i.e. teenage girls, or children under 2, are not at risk for higher rates of anaemia. This data should be extracted from the DHIS2 to be used by the PNAN to make more specific plans for beneficiaries, including targeted communications and could also include providing additional training for staff if needed.</i>	Verde, UNICEF regional	
OR3 – Consider strategies for identification of groups nutrition habits: <i>The recommendation is not to look for more beneficiaries but perform a assessment of nutrition habits and knowledge to follow up on the findings of the KAP survey, and to focus the survey on particular beneficiary groups (children under 2, children up to 14, youth, adults and also elderly) which could be used in a new project proposal.</i>	PNN, MSSS, UNICEF Cabo Verde, UNICEF regional	HIGH- 3 months

Recommendations are aimed primarily at UNICEF Cabo Verde and implementing partners as MSSS, ME and NGOs, as per the table below, but they are also directed at other government ministries, and partners in the next project.

Evaluation Users	Recommendations to Follow-up on
Cabo Verde Bureau of UNICEF, UNFPA and UNDP (health portfolio)	RS2 - OR1 – OR3
MSSS – central services / health facilities	RS1 - RS2 - RS3 - RS4 - RS5 – RS6 – OR2 – OR3
ME – central services/pre-schools	RS3
Communities schools ³⁹ , CSO	RS6

³⁹ Also called “Les Mairies”

9. Annexes

Annex 1 – Terms of Reference (in French)

UNICEF WCARO

TERMES DE REFERENCES POUR LE RECRUTEMENT D'UN/CONSULTANT/E INTERNATIONAL/E

Evaluation finale du projet de lutte contre l'anémie chez les enfants et les femmes enceintes au Cabo Verde

Durée de la consultation : 40 jours ouvrables

I. Objet de l'évaluation

Le projet de lutte contre l'anémie chez les enfants et femmes enceintes au Cabo Verde constitue une réponse aux besoins expressément identifiés par le Gouvernement de Cabo Verde dans son Plan National pour l'Alimentation et Nutrition (2015 – 2020) et repris dans le Programme de Gouvernement de l'actuelle législature et dans le Plan Stratégique de Développement Durable (PEDS 2017 – 2021), particulièrement dans son chapitre sur la santé et la nutrition en mettant l'accent sur l'amélioration de services sociaux de base. Ce projet contribue également à l'atteinte des priorités du Plan Stratégique de l'UNICEF et il est en parfait alignement avec les Objectifs de Développement Durable, notamment les objectifs 2 (lutter contre la faim) et 3 (améliorer l'accès à la santé).

Ce projet vise, essentiellement, assurer (i) la prévention et le traitement des carences en micronutriments/suppléments des micronutriments aux enfants et femmes enceintes, dont le taux de prévalence de l'anémie est d'environ 40% et 42,3%, respectivement (enquête de 2009) (ii) promouvoir les habitudes alimentaires et les modes de vie sains de manière intégrée dans les services de nutrition au profit des populations en mettant en exergue la situation des enfants et des femmes enceintes (iii) renforcer le système de santé pour garantir l'appropriation graduelle de l'acquisition des micronutriments à travers le budget du Ministère de la Santé. Les détails sur les résultats du projet sont inclus dans son cadre logique, annexés à ces TDR's.

Les interventions du projet ont couvert toute l'étendue du territoire national, autrement dit, toutes les 22 Municipalités situées dans les neuf îles habitées, entre janvier de 2017 et décembre 2019. L'intervention au niveau national se justifie par l'ampleur du problème et répond aux orientations en la matière fixées dans les axes 1 et 2 du PNAN 2015 – 2020. Cette couverture nationale a permis également d'établir des synergies avec d'autres services pourvus par les structures locales, dans les domaines de la santé et de l'éducation.

La stratégie d'intervention du projet repose sur la mise en œuvre des axes 1 et 2 du PNAN 2015 – 2020, renforcée par le Programme du gouvernement pour la IXème législature ayant comme toile de fonds la consolidation des gains et la mise en œuvre des actions visant surmonter les défis liés au taux d'anémie chez les et les femmes enceintes. En effet, les axes 1 et 2 du PNAN 2015 – 2020, préconisent :

- i) Le contrôle et la prévention de la malnutrition en suivant l'état nutritionnel de la population, en particulier les femmes en âge de procréer, les femmes enceintes et les enfants de moins de 5 ans, en complémentarité avec des actions de l'éducation et des conseils nutritionnels dans les écoles, les services de santé et à la population générale.

- ii) La fortification alimentaire et domiciliaire et la supplémentation en micronutriments en complémentarité avec des actions de l'éducation et des conseils nutritionnels dans les écoles, les services de santé et à la population générale. Ces interventions spécifiques seront menées de façon transitoire, pour atteindre les objectifs de réduction du taux d'anémie, et qui sera remplacé graduellement pour une alimentation équilibrée et adéquate aux tranches d'âges définis.

La mise en œuvre de ce projet a été coordonnée par le Ministère de la Santé, particulièrement par le Programme National de Nutrition en collaboration avec le Ministère de l'Éducation, les 22 Municipalités du pays, l'ONG VERDEFAM et avec quelques Associations Communautaires. Les interventions du projet bénéficient directement environ 47.000 enfants de 6 à 59 mois, 83.000 enfants de 6 à 12 ans et environ 11.000 femmes enceintes.

Les principales parties prenantes dans la mise en œuvre du projet sont les suivantes :

- **Le Ministère de la Santé**, à travers le **Programme National de Nutrition** qui assure la coordination du projet ;
- **Le Ministère de l'Éducation**, les **Municipalités**, **l'ONG VERDEFAM**, les **Associations Communautaires**, en tant que partenaires de mise en œuvre ;

II. But de l'évaluation

L'évaluation finale du projet de lutte contre l'anémie chez les enfants et les femmes enceintes au Cabo Verde vise rendre effectifs la redevabilité et l'apprentissage organisationnel en matière de lutte contre la faim et l'amélioration de l'accès à la santé en renforçant le programme de nutrition. Concrètement, il s'agira de :

En termes de redevabilité : d'apprécier les performances du projet et sa contribution à la réduction considérable du taux d'anémie chez les enfants et les femmes enceintes, en vue de rendre compte aux donateurs, particulièrement au Comité Français de l'UNICEF, aux autorités nationales, aux autres partenaires clés du secteur de la santé, ainsi que à ses bénéficiaires ;

En termes d'apprentissage : de générer des évidences sur le bonnes pratiques et leçons apprises de la mise en œuvre du projet. Ces évidences seront utiles (i) pour une évaluation plus large de la mise en œuvre des priorités nationales en termes de santé/nutrition, traduites par la mise en œuvre des deux axes du PNAN 2015 – 2020 (ii) pour la définition d'orientations visant un prochain programme de coopération de l'UNICEF en la matière (iii) pour l'autonomisation du pays en matière de nutrition à travers une sortie souple et graduelle de l'UNICEF en termes d'acquisition de micronutriments ayant pour but la pérennisation des résultats obtenus. Cette stratégie passera par la mise en œuvre d'un processus d'intégration graduelle des interventions de nutrition y compris l'achat de micronutriments dans la planification intégrée et la budgétisation du Ministère de la Santé.

Les principaux utilisateurs et utilisations de cette évaluation sont présentés dans le Tableau 1 ci-dessous.

Tableau 1 : Principaux utilisateurs et utilisations de l'évaluation

Utilisateurs de l'évaluation	Utilisation de l'évaluation (comme les conclusions et recommandations seront utilisées)

Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde (Portefolio Santé)	<ul style="list-style-type: none"> - Mieux orienter les actions futures dans le domaine de la nutrition et notamment la lutte contre l'anémie. En effet, le Comité portugais de l'UNICEF vient d'annoncer un financement de l'ordre des 100,000 Euros pour le combat à l'anémie au Cabo Verde, donnant suite aux actions mises en œuvre par le présent projet ; - Orienter les prochaines étapes de désengagement progressif de l'UNICEF de l'acquisition des micronutriments.
Ministère de la Santé (Services centrales/Structures de santé)	<ul style="list-style-type: none"> - Revoir la politique nationale de nutrition en concertation avec l'Institut de Statistiques qui mène actuellement une enquête nationale sur la prévalence du taux d'anémie. Les résultats de cette enquête alimenteront les grands axes du futur PNAN ; - Mettre en place les capacités nécessaires pour une suite harmonieuse de supplémentation en micronutriments ;
Ministère de l'Éducation (Services centrales/écoles préscolaires)	<ul style="list-style-type: none"> - Revoir les aspects liés à la nutrition dans la stratégie nationale d'éducation et d'autres documents d'orientation ; - Mettre en place les capacités nécessaires pour une suite harmonieuse de supplémentation en micronutriments ;
Associations Communautaires, Marie	En collaboration avec le Ministère de la santé, améliorer les stratégies d'accompagnement des communautés afin de réduire le taux d'anémie ;

III. Objectifs de l'évaluation

L'évaluation du présent projet s'insère dans le cadre du Plan d'Évaluation du Programme de Coopération entre le Bureau Conjoint du PNUD, UNFPA et de l'UNICEF au Cabo Verde pour la période 2018 – 2022 et vise les objectifs suivants :

- Apprécier la pertinence, l'efficacité, l'efficience et la durabilité des actions mises en œuvre dans le cadre du projet de lutte contre l'anémie chez les enfants et femmes enceintes au Cabo Verde ;
- Apprécier et analyser les principaux résultats du projet en termes de réduction du taux d'anémie chez les enfants et les femmes enceintes ;
- Identifier les bonnes pratiques et de documenter les leçons apprises particulièrement en termes d'amélioration de l'accès à la santé et la réduction du taux d'anémie chez les enfants et femmes enceintes ;
- Apprécier et analyser les conditions en place visant une sortie graduelle de l'UNICEF en matière de micronutriments et pour envisager l'appropriation des acquis du projet par

les autorités nationales en vue d'une prise en charge graduelle et progressive de micronutriments ;

IV. Portée de l'évaluation

Portée thématique

L'évaluation portera sur toutes les composantes du projet de lutte contre l'anémie chez les enfants et femmes enceintes, à savoir :

- 1. Fortification domiciliaire avec Multiple Micronutriments Powder (MNPs) pour les enfants moins de 5 ans** – L'UNICEF appuie les acteurs nationaux dans la mise en œuvre l'initiative de Fortification domiciliaire, avec un produit innovant conçu pour améliorer la qualité de l'alimentation des jeunes enfants (Multiple Micronutriments Powder - MNPs avec 15 micronutriments). Les enfants reçoivent les premières doses de MNPs à la visite de 6 mois pendant la session de la vaccination aux Centres de Santé, en expliquant aux parents/soignants sur l'utilisation de la MNP pour l'adhésion à l'initiative. Lors de ces sessions, la promotion de l'introduction alimentaire est complémentaire. L'intervention fait donc partie intégrante du système de santé de routine et devrait en fait accroître la demande pour d'autres services de soins de santé courants tels que la vaccination. De même, les MNPs sont mis à disposition au niveau des établissements préscolaires du secteur de l'éducation, selon la participation des parents et de la communauté ;
- 2. Supplémentation en micronutriments pour les enfants en âge scolaire et pour les femmes enceintes** – L'UNICEF appuie les acteurs nationaux dans le processus de supplémentation et distribution hebdomadaire, de suppléments de fer aux enfants qui fréquentent les établissements d'enseignement de base (EBI) comme résultat d'une interaction entre les secteurs de la santé et de l'éducation, en tenant compte de la participation/autorisation de la famille et de la communauté et garantit la distribution des services de santé et la consommation de supplémentation en fer et acide folique pour les femmes enceintes et allaitantes, au niveau des centres de santé ;
- 3. Processus d'appropriation graduelle de l'acquisition des micronutriments** et son intégration dans le budget du Ministère de la Santé – L'UNICEF appuie les acteurs nationaux pour garantir que le Ministère de la Santé introduit graduellement une ligne budgétaire pour l'acquisition des micronutriments dans les budgets des années 2017, 2018 et 2019, avec une assistance technique et financière de l'UNICEF pour garantir la disponibilité effective des micronutriments dans le pays. `

Portée géographique

La revue documentaire couvrira toutes les interventions mises en œuvre dans le cadre du Projet. Toutefois, la collecte de donnée sera prévue dans un échantillon des municipalités. L'échantillonnage prendra en compte les différences entre les municipalités et îles afin que l'évaluation puisse couvrir maximum des contextes (zones urbaines, zones rurales, îles peuplées et peu peuplées, etc.). Le ciblage définitif sera validé lors de la phase de cadrage de l'évaluation.

Portée chronologique

L'évaluation couvrira toute la période de mise en œuvre du projet de lutte contre l'anémie chez les enfants et femmes enceintes au Cabo Verde, à savoir de janvier 2017 à décembre 2019.

V. Contexte de l'évaluation

L'actuel Document de Programme de Pays, que fixe les grands axes de l'intervention du Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde (CPD 2018 – 2022) a été approuvé en février de l'année passée par les Conseils d'Administration des trois agences et inclue dans ses annexes un Plan d'Evaluation Budgétisé pour la même période, soit 2018 – 2022. Ce document établit toutes les évaluations prévues pour le cycle, aussi bien au niveau des effets du CPD et de l'UNDF qu'au niveau des projets. Le **projet de lutte contre l'anémie chez les enfants et les femmes enceintes au Cabo Verde** en fait partie.

Par ailleurs, le Document de Projet en référence, signé entre le Bureau Conjoint du PNUD, UNFPA et UNICEF et le Comité Français de l'UNICEF, prévoit dans son chapitre sur les actions de suivi et évaluation, la réalisation d'une évaluation finale indépendante du projet auprès des principaux intervenants et bénéficiaires en vue d'apprécier et analyser les résultats du projet à la lumière des différents critères d'évaluation. Le projet a fait l'objet de plusieurs rapports intermédiaires de suivi de la mise et de deux rapports annuels, relatifs à 2017 et 2018. Ces documents, bien que le projet soit encore en cours d'exécution, seront utiles à l'évaluation car ils reportent déjà certaines réalisations du projet, quelque contraintes vérifiées durant la mise en œuvre et quelques bonnes pratiques et leçons apprises.

Le projet de lutte contre l'anémie chez les enfants et femmes enceintes au Cabo Verde, comme mentionnée plus haut, revêt d'extrême importance pour le pays car il se veut contribuer à la concrétisation de la politique nationale en matière de nutrition, clairement identifiée dans le Plan National pour l'Alimentation et la Nutrition (PNAN 2015 – 2020). D'autre part et du point de vue de la soutenabilité du projet, il constitue un grand défi pour les autorités nationales dans la mesure où cette intervention prévoit, dans l'une de ses composantes, le désengagement graduel de l'UNICEF en matière d'acquisition de micronutriments, en transférant cette responsabilité à l'Etat de Cabo Verde à travers le Ministère de la Santé.

C'est donc au vu de ce que précède que le Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde a décidé d'entreprendre l'évaluation finale du projet de lutte contre l'anémie chez les enfants et les femmes enceintes, auprès des tous les intervenants du projet y compris les bénéficiaires.

VI. Critères de l'évaluation

L'évaluation du projet sera guidée par les quatre critères OCDE/CAD suivants : la pertinence, l'efficacité, l'efficience et la durabilité. La prise en compte des droits humains, du genre et de l'équité sera également appréciée dans le cadre de présente évaluation. Le critère d'impact n'était pas retenu pour deux raisons (i) des statistiques récentes sur le taux de l'anémie ne sont pas disponibles, (ii) il n'était pas prévu dans le cadre de cette évaluation de réaliser une étude sur la prévalence de l'anémie.

VII. Questions de l'évaluation

7.1 Pertinence

1. Dans quelle mesure le projet répond-il aux priorités de développement internationales et notamment aux ODD ?
2. Dans quelle mesure les besoins et priorités des bénéficiaires cibles du projet ont-elles été prises en compte lors de la planification et conception du projet. Comment ces besoins et intérêts ont-ils été identifiés ?
3. Dans quelle mesure les besoins identifiés ont été atteints par le projet ?
4. Dans quelle mesure les activités proposées et réalisées par le projet nutrition sont-elles pertinentes par rapport à ses objectifs ?

7.2 Efficacité

5. Dans quelle mesure le Résultat 1 du projet - la réduction de la prévalence de l'anémie chez les femmes enceintes, chez les enfants de moins de cinq ans et les élèves de l'EBI a-t-il pu être atteint ?
6. Dans quelle mesure le Résultat 2 du projet - amélioration du niveau d'information et des connaissances des populations cibles en nutrition, habitudes alimentaires et les modes de vie sains a-t-il pu être atteint ?
7. Dans quelle mesure le Résultat 3 du projet – intégration de la surveillance de la nutrition dans le Système d'information sanitaire a-t-il pu être atteint ?
8. Dans quelle mesure le Résultat 4 du projet – intégration graduelle de l'acquisition des Micronutriments dans le budget du Ministère de la Santé et de la Sécurité Sociale a-t-il pu être atteint ?
9. Dans quelle mesure le projet a-t-il contribué aux changements de comportement chez les femmes enceintes et enfants en termes de nutrition, habitude alimentaires et mode de vie sain ? Est-ce que les aliments fortifiés sont-ils régulièrement consommés par les groupes cibles ?
10. Dans quelle mesure le projet a-t-il permis de renforcer les capacités techniques, institutionnelles et financières des institutions nationales chargées de contribuer à la réduction du taux d'anémie au niveau national (ministères, ONGs et les associations communautaires) ?
11. Dans quelle mesure la couverture envisagée du programme (en termes de population et structures touchée) a-t-elle pu être atteinte ?
12. Quels sont les facteurs (internes et en dehors de l'UNICEF) qui ont contribué à l'atteinte des objectifs et résultats du projet ?
13. Quels sont les facteurs (internes et en dehors de l'UNICEF) qui ont empêché l'atteinte des objectifs et résultats du projet ? Quelles mesures correctrices, s'il y en avait, ont été adoptées pour mitiger les défis rencontrés ?

7.3 Efficience

14. Dans quelle mesure les ressources financières, humaines et les biens ont été :
 - Suffisantes (en termes de quantité) par rapport aux besoins identifiés et aux résultats escomptés ?
 - Adéquates (en termes de qualité) par rapport aux résultats escomptés ?
 - Déployées à temps ?
15. Dans quelle mesure la mise en œuvre du projet a-t-elle permis de développer des synergies avec d'autres initiatives en cours permettant une utilisation optimale des ressources disponibles ?
16. Y a-t-il eu d'autres stratégies alternatives qui auraient pu être mises en place pour atteindre le même niveau de résultats ?

7.4 Durabilité

17. Dans quelle mesure les communautés cibles se sont appropriées des interventions et acquis du projet ?
18. Quelle est la probabilité que les comportements alimentaires et modes de vie sains incités par le projet soient maintenus après sa fin ?

19. Dans quelle mesure les autorités nationales se sont appropriées des acquis du projet et sont-elles outillées pour donner la continuité à la supplémentation en micro-nutriments après la fin du projet ?
20. Quels changements devraient être apportés à l'ensemble actuel de partenariats afin de promouvoir la durabilité à long terme ?

7.5 Prise en compte des Droits Humains, du genre et de l'équité

21. Dans quelle mesure les interventions prennent en compte systématiquement les considérations relatives aux droits humains, à l'égalité des sexes et à l'équité lors de leur :
 - conception et planification ?
 - mise en œuvre ?
22. Dans quelle mesure les interventions ont-elles pu atteindre les femmes et les enfants les plus vulnérables ? (focus sur l'équité) ?
23. Dans quelle mesure le système de suivi, évaluation et reporting prend-il en compte les considérations relatives aux droits humains, à l'égalité des sexes et à l'équité, y compris la ventilation des données par les catégories sexe, fourchette d'âge, région et status socioéconomique ?

VIII. Méthodologie

L'évaluation sera menée selon une approche participative et inclusive orientée vers la production de preuves tangibles permettant de : (i) guider les réflexions sur les orientations stratégiques en matière de nutrition, particulièrement, en termes de lutte contre l'anémie ; (ii) apprécier et analyser les bonnes pratiques et les leçons apprises du présent projet en vue d'une éventuelle réplique dans des futures interventions (iii) affirmer des conditions mises en place pour une appropriation graduelle de l'acquisition des micronutriments par le Ministère de la Santé.

L'évaluation sera menée selon les normes et standards d'évaluation du Groupe de l'Évaluation des Nations Unies (UNEG)⁴⁰. Elle intégrera de manière spécifique les droits humains, le genre et l'équité de manière transversale et sera conduite conformément au code de conduite et aux directives de l'UNEG en matière d'intégration des droits humains et de l'égalité des sexes aux évaluations⁴¹.

L'évaluation sera basée sur des méthodes mixtes de collecte et d'analyse des données auprès des bénéficiaires du projet et des acteurs clés dans le processus de mise en œuvre du Programme (ex. entretiens approfondis, discussions de groupe, enquête, etc.). Le but d'utiliser plusieurs méthodes et de trianguler les données provenant de différentes sources les constats sera d'apporter des réponses plus pertinentes et crédibles aux questions d'évaluation. Les données primaires collectées sur le terrain seront complétées par :

- l'analyse secondaire des données de routine générées par le dispositif de suivi d'UNICEF et du Ministère de la Santé ainsi que d'autres parties prenantes du projet, telles que le Ministère de l'Éducation, les Municipalités, l'ONG VERDEFAM et les Associations Communautaires.

⁴⁰ <http://www.unevaluation.org/document/detail/1914>

⁴¹ <http://www.uneval.org/document/detail/980>

- une revue documentaire du projet y compris son plan d’actions ainsi que des bilans annuels de la mise en œuvre et des rapports de suivi et d’évaluation;
- un processus itératif de dialogue avec les principaux acteurs de la mise en œuvre du Programme, notamment :
 - Le Ministère de la Santé, a travers le Programme National de Nutrition,
 - Le Ministère de l’Education,
 - Les Municipalités,
 - L’ONG VERDEFAM,
 - Les Associations Communautaires.

Ce dialogue multi acteurs servira également d’opportunités pour reconstituer la théorie de changement du Projet.

On conseille vivement que les consultants postulant pour cette opportunité présente une proposition technique incluant des méthodes innovantes et appropriées pour le contexte.

Les données et les documents existants seront mis à disposition du consultant par le staff de l’UNICEF au moins une semaine avant le démarrage de la consultation. Le consultant présentera une note de cadrage de l’évaluation (*inception report* en portugais, français ou anglais) avec une méthodologie détaillée, qui inclut des éléments à la fois quantitatifs et qualitatifs, conçus pour répondre avec précision aux questions de l’évaluation. Dans le but de démontrer que le consultant a bien saisi le contenu du programme ainsi que les questions fondamentales à adresser par cette évaluation, la note de cadrage devra fournir un résumé critique des informations contenues dans les documents programmatiques mises à disposition du consultant par l’UNICEF après la signature du contrat. Telle note devra aussi bien indiquer, pour chacune des questions de l’évaluation, les informations suivantes : quelles méthodes et quels outils de collecte de données seront utilisés pour y répondre, auprès de qui les données en question seront collectées (y compris la stratégie d’échantillonnage), quelles méthodes d’analyse seront utilisées pour interpréter lesdites données, quelles mesures seront adoptées afin d’assurer la qualité de l’évaluation, et comment les données seront disséminées. Cette note doit aussi proposer les mesures susceptibles de garantir au processus d’évaluation une assise éthique, et de protéger la confidentialité et la dignité de ceux qui participent à l’évaluation.

Le rapport d’évaluation sera d’au plus 50 pages et intégrera un résumé exécutif d’au plus 4 pages. Le contenu du rapport d’évaluation devra être conforme aux normes de qualité de l’UNEG dans ce domaine et il devra surtout répondre aux critères de l’UNICEF en matière de qualité des rapports d’évaluation (GEROS)⁴². Lesdites normes, qui détermineront la notation du rapport final par une entité indépendante de l’UNICEF, seront partagées par l’UNICEF avec l’équipe d’évaluation juste après la signature du contrat. Les principales conclusions et recommandations de l’évaluation seront diffusées sous forme d’une note de synthèse ou policy brief. L’atelier de validation des résultats de l’évaluation servira d’opportunité pour élaborer, de manière participative, le plan d’action pour la mise en œuvre des principales recommandations de l’évaluation ou « management réponse ».

⁴² <http://www.uneval.org/document/detail/607>

IX. Plan de travail de l'évaluation

Un(e) consultant(e) international(e) sera engagé(e) pour une période de 40 jour ouvrable à planifier entre le 14 octobre et le 30 décembre 2019. Le Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde fournira l'appui administratif et logistique nécessaire pour que l(e)-la consultant(e) puisse entreprendre les activités. Le/la consultant(e) sera sous la supervision technique du chargé de suivi et évaluation au sein du Bureau Conjoint du PNUD, UNFPA et UNICEF.

Livrables	Timeline	Jours de travail	Paielement
I. Phase de Préparation		10	
<i>Signature du contrat</i>		0	
<i>Réunion initiale (par Skype)</i>		1	
<i>Revue de la littérature, et entrevues préliminaires</i>		3	
<i>Soumission de la note de cadrage (y compris la définition de méthodologie et les outils de collecte de données)</i>		4	10 %
<i>Révision de la note de cadrage sur la base des commentaires du comité du Pilotage de l'Évaluation</i>		2	
II. Phase de Collecte des données dans le pays		15	
<i>Rencontre avec le staff de l'UNICEF et les autres parties prenantes</i>		3	
<i>Visites de terrain</i>		10	
<i>Rencontre + Présentation PPT des conclusions préliminaires</i>		2	
III. Phase de Rédaction du Rapport		15	
<i>Soumission du Rapport provisoire de l'évaluation (Draft 0)</i>		7	50 %
<i>Soumission de la version révisée du rapport (Draft 1) intégrant les commentaires du Comité de Pilotage. Le rapport devra inclure un résumé exécutif et une présentation en format PPT</i>		4	40 %
<i>Atelier de validation des recommandations (soit facilité par l'équipe d'évaluation soit par les responsable M&E de l'UNICEF ou le Conseiller Régional pour l'Évaluation)</i>		2	
<i>Soumission de la version finale du rapport (Draft 2) intégrant les commentaires ultérieurs du Comité du Pilotage.</i>		2	

Le/la consultant(e) doit fournir les produits suivants par voie électronique (les détails et la durée seront décidés lors de la réunion de lancement).

1. Une note de cadrage ou « inception report » présentant la méthodologie détaillée d'évaluation. Cette note sera articulée autour des principaux points suivants :

- Introduction présentant l'objet d'évaluation, le but, la portée et les objectifs de l'évaluation ;
- Contexte de l'évaluation y compris les résultats préliminaires de la revue documentaire ;
- Les critères et questions d'évaluation affinées à partir de la revue documentaire et des entretiens préliminaires ;
- Méthodes de collecte des données y compris l'échantillonnage et la prise en compte des considérations éthiques ;
- Méthodes d'analyse des données ;
- Matrice d'évaluation présentant pour chaque critère et chaque question d'évaluation, les méthodes de collecte et les sources de données correspondantes ;

- Limites de l'évaluation ;
- Plan de travail indicatif ;
- Structure proposée pour le rapport final ;
- Annexe : liste des principaux documents revus ; ensemble des outils proposés pour la collecte des données ; liste des informateurs clés et sites à visiter.

2. Une présentation PPT des conclusions : Cette présentation sera discutée à l'occasion du mini-atelier de restitution des résultats de l'évaluation vers la fin de la mission sur le terrain. La présentation PPT sera par ailleurs actualisée et remise en même temps que le rapport final.

3. Un rapport provisoire d'évaluation présentant les principaux constats évaluatifs. Ce rapport provisoire fera l'objet d'une restitution aux membres du groupe de référence sous forme de présentation Power Point.

4. Un rapport final d'évaluation : Ce produit devra être d'au plus 50 pages (sans les annexes) et intégrera un résumé exécutif d'au plus 4 pages. Le contenu du rapport d'évaluation sera conforme aux normes de l'UNICEF. Il devra également répondre aux standards utilisés pour l'évaluation indépendante de la qualité des rapports d'évaluation de l'UNICEF (méta-évaluation) à travers le GEROS.

5. Une note de synthèses ou « policy brief » d'au plus 5 pages qui servira d'outil de dissémination des principales conclusions et recommandations de l'évaluation.

6. Un plan d'action pour la mise en œuvre des principales recommandations de l'évaluation ou « management response » qui sera défini de manière participative au cours de l'atelier de validation du rapport d'évaluation par le groupe de référence élargi aux partenaires clés du secteur de l'éducation.

X. Les qualifications, l'expérience et les compétences techniques souhaitées du consultant

L'évaluation sera réalisée par un (e) consultant (e) spécialisé(e)s en évaluation qui se chargera de développer et mettre en œuvre une méthodologie détaillée d'évaluation adaptée pour la réponse aux questions d'évaluation.

Le(a) consultant(e) international(e) (chef d'équipe) est le(a) seul(e) responsable de la conception et de la conduite de l'évaluation.

a) Qualifications du consultant international

- Un diplôme universitaire supérieur (niveau DEA/DESS) en Santé Publique, Nutrition, sciences sociales ou domaines connexes est requis ;
- Solide expérience (au moins huit ans) dans le suivi et l'évaluation de programmes de santé, particulièrement dans le domaine de la nutrition et supplémentation nutritionnelle ;
- Expérience dans la collecte de données et les techniques d'analyse qualitative et quantitative ;
- Expérience avérée dans la réalisation d'évaluations (la copie en version électronique d'une évaluation récente dont le/la consultant(e) a été le premier auteur devra être présentée au moment de la soumission de la candidature) ;
- Expérience de travail avec un large éventail de parties prenantes (OSC, gouvernement, agences de développement international...) par le biais d'une approche consultative ;
- Familiarité avec le contexte de l'Afrique de l'Ouest et du Centre, particulièrement de Cabo Verde ;

- Capacité avérée de livrer efficacement et dans les délais et la volonté d'obtenir des résultats;
- Aptitude avérée à travailler de façon autonome avec des conseils et une supervision au besoin;
- D'excellentes compétences rédactionnelles en français ou anglais et la maîtrise du portugais est obligatoire.

XI. Gestion de l'évaluation

Le gestionnaire de l'évaluation : Le chargé de suivi et évaluation du Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde sera le gestionnaire global de l'évaluation. Ceci contribuera à la préservation de l'indépendance de l'évaluation. Le gestionnaire doit s'assurer du respect des normes et standards de l'UNICEF ainsi que du respect des normes de qualité⁴³. Il sera le point focal de l'équipe d'évaluation et sera responsable de la validation des documents. Il veillera également à ce que le comité de pilotage de l'évaluation soit informé de l'état d'avancement de l'évaluation.

Le Contrôle de qualité de l'évaluation sera effectué au moyen d'une revue des TDR, de la méthodologie (note de cadrage) et des rapports et assuré par *le gestionnaire de l'évaluation* en coordination avec le comité de pilotage et le bureau régional de l'UNICEF.

Le Comité de pilotage sera présidé par le chargé du Suivi/Evaluation du Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde. Le comité est composé des éléments du Bureau Conjoint du PNUD, UNFPA et UNICEF, du Ministère de la Santé, du Ministère de l'Education, des Municipalités, de l'ONG VERDEFAM et des Associations Communautaires. Le secrétariat de ce comité sera assuré par le gestionnaire de l'évaluation.

Le conseiller régional en évaluation du Bureau pour l'Afrique de l'Ouest et du Centre contribuera à l'assurance qualité de l'ensemble des produits de l'évaluation.

XIII. Principes de conduite éthique de l'évaluation

L'évaluation finale du programme conjoint doit être réalisée selon les principes éthiques et les normes définis par le Groupe des Nations Unies pour l'évaluation (GNUE).

- **Anonymat et confidentialité.** L'évaluation doit respecter les droits des personnes qui fournissent des informations, en garantissant leur anonymat et la confidentialité.
- **Responsabilité.** Le rapport doit faire état de tous les conflits ou divergences d'opinion ayant pu se manifester entre les consultants (e) ou entre le consultant (e) et les responsables des radios concernant les conclusions et/ou recommandations de l'évaluation. L'ensemble de l'équipe doit confirmer les résultats présentés, les éventuels désaccords devant être indiqués.
- **Intégrité.** L'évaluateur se devra de mettre en évidence les questions qui ne sont pas expressément mentionnées dans les TdR, afin d'obtenir une analyse plus complète du partenariat.
- **Indépendance.** Le consultant doit veiller à rester indépendant vis-à-vis du programme examiné, et il ne devra pas être associé à sa gestion ou à quelque élément de celle-ci.
- **Incidents.** Si des problèmes surviennent au cours du travail de terrain, ou à tout autre moment de l'évaluation, ils doivent être immédiatement signalés au Spécialiste Suivi Evaluation à l'UNICEF. Si cela n'est pas fait, l'existence de tels problèmes ne pourra en aucun cas être utilisée

⁴³ <http://www.unevaluation.org/document/detail/1914;>
<http://www.unevaluation.org/document/detail/607>

pour justifier l'impossibilité d'obtenir les résultats prévus par l'UNICEF dans les présents termes de référence.

- **Validation de l'information.** Le/la consultant (e) se doit de garantir l'exactitude des informations recueillies lors de la préparation des rapports et sera responsable de l'information présentée dans le rapport final.
- **Propriété intellectuelle.** En utilisant les différentes sources d'information, le consultant se doit de respecter les droits de propriété intellectuelle des institutions et des communautés examinées.
- **Soumission des rapports.** Si la soumission des rapports est repoussée, ou dans le cas où la qualité des rapports soumis serait nettement moins bonne que ce qui a été convenu, les sanctions prévues dans les présents termes de référence s'appliqueront.

XIV. Conditions de travail

- Le/la consultant(e) combinera le travail à domicile et sur le terrain et utilisera son propre matériel de bureau et ses propres ressources. Une mission sur le terrain au Cabo Verde est prévue. Des discussions périodiques avec le Bureau Conjoint du PNUD, UNFPA et UNICEF au Cabo Verde auront lieu et les commentaires du Bureau Pays et du Bureau Régional de l'UNICEF seront intégrés dans les produits finaux du consultant. La soumission des produits se fera par voie électronique et selon le calendrier établi dans le contrat.
- La maîtrise du portugais et du français ou de l'anglais est requise.
- Le prestataire de services n'est pas autorisé à utiliser le matériel rassemblé pour cette mission dans le cadre d'une autre mission de travail sans l'autorisation écrite explicite de l'UNICEF.

Les frais d'avion seront couverts au taux de la classe économique, conformément aux politiques de l'UNICEF, et les indemnités journalières de subsistance pendant les missions sur le terrain, conformément aux taux de l'indemnité journalière de subsistance de l'UNICEF.

Le candidat sélectionné sera régi par et soumis aux Conditions générales de l'UNICEF pour les contrats individuels.

Le consultant sera payé 10% à la livraison de la note de cadrage, 50% à la livraison du rapport provisoire (draft zero de l'évaluation) et le reste à la validation des livrables finaux. Aucun paiement anticipé n'est autorisé.

Recours de l'UNICEF en cas de performance insatisfaisante :

Les paiements seront effectués pour les travaux achevés de manière satisfaisante et acceptés par l'UNICEF.

Annex 2 – Matrix

Evaluation criteria	Evaluation questions	Indicators	data source / collection method <i>DR=Desk review; KI= Key Informant; DA= Document analysis; BI and FG= beneficiaries' interviews and Focus Group discussions</i>	Type of data
Relevance	To what extent have the anaemia program proposed by UNICEF met the country's needs?	Alignment with NNS objectives Alignment with the PNDS objectives Alignment of implementation with project objectives Alignment with the needs identified among the targeted population groups at the time the program was conceived	framework for NN policy documents – DR PNDS document review - DR Project proposal document setting out rationale for project – DR MOU with MSSS and ME – DR MSSS, INE data and UNICEF interviews - KI Statistic documents analysis - DA	qualitative / quantitative
	To what extent are the proposed activities in the workplan relevant to the anaemia control?	Perception of relevance among stakeholders Degree of correspondence between the activities included in the work plan and the international standards/guidelines To what extent is project contributing the implementation of the National nutrition strategy	Key informant interview with implementer partners – KI Project document - DR Key Informant interviews at municipalities level– KI Partners reports – DR KAP assessment results – DR	qualitative
Effectiveness	To what extent is the anaemia project achieving satisfactory results in relation to its stated objectives? (related to the 4 results of the project)	Correspondence between implementation strategy under the project since 2017 and the expected results on the reduction of the anaemia prevalence at pregnant women, children under 5 and EBI students Correspondence between implementation strategy under the project since 2017 and the expected results on improved level of information and knowledge of target population in nutrition	Progress report updates – DR Preliminary results of IDSS III – DA Beneficiaries interviews – BI and FG Key informant interview– KI Revision of forms and reports - DR	quantitative

		<p>Correspondence between implementation strategy under the project since 2017 and the expected results on nutrition data in the health information system</p> <p>Level of MNPs distribution in the country's islands (procurement of micronutrients available)</p>	<p>MSSS procurement documents– DA</p> <p>Key informant interviews at the pharmacy and warehouse – KI</p> <p>Distribution of micronutrients to health facilities, Schools and CSO</p> <p>Key informant interviews MS and ME level -KI</p> <p>Key informant interview health municipalities - KI</p> <p>Key informant interview at school and Maries - KI</p> <p>key informant interviews at radios -KI</p>	<p>quantitative</p> <p>qualitative</p>
	How effectively have program stakeholders been actively involved in the implementation?	<p>Number and quality of existing formal mechanisms for stakeholders to be involved</p> <p>Coordination meetings themes discussed</p>	<p>UNICEF annual progress reports - DR</p> <p>Coordination meeting report - DR</p> <p>PNAN supervision reports - DR</p> <p>Maries montly reports - DR</p> <p>Radio/TV programs and events on nutrition and anaemia concepts - DR</p> <p>Key Interviews at municipal level - KI</p>	<p>qualitative / quantitative</p>
	To what extent have UNICEF investments contributed to improving the service delivery?	<p>Level of functionalities of delivery services at health, schools (primary and pre-primary) and community visits</p>	<p>Key interviews with Health Delegations at municipal level – KI</p> <p>Number of training for health participants and schools - DR</p> <p>Community interviews – BI</p>	<p>qualitative / quantitative</p>

		Factors that facilitate or impeded the implementation of program	School visits realized by the Health Education focal point - KI Key interviews with Health Delegation, Marie and schools directors - KI	qualitative
	To what extent has an adequate M&E system been integrated into the project development and implementation	Type and quality of monitoring mechanism in place	Health forms completed and submitted in time - DR existence of tools and communication materials - Visit results	quantitative
		Use of the monitoring mechanism by MSSS	radios interviews - BI Community interviews – BI	
			breakage of micronutrients rates - SI	
Efficiency	To what extent have financial resources, human resources and supplies been used	Sufficient (enough in relation to the identified needs)	Key informant interview at MSSS - KI Key informant interview with UNICEF - KI Key informant interview with ME -KI	qualitative / quantitative
		Adequate (human resources in # and activities) Deployed in a timely manner (distributed micronutrients according the workplan and needs)	UNICEF annual reports - DR MSSS data financial results - DA INE data results - DA UNICEF financial annual reports - DR	qualitative / quantitative
	Additional resources paired with UNICEF resources	distribution of \$ project costs between MSSS and UNICEF (by year of implementation) Other actors' financial contributions	UNICEF annual reports - DR MSSS data financial results contribution - DR	quantitative quantitative
Sustainability	Measures in place to continue the programme without UNICEF contribution in the future? Is planned a new strategy for the PNAN?	National financial capacity to fund and implement micronutrients Existence of new stakeholders support	Key informant interview- KI New MoU with other stakeholders	qualitative / quantitative

Gender, Equity and Human rights	To what extent were Gender, Human rights and Equity principles duly integrated in the design, delivery and monitoring of the anaemia project	<p>Extent to which project consider gender roles around nutrition, and seek to change attitudes around gender roles, especially pregnant women's nutrition</p> <p>Extent to which the project addressed the barriers hindering women's access to anemia prevention/treatment services.</p>	<p>radio programme schedules - DR</p> <p>Key interviews at ministry level – KI</p> <p>Data reported disaggregated by gender, age, socio-economic status, region - DA</p>	<p>qualitative / quantitative</p>
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Annex 3 – Interview guides

Individual Interview Guide – Beneficiary

Interview date:

Location:

Gender of respondent:

Age:

Introduction of the interviewers:

My name is X and Xx and we would like to talk with you on your understanding of nutrition and anemia. We are currently conducting an evaluation of the anemia Project here in [Cabo Verde]. The evaluation is a learning opportunity for UNICEF and Government and we are particularly interested to learn from you who have participated in the project – about your experiences of the project, and how it has (or hasn't!) changed your life. This will help us to understand what works and what may not work so well.

Section 1: Background information / Warm up

1. To begin, can you tell me a bit about yourself – how old are you?
2. Where are you living at the moment?
3. Do you have children? How old are your children?
4. Are your kids going to school?

Section 2: Circumstances of anaemia and outcomes of project for pregnant women

5. Do you know what is anaemia? Can you explain me what is anaemia?
6. Where did you learn on what is anemia?
7. Have you had a test to see your anemia levels?
8. When pregnant what medicine did you take?
9. Why did you take the medicines?
10. Where did you get this information?
11. Was your baby born well?

Section 3: Outcomes of the project for children

12. Do you know if your kids are getting any complement for the anaemia at primary school?
13. Where did you learn why they need it?
14. How often do they have it?
15. What is the name of what your small child is getting?
16. Is it only iron?
17. Where did you get the explanation on the iron needs for kids at school?
18. How often do they have it?
19. Did you also get the information on other methods of communication besides the parents meetings?
20. Can you tell me if you do have any concerns that your child takes the Vitaferro? Why?

Obs – if the child is close to the mother or the father we ask authorization to present the music to see if the child know it

Individual Interview Guide – Programme Staff / Case Worker

Interview date:

Location:

Gender of respondent:

Name and position:

Introduction of the interviewers:

My name is X and Xx and we would like to talk with you on your understanding of nutrition and anemia. We are currently conducting an evaluation of the anemia Project here in [Cabo Verde]. The evaluation is a learning opportunity for UNICEF and we are particularly interested to learn from you who have participated in the project – about your experiences of the project, and how it has (or hasn't!) been effective. This will help us to understand what works and what may not work so well. The interview will last for 45 minutes to one hour.

Section 1: Background information

1. To begin, can you briefly tell me – what is your role in the anaemia Project? How long have you had this role?
2. And what is your professional/educational background?
3. Where are you from originally? Were you familiar with country needs related to nutrition before you started working for this project?
4. Tell me a bit more about this project. What are the aims of the project? Why and how was it developed? What are the needs that it seeks to address in Cabo Verde?
5. Do you think the project was well designed to meet the country needs? Why or why not?

Section 2: Effectiveness of the project

6. How is the project being implemented?
7. What are the roles of the implementer's partners?
8. Is there any selection process to participate in this project? If so what are the selection criteria? How are beneficiaries assessed? *Probe to find out how this process is going, and whether there are any challenges or difficulties.*
9. What tools are you using to deliver the anaemia project? Are they new?
10. How is the reporting process? Can you explain me the data flow steps?
11. How often do you perform the monitoring and supervision tasks?
12. How is your relationship with the pharmacy and warehouse department?
13. How is your relationship with the implementers (ME and Ficasa, NGOs, CSOs)
14. How is your relationship with UNICEF?

Section 3: Training, communication and coordination

15. Did you have any training before your involvement with the project?
16. Do you have a training plan for the implementation? If so can you explain me how it works? How often do you provide training or refreshing trainings?
17. Now we need to discuss a bit about coordination meetings. Let me know how often you meet internally with your municipal level.
18. And still related to coordination how often do you meet with your partners? What are the main topics in discussion? Do you use the coordination meetings to propose changes at decision level?

19. How is the communication strategy supporting the project? How often do you do the communication advises? And how often do you go to radio and television to promote the project?

Section 4: Phasing out and recommendations

20. The project is on the last month. Do you discuss the strategy for this close out phase internally and externally? Did UNICEF support you in the strategy?
21. Are there any gaps in the project? *E.g. in terms of services offered, staffing etc.*
22. Do you have any recommendations for UNICEF about how the project could be improved? Are there any changes that could made the project more effective and should be taken in consideration in the future?

Individual Interview Guide – Programme Staff / Implementation worker

Interview date:

Location:

Gender of respondent:

Name and position:

Introduction of the interviewers:

My name is X and Xx and we would like to talk with you on your understanding of nutrition and anemia. We are currently conducting an evaluation of the anemia Project here in [Cabo Verde]. The evaluation is a learning opportunity for UNICEF and we are particularly interested to learn from you who have participated in the project – about your experiences of the project, and how it has (or hasn't!) been effective. This will help us to understand what works and what may not work so well. The interview will last for 45 minutes to one hour.

Section 1: Background information

1. To begin, can you briefly tell me – what is your role in the anaemia Project? How long have you had this role?
2. And what is your professional/educational background?
3. Tell me a bit more about this project. What are the aims of the project? What is your role in this project?
4. Do you think the project was well designed to meet the country needs? Why or why not

Section 2: Effectiveness of the project

5. How is the project being implemented?
6. How do you register the child to be able to begin receive the Vitaferro? Explain the process how you do it.
7. What tools are you using to deliver the Vitaferro?
8. How is the reporting process? Can you explain me the data flow steps?

9. How often do you perform the monitoring tasks?

Section 3: Training and communication

10. Did you have any training before your involvement with the project? Did you have a refreshing training?
11. Do you know where you can mix the Vitaferro? Can you please explain me the reasons to avoid mixing the Vitaferro with hot food?
12. Do you know for how long you can give the Vitaferro and for how long you need to stop it.
13. Now I need to know about messages. Let me know how often you meet the parents of the child to explain them about the Vitaferro
14. And still related to messages. Do you deliver to parents the Vitaferro for the weekend days? Do you approach them on the day after the weekends or a public holiday?

Section 4: Recommendations

15. Are there any gaps in the project? *E.g. in terms of services offered, staffing etc.*
16. Do you have any recommendations on how the project could be improved? Are there any changes that could made the project more effective and should be taken in consideration in the future?

Annex 4 – Field list of key interviews and meetings

Day	Time	Meetings	Place	Interviewed	Escorted by	Observations
21/11	09:00	Meeting Health team at UN	Joint PNUD/UNFPA/ UNICEF	Ana Paula Maximiano, Carlos Brito, Edson Fernandes		
	10:40	Meeting PNN	MSSS//Terra Branca	Irina Spencer and Gisele Mota	Ana Paula Maximiano	It was postponed as the last meeting
	11:00	National Director for Health	MSSS/ Governamental building	Dr Artur Correia	Ana Paula Maximiano, Irina Spencer, Gisele Mota	Incorporated the above meeting
	14:30	Meeting Health team at UN	Joint PNUD/UNFPA/ UNICEF	Ana Paula Maximiano		Continuation of the first meeting
22/11	08:30	Pharmacy cabinet	MSSS//Terra Branca	Dr Bruno Santos	Ana Paula Maximiano, Irina Spencer, Gisele Mota	Requested vitaferro data
	09:30	Central warehouse visit		Marcelina and Mr Joao	Ana Paula Maximiano	The responsible was not presente and it was a visit not interview
	10:30	FICASE	FICASE/A.Santo António	Dr Henrique Fernandes, Dra Eleonora Monteiro	Gisela Mota	
25/11	09:30	Tira Chapéu Health center	Director Elizabete Mosso	Enf Nira Dias, Enf Leila, Enf Samira, Ducelina Samedo (focal point schools)	Gisela Mota	
	10:00	VERDEFAM	Tira Chapéu	Elizabeth Xavier	Ana Paula Maximiano, Irina Spencer, Gisele Mota	
	11:30	13 de Janeiro School	Tira Chapéu	Prof Manuel (school director)	Gisela Mota	

	11:45	PNN (data collection and information)	MSSS//Terra Branca	Gisela Mota	
	14:00	Ministry of Education meeting	Direction National of Education- ASA	Dra Eleonora Souza	Gisela Mota
	15:00	Cruz Vermelha de Cabo Verde - ReddCross	CVCV	Carmem Borges e Radia Furtado	Gisela Mota and preprimary also
26/11 - Praia and Concelho de Santiago	08:30	Public market		Interview with 4 vendors, one militar officer and 2 in a cafe	Gisela Mota
	09:30	Radio educativa	ME	Alane Monteiro, Sra Mascarenhas	Gisela Mota
	13:00	Delegation/health center SD	São Domingos	Dra Sandra Brito, enf Aldina Freire e enf Salete Semedo	Edson Fernandes
27/11	08:30	UNICEF analysis and first discussion meeting	Praia	Ana Paula Maximiano, Carlos Brito, Edson Fernandes	
	09:30	Pre primary Arco-Iris	Praia	Sueli de Pina (administrator of the preprimary)	Gisela Mota
	11:00	Health Center Achada Grande de Trás	Praia	Dra e Enf Helia (pregnant and post partum),	Gisela Mota Interviews with 6 ladies and 1 man
	14:00	Trabalho interno			
28/11 – Sal	09:00	Sal Health Delegation	Espargos	Dra Manuela	Ana Paula Maximiano, Gisele Mota
	09:15	Sal Health Center	Espargos	Enf Josefa Vieira e school focal point Sueli	Sueli was representing Dra Ana Paula Maximiano, Rosa) interviewed 5 people (3 elderly) Gisele Mota
	11:00	School Nova Polo V	Espargos	Linda Pinto admin, Elcinda de Carvalho and teacher Rosinha Ribeiro	Ana Paula Maximiano, Children play the music and Gisele Mota e fisio Sueli performed one focus group

		radio community in Sal	Espargos	Journalist Vaz	Ana Paula Maximiano, Gisele Mota e fisio Sueli
	14:30	Municipal market	Espargos		Ana Paula Maximiano, 3 ladies that new about Gisele Mota vaitaferro through radio
29/11 – Sal	10:00	Health center Santa Maria	Santa Maria	enf Verónica dos Santos Silva	We could see several Ana Paula Maximiano, emigrants in the health Gisele Mota e fisio Sueli center (equity)
	12:00	Preprimary school Disney Sal	Palmeiras	administrator Eunisia Coreia and professora Franceline Souza	Questions related to previous year (the school year was starting)
30/11 - Sal	13:00	CIMPOR	Sr Admin deputy Brito e Cunha	airport	Although at the airport he explain all the contents and was very well informed
12/2 São Vicente	10:00	Health Delegation São Vicente	Mindelo	Enf Marlinda Rocha (nurse Joao) and Dr Elisio health delegate and enf Madalena Ana Paula Maximiano and Gisele Mota	She showed the DHIS2 reporting, forms, training modules and also iron distribution to schools
	12:00	School Gregorio Monteiro de Ribeira craquinha	Mindelo	admin Joao Carlos, teachers Hirondina Lopes and Sra Maria Ana Paula Maximiano and Gisele Mota	Although he was not the admin but the supplant he answered all technical questions. Very good
	14:00	Preprimary centro juvenil e social novos amigos	Mindelo	Coordenator Jose Lopes and Justina admin Ana Paula Maximiano and Gisele Mota	One of the best interviews. They could answer all questions and they had several children draws about iron and vitaferro on the walls
	14:30	Health Center Bela Vista (PMI e Jovens)	Mindelo	Dr Ariana Mota Monteiro, enf Lucianina Cardoso, nutri Ira Lima and Milene Lima	Ana Paula Maximiano We did a focus group Gisele Mota discussion with the 2

					advisors, the nurse and the doctor	
	16:00	Interviews with youth in the Market, streets, bus station and shops	Mindelo		From the 12 interviewed, only 3 didn't have knowledge from the schools (primary) but they acquired the knowledge through the health center (they were working in shops and no conditions to participate in parents meeting). All of them know about Vitaferro through TV and radio. 3 children could sing the music	Ana Paula Maximiano and Gisele Mota
12/3 São Vicente	08:00	Community health facility Calhau	Calhau	Dra Nadia and enf Adelina	Ana Paula Maximiano and Gisele Mota	The nurse explain the household visits
	09:00	School Olinda da Silva (EBO)	Calhau	director Melo	Ana Paula Maximiano and Gisele Mota	Deworming day and special occasion day
	11:30	School jardim fundacao infancia feliz (community school)	Calhau	Gisele Janine Lopes	Ana Paula Maximiano and Gisele Mota	We went as a surprised visit and she was very knowledgeable
	18:00	retorno				
12/9 Praia	09:30	Results first presentation	Praia	PNN, UNICEF		
11-Dec	16.3	C4D advisor	Praia	Anita Pinto, Programme Communication and advocacy specialist	Ana Paula Maximiano	

Annex 5 – News and social media publication list

FACEBOOK (competition in schools via Radio Educativa) :

<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fm.facebook.com%2FRTE-Radio-e-Tecnologias-Educativas-102598459852164%2F&data=02%7C01%7Cpaula.maximiano%40cv.jo.un.org%7C9c61589c65ed4093caa108d7727a31e2%7Cb3e5db5e2944483799f57488ace54319%7C0%7C0%7C637103741449388914&sdata=T89T5smFVle0NI5mWn3DUC8Yki43t7SztUII3kf68I0%3D&reserved=0>

News

<https://www.governo.cv/madrrm-e-ms-apresentam-projecto-de-estudo-sobre-anemia-ferropriva/>
<http://www.minsaude.gov.cv/index.php/documentosite/61-caracterizacao-de-avitamsaudeose-a-e-anemia/file>
<http://www.minsaude.gov.cv/index.php/doencas-nao-transmissiveis/185-pn-nutricao>
<http://www.minsaude.gov.cv/index.php/rss-noticias/732-ma-nutricao-em-africa-cabo-verde-considerado-um-bom-aluno>
<https://lifestyle.sapo.cv/saude/saude-e-medicina/artigos/fogo-estrategia-de-fortificacao-domiciliar-para-reduzir-prevalencia-de-anemia-nas-criancas-lancada-na-ilha>
<https://www.un.cv/arquivo-anemia.php>
<https://www.insp.gov.cv/index.php/noticias/83-campanha-de-fortificacao-domiciliar-com-Vitaferro>
<https://observador.pt/2018/10/09/suplemento-de-ferro-contr-a-anemia-em-cabo-verde-com-impacto-positivo-diz-ministro/>
<https://expressodasilhas.cv/pais/2018/03/09/criancas-do-ensino-basico-recebem-suplemento-de-ferro/56991>
<https://anacao.cv/cidade-da-praia-Vitaferro-gratuito-combater-anemia-nas-criancas/>
<https://www.inforpress.cv/prevalencia-da-anemia-em-cabo-verde-e-um-problema-de-saude-publica-grave-programa-nacional-de-nutricao/>
<http://rcv.cv/index.php?paginas=20>
<https://observador.pt/seccao/mundo/africa/cabo-verde/>
<https://noticias.sapo.cv/sociedade/artigos/maio-acolhe-3a-edicao-da-semana-do-bebe-sob-o-lema-todos-juntos-pela-primeira-infancia-na-luta-contr-a-anemia>
<https://opais.cv/problemat-ica-da-anemia-reune-jornalistas-e-tecnicos-de-saude-na-cidade-da-praia/21/07/2019/>
<https://www.inforpress.cv/maio-cabo-verde-continua-a-envidar-esforcos-para-diminuir-a-taxa-da-anemia-ministro-da-saude/>
<https://www.inforpress.cv/semana-do-bebe-2019-termina-e-organizacao-faz-balanco-positivo/>
http://www.rtc.cv/index.php?paginas=47&id_cod=83384
<http://www.minsaude.gov.cv/index.php/component/search/?searchword=anemia>
<https://www.google.com/search?sa=N&q=semana+do+bebe+e+anemia%2Bcabo+verde&tbm=isch&source=univ&ved=2ahUKEwixta7P84fmAhXYAWMBHUfoC1Y4ChCwBHoECAoQAQ&biw=875&bih=405>
https://www.google.com/search?q=semana+do+bebe+e+anemia%2Bcabo+verde&tbm=isch&chips=q:semana+do+bebe+e+anemia%2Bcabo+verde,online_chips:Vitaferro&hl=pt-PT&ved=2ahUKEwi7qr7z9IfmAhURxuAKHcJrAEsQ4IYoA3oECAEQFw&biw=861&bih=392
<https://vilanovaonline.pt/2019/08/12/crowdfunding-unicef-angaria-fundos-para-cabo-verde/>
http://ine.cv/wp-content/uploads/2019/05/manual-de-recolha-de-sangue-e-medidas-antropometricas_final_16_04_2018.pdf
<http://www.minsaude.gov.cv/index.php/rss-noticias/1132-msss-faz-o-lancamento-da-estrategia-piloto-de-fortificacao-domiciliar-com-Vitaferro-na-cidade-da-praia>
<https://www.youtube.com/watch?v=K6gFngqP9E4>

Annex 6 – Ministry of Education Log frame for health and nutrition

Key indicator	Education action for health	2018	2019	2020
Management	To diagnosis and follow up of children's health			
	To understand children's health habits			
Knowledge on health and life skills	To develop a continuum of health education training for children at the preschool and the basic education			
	To promote the inclusion of children with special needs			
	To reinforce teacher, parents and all communities on their abilities to reduce the negative health consequences at children education environment			
	To guarantee that the abilities and the theme of life and health skills and competences in the political and pedagogical design of schools and preschools are part of school activities			
Nutritional, hygiene and oral	To reinforce nutritional and WASH actions in all schools			
Diseases and health care	promote and support health activities in schools and preschools			
	To implement the vaccination calendar			
	To distribute iron supplements			
	To ensure deworming			
	To promote sexual and reproductive health education			
	To promote hygiene practices (hand washing, teeth brushing, etc)			
	To prevent and reduce risk factors for the noncommunicable chronic diseases (NCDs)			
	To promote healthy life styles			

Annex 7 – Project outputs and expected achievements

Interventions	Outputs	Year 2017	Year 2018	Year 2019
Intervention 1 – Fortification with MNPs to children under 5 years old	OUT 1.1 - Launch of a home fortification pilot project in 5 islands of the country	100%		
	OUT 1.2 – KAP study	100%		
	OUT 1.3 - Development and implementation of a Nutrition Communication Plan including the prevention and management of anaemia	35%		65%
	OUT 1.4 – development of the ToT curricula and implementation		50%	50%
	OUT 1.5 - development of the educational materials and Information (comic strip, tv and radio spot, posters)	50%		50%
	OUT 1.6 – communication actions for C4D	37.5%	25%	37.5%
	OUT 1.7 – training refreshing for health, ME and pre-school	33.3%	33.3%	33.3%
	OUT 1.8 – training refreshing for NGOI and CSOs and community agents	40%	20%	40%
	OUT 1.9 – acquisition and distribution of the MNPs		57%	43%
	OUT 1.10 – support on the study on the anaemia rates		100%	
	OUT 1.11 – DHIS 2 indicators incorporated		57%	43%
	OUT 1.12 – implementation and expansions for the next phases	33.3%	33.3%	33.3%
	OUT 1.13 – national coordinator contracted	100%	achieved in January 2018)	
Intervention 2 - Micronutrient supplementation for school-aged children and for pregnant and postpartum women	OUT 2.1 - (C4D) for information, awareness raising for community mobilization, health providers, pregnant and postpartum women, school-aged children and families;	33.3%	33.3%	33.3%
	OUT 2.2 - training refreshing for health, ME and pre-school for the nutrition components to have them as a routine in the services	33.3%	33.3%	33.3%
	OUT 2.3 - Acquisition of Iron micronutrients and Ac. Folic through the UNICEF Supply Division procurement mechanism	33.3%	33.3%	33.3%
	OUT 2.4 – distribution of the micronutrients to all country using the MSSS circuit	33.3%	33.3%	33.3%
Intervention 3 - Acquisition of micronutrients in the budget of the Ministry of Health	OUT 3.1 - Monitoring and evaluation of the process by guaranteeing the availability of products / micronutrients at the level of the beneficiaries.	33.3%	33.3%	33.3%

Legend:

Fully Achieved

Partially Achieved

Not Achieved