

# Assumption maps to assess signs of impact of short-term technical assistance



Drawing from the MQSUN+ retrospective case studies



Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) was a demand-driven technical assistance (TA) project that aimed to contribute to strengthening multisectoral policies and programs that can ultimately improve the nutritional status of women, men, girls, and boys in low- and middle-income countries (LMICs). Specifically, MQSUN+ provided support to the Scaling Up Nutrition (SUN) Movement Secretariat (SMS) and member countries, as well as the UK's Foreign, Commonwealth and Development Office (FCDO) and its implementors engaged in addressing the immediate and underlying causes of malnutrition.

Measuring, evaluating, and learning from the impact of TA is not straightforward (Cox & Norrington-Davies, 2019; Price, 2019). Although there is some evidence of TA's effectiveness in building capacity, and the importance of a collaborative relationship between TA providers and implementors (Chilenski et al., 2016; Reyes et al., 2014), there is a knowledge gap around how to assess the impact of TA.

This document outlines the assumption map model and how it both expands the theory of change concept and supports monitoring and evaluation (M&E) and learning activities. MQSUN+ also produced nine retrospective case studies on TA's contribution on the pathway to impact based on its experience during the project. These are lightly adapted for sharing here and to reflect that as of September 2020, references to the UK's Department for International Development (DFID) are to be changed to FCDO. Otherwise, the case studies do speak to the moment in time when they were created.

## Mapping assumptions to assess the impact of technical assistance

The piece [Technical assistance: New thinking on an old problem](#) touches on building evidence around the effectiveness of TA and highlights instances where donors—due to the inability to showcase the impact of TA—have labeled it as ineffective (Cox & Norrington-Davies, 2019). However, capturing the value-add of TA requires delving into the progressive steps along the theory of change (TOC) for achieving the intended project outcomes and overarching health impact. Along the TOC, there will be other intermediate signs of impacts or outcomes that can be assessed or considered for measuring whether TA has been effective.

### Box 1. Inclusive, demand-driven, and adaptive technical assistance

International development TA intends to provide evidence-based support for development, analysis, or implementation of policies and programs while strengthening institutions' and key stakeholders' capacity (Ismail, 2019). The MQSUN<sup>+</sup> project provided demand-driven and tailored TA to further progress on nutrition in SUN countries—for example, by supporting government to revise/develop a multisectoral nutrition plan—and in FCDO-country programs and investments—for example, by supporting thoughtful annual reviews.

The project's goal was to enhance the quality, scale, and effectiveness of nutrition-related programs and policies and to strengthen FCDO and SUN capacity to reduce malnutrition. Its principles of engagement were:

- Ensuring a country-owned process
- Tailoring to the context and evidence base
- Facilitating inclusive multisectoral, multi-stakeholder engagement
- Leveraging existing capacity and prioritizing further capacity building
- Continuously monitoring and learning for adaptive management

To adhere to the last point, MQSUN<sup>+</sup> developed an assumption map to monitor the hypotheses that drive TA and the outcomes that can support learning and documentation of all the above principles. Refer to [Providing country-owned, inclusive and adaptive technical assistance to SUN countries](#) for more information on how the project's TA delivery models function and on the elements driving implementation.

In MQSUN<sup>+</sup>'s experience (**Box 1**), the challenges of assessing impact come from the fact that TA is far removed from the ultimate intended impact—in this case improving nutritional status. MQSUN<sup>+</sup>'s goal was to improve coverage of multisectoral nutrition programs. However, the challenge of measuring improved coverage or providing evidence of impact on key nutrition indicators is compounded by the far-removed level at which the activities of MQSUN<sup>+</sup> occurred, the multisectoral engagement and influences, and a myriad of different country-specific needs and challenges. This has led to a novel way of documenting progress along the pathway from providing TA towards improving health outcomes: **Mapping assumptions to detect roadblocks and signs of impact and assessing these through retrospective case studies.**

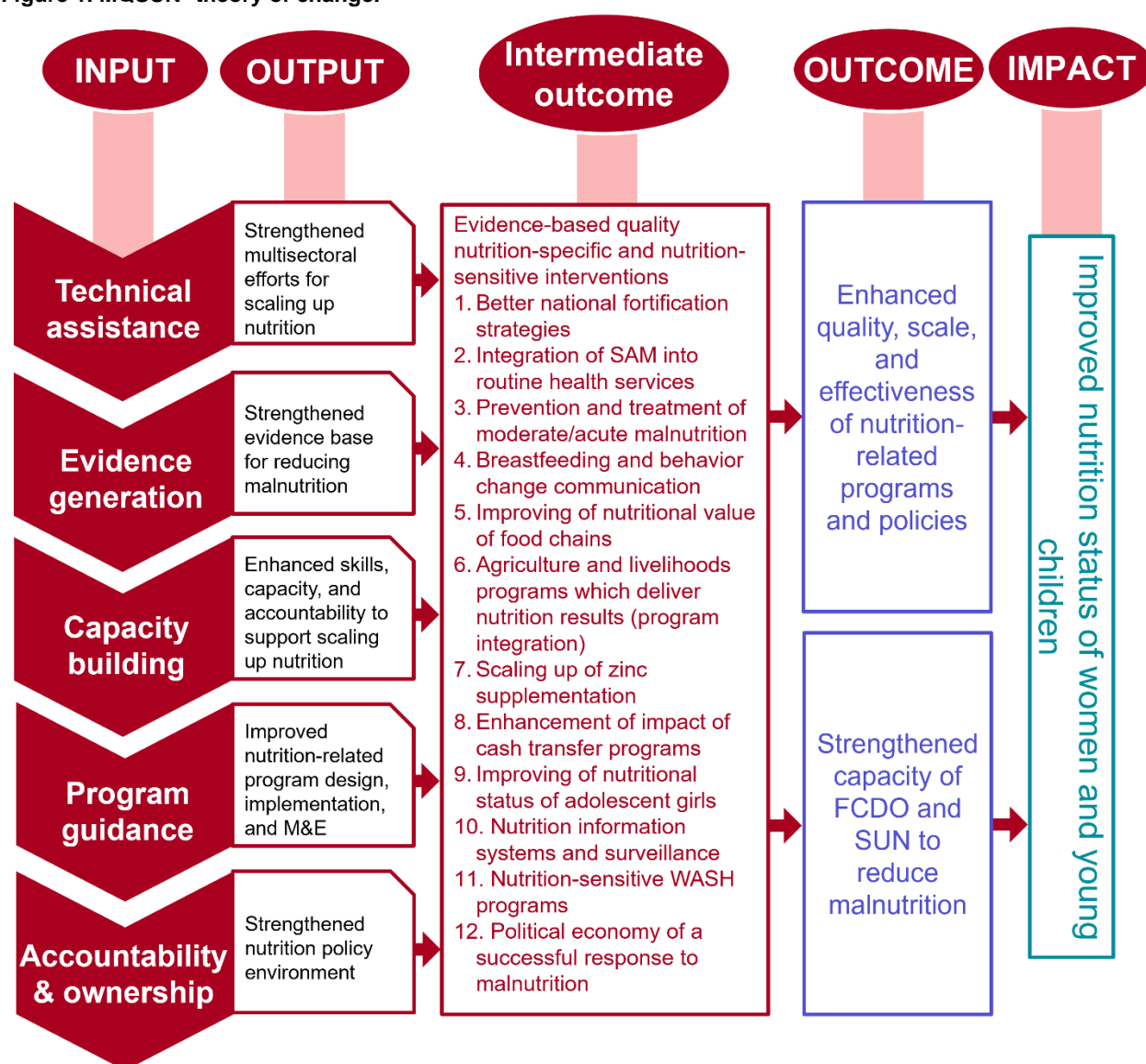
## Expanding the theory of change concept

Logical frameworks ('logframes') and TOCs are widely used tools for monitoring and evaluating programs' outcomes and impacts (Breuer et al., 2016). They are often developed during the inception phase of a health intervention or project to showcase the pathway from activity to desired impact or results. Through a consultative process, which can include implementers, evaluators, and/or topical experts, the TOC or

logframe is used to plan an intervention or when responding to a business/investment case or project concept. The TOC or logframe is not static and is expected to be reviewed and potentially adjusted during the life of the project and sometimes finalized during the project completion phase to reflect the activities that successfully led to the project outputs, outcomes, and impact. It is generally developed using long-term impact measures, such as reduction in population-level malnutrition, and then mapping the activities, outputs, and outcomes to reach or contribute to that goal. Underlying assumptions, contextual factors, timelines, and/or other outcome-influencing items are represented in a flow diagram that, at its pinnacle, includes the impact of interest (Vogel, 2012).

The MQSUN<sup>+</sup>-developed TOC (**Figure 1**) represents the hypothesized causal pathways between the interventions or conditions (outputs, intermediate outcomes) provided or enabled by its provided TA and the intended long-term outcomes for the health and well-being of women and children in LMICs. It visually represents how the work is expected to achieve the intermediate outcome of evidence-based, high-quality nutrition interventions (with some illustrative examples) being planned for or implemented, as well as the project's intended outcomes, and the ultimate impact to which the project would like to contribute.

**Figure 1. MQSUN<sup>+</sup> theory of change.**



*Abbreviations: FCDO, UK Foreign, Commonwealth and Development Office; M&E, monitoring and evaluation; SAM, severe acute malnutrition; SUN, Scaling Up Nutrition; WASH, water, sanitation, and hygiene.*



As mentioned, TOCs and logframes can be revised during a project, to reflect new knowledge, adapt to changing norms and conditions, support strategic thinking, and improve the quality, effectiveness, and efficiency of activities and measurement. These tools may vary in level of detail; **Figure 2** shares a more detailed version of the MQSUN+ TOC, including key barriers and assumptions. The MQSUN+ logframe reflects the TOC and the indicators used to measure the steps towards impact. The MQSUN+ M&E strategy provides more information.

**Figure 2. MQSUN+ theory of change, detailed.**

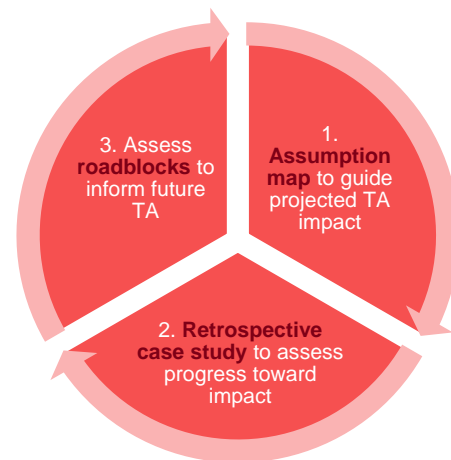
	KEY BARRIERS	KEY INTERVENTIONS/ACTIVITIES OF INTERVENTIONS	OUTPUTS	INTERMEDIATE OUTCOMES	PRIMARY OUTCOMES	IMPACT
	<b>COMPONENT 1</b> <ul style="list-style-type: none"><li>Limited country engagement</li><li>Poor articulation of request</li><li>Lack of availability of key documents and data</li><li>Challenging in-country security situation</li><li>Limited country capacity</li><li>Limited accountability and country ownership</li></ul>	<b>TECHNICAL ASSISTANCE</b> <p>Assessment of whether countries need short-/medium-/long-term assistance</p> <ul style="list-style-type: none"><li>Nutrition landscape analysis</li><li>Nutrition workforce planning</li><li>Program assessment and reviews</li><li>Impact evaluations</li><li>Creation of technical working groups</li><li>Development of country work plans</li><li>Strengthened financial tracking systems</li><li>Country budget analysis</li><li>Identification of financial resources</li><li>Scale-up implementation</li><li>Robust external expertise-sourcing plan</li><li>Suggested good nutrition programme designs</li><li>Program assessments</li><li>Establishment of standard operating procedures (QA, VfM)</li><li>Development of project management plan</li><li>Logframes with performance indicators</li><li>Improved country M&amp;E systems</li><li>Conducting of activities for evidence generation</li><li>Creative solutions for uptake</li></ul>	<p>Enhanced skills, capacity, and accountability to support scaling up nutrition in SUN and FCDO priority countries</p>	<p>Successful uptake of MQSUN+ work</p>	<p>Enhanced quality, scale, and effectiveness of nutrition-related programs and policies</p>	<p>Improved nutritional status of women of reproductive age and children under five years of age in SUN/FCDO countries</p>
			<p>Strengthened multisectoral efforts for scaling up nutrition</p>		<p>Strengthened SUN capacity to reduce malnutrition</p>	
		<b>RELATIONSHIP MANAGEMENT</b> <p>Workflow plan development (SUN, FCDO, UN, government sectors, private sector and other country stakeholders)</p> <ul style="list-style-type: none"><li>Communication and dissemination plan (C1) development</li><li>Active pursuit of TA demand generation (C1)</li><li>Country support criteria (who needs what)</li><li>Strengthened governance structure with agreed terms of reference</li></ul>	<p>Strengthened evidence base for reducing malnutrition</p>		<p>Assumptions:</p> <ul style="list-style-type: none"><li>The successful uptake and effectiveness of MQSUN+ work through the listed outputs are achieved.</li><li>The program is delivered as planned.</li><li>The project is able to mitigate all the risks involved with the implementation of the activities.</li><li>SUN Focal Points and FCDO advisers are utilizing the capacity to make informed decisions.</li></ul>	
		<b>CAPACITY BUILDING</b> <p>Robust learning, dissemination, and capacity-development plan (C1)</p> <ul style="list-style-type: none"><li>Functioning FCDO internal nutrition capacity-development plan</li></ul>	<p>Strengthened nutrition policy environment for SUN/FCDO countries</p>			
		<b>FINANCIAL MANAGEMENT</b> <p>Strong financial forecasting system</p> <ul style="list-style-type: none"><li>Efficient financial tracking tools and devices</li><li>VfM chart/systems in place</li><li>Adaptation to FCDO SMART Rules</li></ul>	<p>TORs that are designed, implemented, monitored, and evaluated using best VfM option</p>			
	<b>COMPONENT 2</b> <ul style="list-style-type: none"><li>Expansion of scope</li><li>Expanded TA timelines</li><li>Unclear TORs</li><li>Changing expectations during the TA implementation</li><li>Mobilizing the right team for TA</li></ul>	<b>ACCOUNTABILITY/OWNERSHIP</b> <p>Strong project governance structure</p> <ul style="list-style-type: none"><li>Clear roles and responsibilities to manage activities and projects</li><li>Adherence to core values</li></ul>				
Assumptions	<p>From the MQSUN experience, the PATH team is aware of the above-mentioned challenges and has systems in place to overcome these barriers.</p>	<p>MQSUN+ has the governance and project management systems and tools in place to mobilize the requested activities in a timely manner for the supplier.</p> <p>There are accountability mechanisms and risk-mitigation systems in place to deliver the interventions effectively.</p> <p>There is clear communication between the stakeholders for effective delivery of the program.</p>	<p>Performance on the project outputs to achieve desired outcomes is dependent on the number of TA requests received in the specific areas. Also, it is assumed that the TA mobilized by MQSUN+ to support TORs that relate to these outputs is the best available in the area of expertise to be able to provide superior-quality support to the existing programs seeking assistance.</p>		<p>Better technical assistance will lead to better decisions, which will lead to better nutrition outcomes.</p>	

Abbreviations: C1, Component 1; FCDO, UK Foreign, Commonwealth and Development Office; M&E, monitoring and evaluation; MQSUN, Maximising the Quality of Scaling Up Nutrition; MQSUN+, Maximising the Quality of Scaling Up Nutrition Plus; QA, quality assurance; SUN, Scaling Up Nutrition; TA, technical assistance; TOR, terms of reference; UN, United Nations; VfM, value for money.

## Supporting adaptive learning and M&E processes

To ensure its success, MQSUN<sup>+</sup> adopted an M&E approach to foster real-time learning and allow for adaptive management during implementation. This approach underlies much of the project's data collection and documentation methodologies. For example, each of the 97 TA assignments was assessed at launch for their potential or expected contribution to the MQSUN<sup>+</sup> TOC and mapped against key indicators. Learning and adaptation were also considered during each assignment's implementation—through monthly updates and team meetings—and at each assignment's end—through handover notes (in some cases) and exit surveys or interviews with key stakeholders (in most cases). For example, exit surveys might highlight what worked well to contribute successfully to an indicator, such as open and clear lines of communication contributing to high-quality TA delivery, which was then a discussion point for future TA assignments. However, to document impact and guide future work, the TOC and logframe were still insufficient, as the project needed to understand the building blocks and roadblocks to progress towards improved multisectoral nutrition policies, plans, and programs. Elucidating these helped not only to create a feedback loop to adapt learnings to new TA, but also generated short case studies to showcase how TA needs are transformed into concrete outputs, which then should contribute to ultimate impact (**Figure 3**).

**Figure 3. Adaptive learning approach through case studies.**



**MQSUN<sup>+</sup> engages in adaptive management, translating M&E findings into actions to improve the efficiency and effectiveness of future short-term TA and country efforts to scale up nutrition.**

## Building the assumption map

As mentioned, despite the simplistic TOC visuals, TA is far removed from the ultimate impact of improved nutritional status. It would be hard to show or measure—in the timeline of TA or a four-year project—the impact of nutrition plan development on child nutrition prevalence, particularly given the multitude of factors, contextual influences, and actors engaged. Therefore, MQSUN<sup>+</sup> designed a map to understand how TA meets certain assumptions, overcomes roadblocks, and contributes to intermediate signs of impact along the impact pathway. The backbone of this assumption map is similar to the TOC structure: activity, output, outcome, and impact. However, in the assumption map, each major activity is broken down into its smaller components and assessed towards its closest measurable or detectable sign of impact. For example, a sign of impact of TA supporting the development of a multisectoral national nutrition plan is that the document is endorsed by country representatives such as the SUN Focal Point or Prime Minister's Office—as this would be an initial sign of governmental commitment towards the actions and goals laid out in the plan.

**Mapping assumptions also helps to showcase often overlooked signs of impact, such as increased understanding of nutrition among high-level government officials—a testament to the effectiveness of TA.**

MQSUN<sup>+</sup> produced an assumption map for global and country-specific TA to SUN (**Figure 4**) and one for TA to FCDO's country and global nutrition efforts (**Figure 5**).

These assumption maps were primarily developed around the key TA areas that MQSUN+ provided. They are not exhaustive but serve as a starting point to consider during each TA assignment, as each is unique with varying assumptions, milestones, and pathways based on the context and specific TA support request.

## Structure of the assumption map

TA operates as one component in a larger set of actors and interventions. As mentioned, the assumption map's structure is similar to the TOC in that it lays out the TA activities, outputs, outcomes, and signs of impact. However, from providing TA on a specific activity, there is a much larger pathway towards the ultimate intended outcomes and impact. The assumption map expands the traditional TOC by highlighting and emphasizing the specific conditions or assumptions along each step of the pathway. It is an approach for thinking through the potential roadblocks towards impact and the success factors (or signs of impact) needed to support effective TA contribution towards improved nutritional status.

**The assumption map builds upon the TOC to further clarify and postulate the conditions necessary to overcome roadblocks and achieve tangible signs of impact towards the project goals and higher-level ultimate impacts.**

For the MQSUN+ TA to SUN (**Figure 4**), the assumption map is structured around the hypothesized steps leading to enhanced quality, scale, and effectiveness of nutrition programs and policies, to then have improved investment in/coverage with such programs and policies. Based around the SUN planning and implementation cycle, these are: 1) analyzing the nutrition governance situation, including political economy; 2) developing a common results framework (CRF) for nutrition; 3) developing a multisectoral nutrition action plan to operationalize the CRF; 4) costing, mobilizing, allocating, and tracking resources; 5) monitoring and evaluation; and 6) conducting operations research to inform program design. Depending on need, MQSUN+ TA supports these activities to different degrees. For example, one country may only require support to develop a monitoring and evaluation strategy, while another may want support along a larger portion of the pathway towards establishing a costed, endorsed multisectoral plan.

For the MQSUN+ TA to FCDO (**Figure 5**), the assumption map is loosely structured around a project life cycle: 1) making commitments and building accountability; 2) designing evidence-based programs; 3) mobilizing for a program or initiative; and 4) delivering and closing the program or initiative, including reviewing the program's impact and effectiveness. As with the TA to SUN, these efforts are supported by global MQSUN+ TA that enhances and—where necessary—develops guidance for cross-cutting preconditions of success. This would include, for example, the work to develop a topic guide around gender integration which provides FCDO stakeholders from different sectors with information on how to invest in programs that appropriately, meaningfully, and proportionately consider gender for minimum harm and maximum benefit to nutrition.

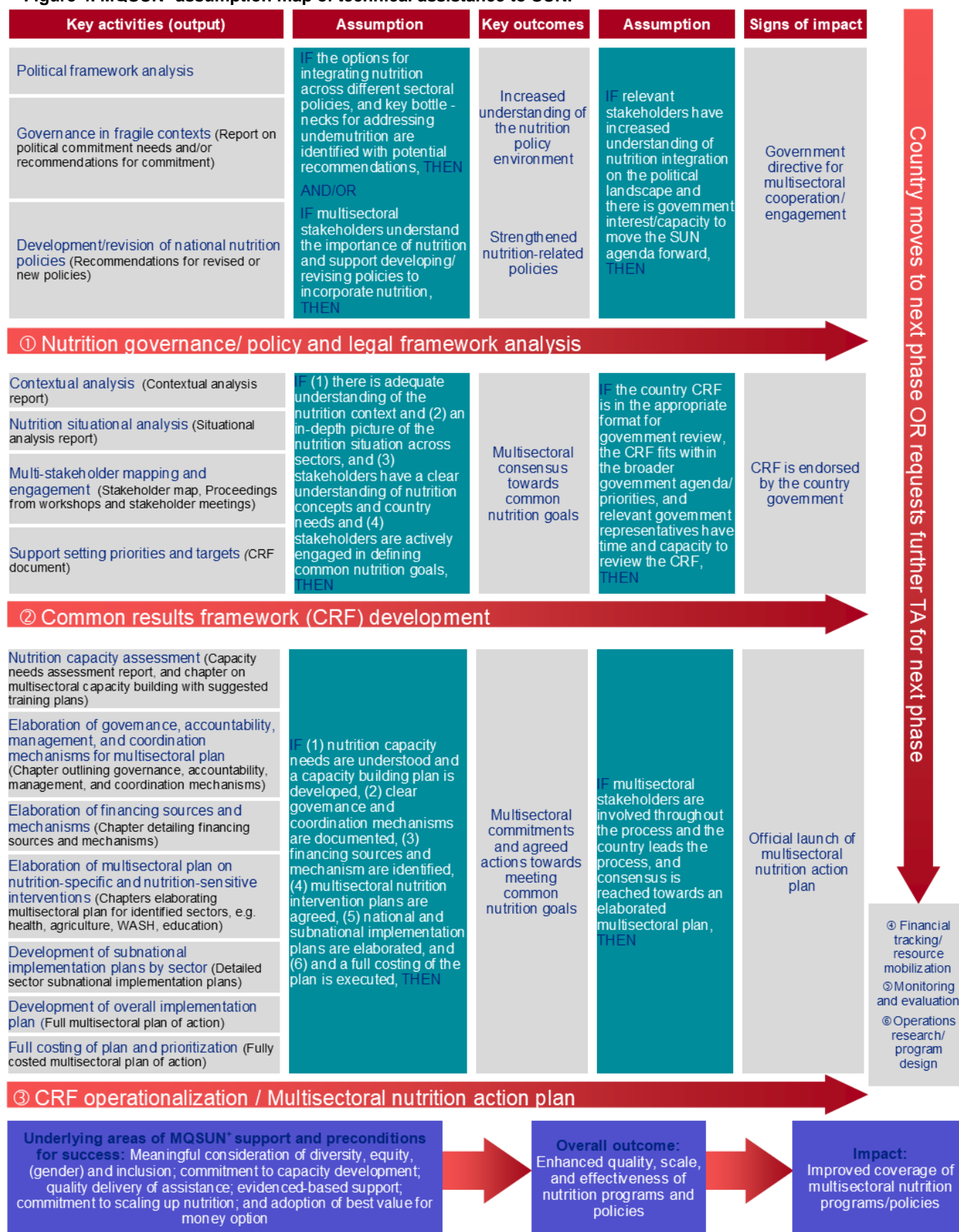
### How to read the assumption map

**Horizontally**, the assumption map lays out the key activities/outputs to outcomes and then signs of impact—and the assumptions between them—across each step noted for MQSUN+ TA to SUN and FCDO.

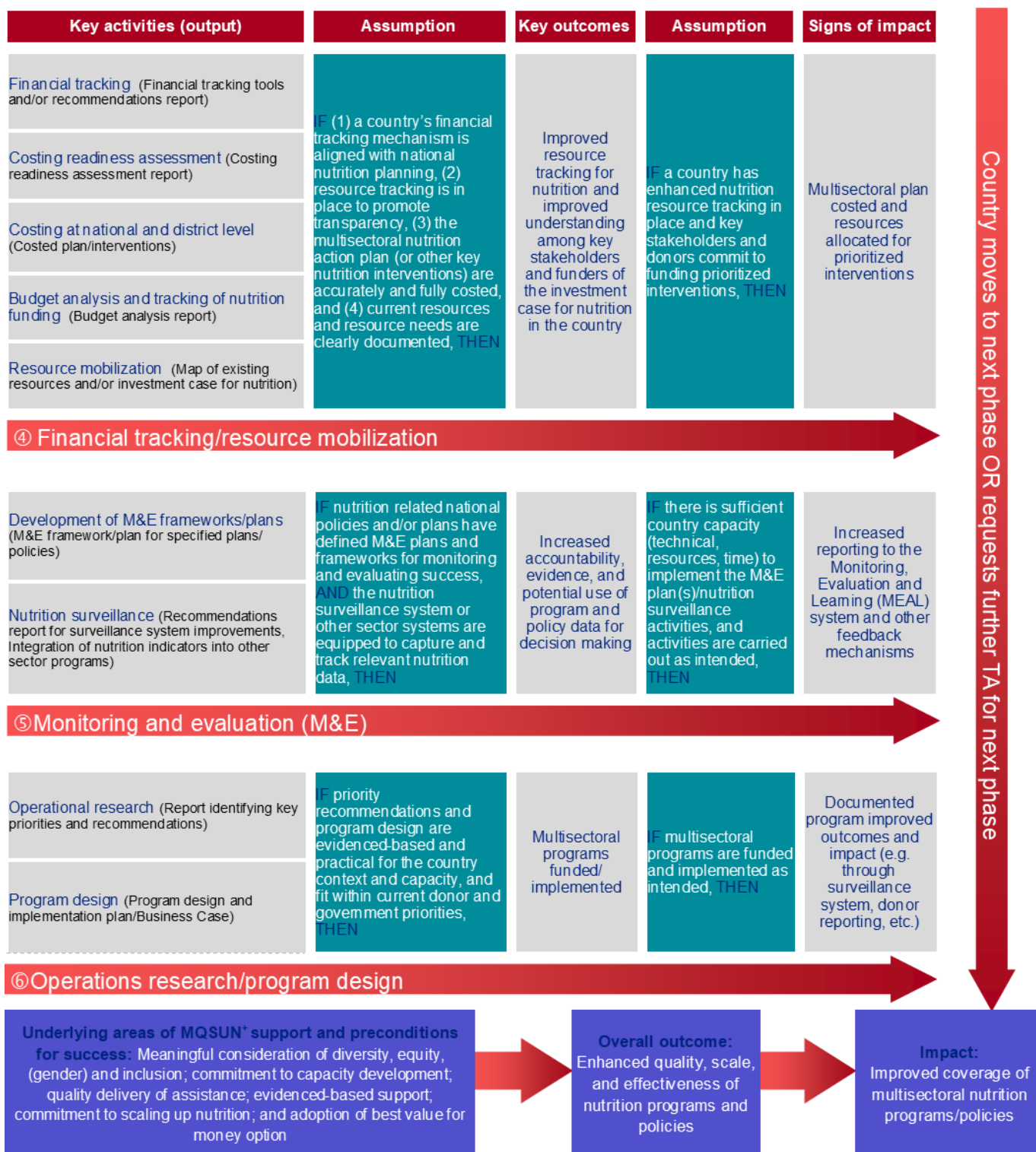
**Vertically**, the assumption map then lists the steps needed to get to the final impact of improved coverage of multisectoral nutrition programs/policies (Figure 4) for SUN and improved nutrition (Figure 5) for FCDO.

So once those activities/outputs, outcomes, and signs of impact have been realized (horizontally), then that step has been 'reached', and the assumption map moves to the next step in the process along the overall impact pathway (vertically). For example, if the activities for '1. Nutrition governance/policy and legal frame analysis' have been completed and the signs of impact are seen, then a country should consider moving to the next step in the process, i.e. 2. Common results framework development. Each of these completed steps, separately or in conjunction with each other, are assumed to contribute to the intended nutrition impact.

**Figure 4. MQSUN+ assumption map of technical assistance to SUN.**







Abbreviations: CRF, common results framework; M&E, monitoring and evaluation; MEAL, monitoring, evaluation, and learning; MQSUN\*, Maximising the Quality of Scaling Up Nutrition Plus.



**Figure 5. MQSUN+ assumption map of technical assistance to FCDO.**



Abbreviations: AR, Annual Review; FCDO, Foreign, Commonwealth and Development Office; MQSUN+, Maximising the Quality of Scaling Up Nutrition Plus; TOR, terms of reference; UHC, universal health coverage; VfM, value for money.

## Retrospective case studies of TA impact

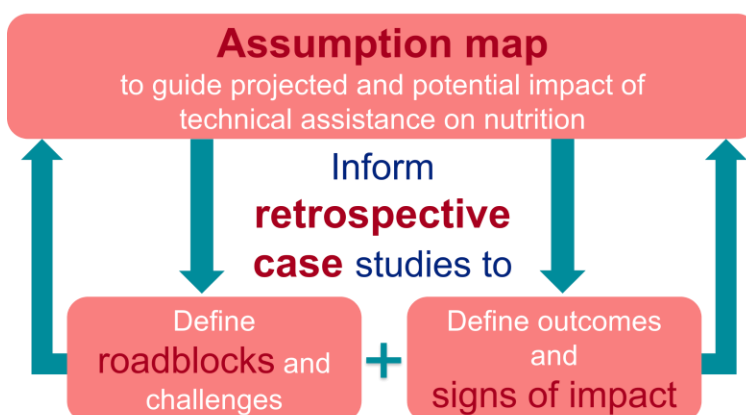
The assumption map provides a visual model to consider and document the complex and imprecise pathway of TA towards nutrition impact. While specific metrics and indicators can be captured along this pathway, given the nuanced progress and signs of impact along individual TA efforts, MQSUN+ also utilized retrospective case studies to “tell the story” of the TA. The retrospective case studies provide a

narrative account of TA progress, roadblocks, and “signs of impact” drawing from the TA providers’ experience as well as those receiving the TA. These serve to provide qualitative evidence around the effectiveness of investments in TA, to identify learnings and roadblocks to inform future TA, and to demonstrate the complexity and unique context of each






assignment. For select assignments, MQSUN+ identifies which assumptions have been met, which have been challenged, what tangible outcomes were produced, and what lessons were learned, to inform future TA (**Figure 6**).

Through the development of the retrospective case study, MQSUN+ reflects on the ingredients for successful TA, including: the meaningful contribution to equity and diversity, commitment to capacity strengthening, evidence-based decision making, value for money (VfM), and adoption of high-quality standards—and how these contribute to the signs of impact (**Box 2**).

**Figure 6. Feedback loop from assumption map to retrospective case studies.**



#### Box 2. Ingredients of successful technical assistance

Pre-conditions	How it contributes to assumed impact
 <b>Equity and diversity</b>	MQSUN+ TA strives to meaningfully, proportionately consider the different needs of women, men, girls, and boys; how gender inequality influences immediate and underlying causes of malnutrition; and how these factors should be addressed during multisectoral nutrition work. From the launch of an assignment, the TA team considers how gender can be integrated into specific TA approaches, activities, and deliverables, as appropriate, and tracks these efforts throughout implementation.
 <b>Capacity building</b>	Building on existing capacity is inherent to the MQSUN+ TA approach, creating opportunities for sustainability and ownership of processes that move forward the nutrition agenda. Close country collaboration is at the forefront of TA and is often paired with sharing and developing topical guidance and tools.
 <b>Evidence-based decision making</b>	MQSUN+ TA supports contextually informed and evidence-based action. This is critical to identifying and working to remove roadblocks that prevent progress along the theory of change pathways as well as identifying new opportunities to maximize the quality and effectiveness of efforts. It draws upon global literature and local, contextual knowledge of country-based consultants and stakeholders.
 <b>Commitment to value for money</b>	MQSUN+ aims to adopt, for every TA assignment, the best VfM approach using the 4Es, specifically: <b>economic</b> inputs, <b>efficient</b> spending, <b>equitable</b> distribution of resources and efforts, and <b>effective</b> processes. The underlying assumption is that good VfM supports quality outputs, which support enhanced effectiveness of nutrition efforts, policies, and programs.
 <b>Quality short-term TA</b>	Quality TA includes a well-defined scope of work based on an assessment of country priorities and needs as well as consultations with the TA requester to understand what MQSUN+ dubbed the “back story” (how they came to the point of asking for this TA) and the expected next steps. Quality TA fosters inclusive multisectoral engagements, collaborative and flexible ways of working, and delivery of high-quality outputs that can be leveraged beyond the TA.

Abbreviations: MQSUN+, Maximising the Quality of Scaling Up Nutrition Plus; TA, technical assistance; VfM, value for money.

Over the course of the project, MQSUN+ developed nine retrospective case studies of impact (**Table 1**), covering a variety of assignments, to show how short-term TA moves the global nutrition agenda forward or contributes to the nutrition TOC. The approach to present the case studies differed and evolved over time to ensure they are fit-for-purpose based on the topic and the learnings.

**Table 1. Overview of retrospective case studies.**

Retrospective case study	
1	Technical assistance to support development of Afghanistan's Food Security and Nutrition Plan (March 2019)
2	<a href="#">Technical assistance to develop a common results framework for nutrition in Tajikistan</a> (March 2018)
3	Technical assistance to strengthen the quality of the Karamoja Nutrition Programme in Uganda (March 2018)
4	<a href="#">Technical assistance to enhance capacity in Somalia and Yemen to assess costing readiness</a> (September 2018)
5	<a href="#">Technical assistance to support understanding of opportunities for business to influence nutrition outcomes</a> (December 2018)
6	<a href="#">Application of a gender lens in MQSUN+ technical assistance</a> (December 2018)
7	<a href="#">Technical assistance to understand the evidence and research priorities for prevention of acute malnutrition</a> (June 2019)
8	<a href="#">Technical assistance toward multisectoral nutrition costing and budget tracking</a> (December 2020)
9	<a href="#">Technical assistance impact in Scaling Up Nutrition countries*</a> (September 2019)

*\*This case study is a combination of all SUN country TA and the role of MQSUN+ as a catalyst to progress along the SUN roadmap. It is structured quite differently from the other case studies.*

## Conclusion

This assumption map is a monitoring, evaluation, and learning qualitative model to support capturing signs of impact when the implemented activities, or inputs in a TOC, are far removed from population-level impacts. MQSUN+ developed this model to showcase the contribution of short-term TA to project goals and the global nutrition agenda more broadly. The success of MQSUN+ TA did not hinge exclusively on its strong principles of engagement, but also on learning from signs of impact and related roadblocks. The assumption map, and the retrospective case studies built using that model, represent learning processes and documentation of achievements along the journey towards improved nutrition.

There are approaches and frameworks similar to this MQSUN+ effort to explore qualitative signs of impact. Better Evaluation summarized a multitude of approaches, such as **contribution analysis**, which looks at the feasibility of concluding that an intervention indeed contributed to an outcome where the cause-and-effect link is hard to explicate, **outcome mapping**, which unpacks a TOC to understand what immediate and basic changes support project outcomes, and **outcome harvesting**, which retrospectively verifies whether and how interventions have contributed to the desired effect, and more (Better Evaluation, 2021). The contribution of the MQSUN+ model is that it can serve as a foundation for monitoring and evaluation of TA initiatives. It offers donors and implementers a means of illustrating project-level contributions towards impact in order to advocate for investment in TA.

## References

- Better Evaluation. (2021). *Better Evaluation: Approaches*. <https://www.betterevaluation.org/en/approaches>
- Breuer, E., Lee, L., De Silva, M., & Lund, C. (2016). Using theory of change to design and evaluate public health interventions: a systematic review. *Implementation Science*, 11(1), 63. <https://doi.org/10.1186/s13012-016-0422-6>
- Chilenski, S. M., Perkins, D. F., Olson, J., Hoffman, L., Feinberg, M. E., Greenberg, M., Welsh, J., Crowley, D. M., & Spoth, R. (2016). The power of a collaborative relationship between technical assistance providers and community prevention teams: A correlational and longitudinal study. *Evaluation and Program Planning*, 54, 19–29. <https://doi.org/10.1016/j.evalprogplan.2015.10.002>
- Cox, M., & Norrington-Davies, G. (2019). Technical assistance: New thinking on an old problem. *The Lancet*, 324(8399), 385. [https://doi.org/10.1016/s0140-6736\(84\)90552-x](https://doi.org/10.1016/s0140-6736(84)90552-x)
- Flynn, M. A. T., McNeil, D. A., Maloff, B., Mutasingwa, D., Wu, M., Ford, C., & Tough, S. C. (2006). Reducing obesity and related chronic disease risk in children and youth: a synthesis of evidence with “best practice” recommendations. *Obesity Reviews*, 7(s1), 7–66. <https://doi.org/10.1111/j.1467-789X.2006.00242.x>
- Ismail, Z. (2019). *Technical assistance and capacity building in international development: K4D Helpdesk Report*. <https://gsdrc.org/publications/technical-assistance-and-capacity-building-in-international-development/>
- Price, R. (2019). *Technical assistance and capacity building in institutional reform: lessons learned, a K4D Helpdesk Report*. <https://www.gov.uk/research-for-development-outputs/technical-assistance-and-capacity-building-in-institutional-reform-lessons-learned>
- Reyes, E. M., Sharma, A., Thomas, K. K., Kuehn, C., & Morales, J. R. (2014). Development of a technical assistance framework for building organizational capacity of health programs in resource-limited settings. *BMC Health Services Research*, 14(1), 399. <https://doi.org/10.1186/1472-6963-14-399>
- Vogel, I. (2012). *Review of the use of “Theory of Change” in international development: Review Report*. <https://gsdrc.org/document-library/review-of-the-use-of-theory-of-change-in-international-development/>

## Acknowledgments

Following on the success of Maximising the Quality of Scaling Up Nutrition (MQSUN) (2012–2016), the United Kingdom’s Foreign, Commonwealth and Development Office (FCDO)-funded MQSUN+ (2016–2020) provided technical assistance to FCDO, Scaling Up Nutrition (SUN) countries, and the SUN Movement Secretariat to catalyse multisectoral country efforts to scale up nutrition impact, maximize the quality and effectiveness of nutrition-related programs, increase innovation in nutrition, support evidence generation and knowledge uptake, and develop technical capacity. MQSUN+ was a consortium of five expert organizations: PATH (lead), Aga Khan University, DAI Global Health, Development Initiatives, and NutritionWorks.

MQSUN+ cannot be held responsible for errors or any consequences arising from the use of information contained in this brief. The information presented in this document is based on the experiences gathered during implementation of MQSUN+ through support provided by UK aid and the UK Government; however, the views expressed herein do not necessarily reflect the UK Government’s official policies.

This brief was produced by Arja Huestis, Monica Kothari, Amanda Coile, Carrie Hubbell Melgarejo, and Carrie Hemminger; special acknowledgments to Rhea Shah and Anya Leslie Samtani for their support in collation and review.

Suggested citation: Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+). *Assumption maps to assess signs of impact of short-term technical assistance: Drawing from the MQSUN+ retrospective case studies*. Washington, DC: PATH; 2021. <https://mqsunplus.path.org/resources/assumption-maps-to-assess-signs-of-impact-of-short-term-technical-assistance/>

Cover photo: PATH/Evelyn Hockstein