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**Executive Board
First Regular Session**

Rome, 20–23 February 2006

EVALUATION REPORTS

Agenda item 7

For consideration

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Distribution: GENERAL
WFP/EB.1/2006/7-C*
25 January 2006
ORIGINAL: ENGLISH

* Reissued for technical reasons

SUMMARY REPORT OF THE THEMATIC REVIEW OF WFP- SUPPORTED MOTHER-AND-CHILD NUTRITION INTERVENTIONS

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for consideration to the Executive Board.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Director, OEDE:	Mr K. Tuinenburg	tel.:066513-2252
Senior Evaluation Officer, OEDE:	Ms A-M. Waeschle	tel.:066513-2026

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms C. Panlilio, Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).



EXECUTIVE SUMMARY

WFP's Enabling Development policy contains a strategic focus on mother-and-child nutrition, which was reconfirmed in the Strategic Plan (2004–2007) and the endorsement of the Food for Nutrition policy in 2004. In recent years, however, there has been a downward trend in WFP expenditures on mother-and-child nutrition.

This thematic review was commissioned by the Office of Evaluation to identify ways in which mother-and-child nutrition can be strengthened and scaled up in WFP. It was undertaken in 2004–2005 on the basis of country studies in Cuba, India, Madagascar and Zambia. The review analyses the field-level applicability of four programming principles for mother-and-child nutrition programmes identified by the Nutrition Service in the Strategy, Policy, Programme Support Division on the basis of a desk review in 2002: (i) targeting households where insufficient access to food leads to malnutrition; (ii) community involvement and community-based approaches; (iii) partnership and integration with other social care programmes; and (iv) provision of a quality food ration that includes micronutrient fortification.

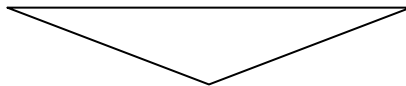
The review team found that the principles, which can be traced back to existing WFP policies, provide a concise basis for identifying and comparing programming options for mother-and-child nutrition programmes. The team recommends that the four principles should be developed into a checklist as a guide for WFP country offices. The review also highlights a missing link between corporate nutrition policies and actual programming at Headquarters and country offices. Policies need to be endorsed and acted upon.

The following elements for strengthening and scaling up mother-and-child nutrition in WFP were identified: (i) more corporate commitment to mother-and-child nutrition to address early malnutrition; (ii) more nutrition expertise in country offices and more pro-active technical support from Headquarters and the regional bureaux; (iii) more effective collaboration with the United Nations Children's Fund and the World Bank; (iv) changes in the funding of direct support costs and other direct operational costs for mother-and-child nutrition programmes and other development-oriented food assistance to provide more financial resources for complementary activities such as health and nutrition education and training, for example through greater involvement of community-based organizations and non-governmental organizations; and (v) more flexibility to reallocate or add resources to mother-and-child nutrition programmes so that they can function as a food safety net during disasters.

The review makes several recommendations, including expansion of WFP efforts to establish or scale up local production of fortified blended food, raising more funds at the country level and advocating as required to strengthen national mother-and-child nutrition programmes in harmony with national policy frameworks such as the United Nations Development Assistance Framework and Poverty Reduction Strategy Papers and in WFP country activities.



DRAFT DECISION*



The Board takes note of the document “Summary Report of the Thematic Review of WFP-supported Mother-and-Child Nutrition Interventions” (WFP/EB.1/2006/7-C) and of the recommendations it contains.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



OVERALL CONCLUSIONS

Corporate Focus on Nutrition Issues, Including Mother-and-Child Nutrition (MCN)

1. WFP has a strong policy focus on MCN, which was enhanced by the endorsement of the Food for Nutrition Policy in April 2004 (WFP/EB.A/2004/5-A/1). Improved nutrition and health among mothers and children is a major theme in the life-cycle approach and one of the Strategic Priorities in the Strategic Plan (2004–2007). However, the external joint Enabling Development policy evaluation conducted in 2003–2004 and three of the four case studies in this thematic review show that there is a downward trend in WFP expenditures on MCN, which urgently needs to be reversed.
2. There is a pressing need for harmonization among WFP departments involved in MCN policy development, programming and implementation. Strengthening MCN would contribute to creating a shared vision at all levels: it is a cross-cutting topic that encompasses curative and preventive approaches, with linkages to other development interventions and supplementary feeding in emergencies and recovery situations.

Quality of WFP's MCN Programmes

3. The review emphasized that sound management at the country office level and below is a precondition for effective WFP support for MCN programmes. The country studies identified several elements that could strengthen MCN: (i) a focus on MCN to reverse the downward trend in WFP expenditures on it; (ii) additional cash resources and emphasis on complementary activities alongside food assistance; (iii) sufficient volume, duration and range of interventions, including health and nutrition education, to make a cost-effective impact; (iv) advocacy for improvements in national MCN programmes, coherence with national policies and synergies with other WFP activities; (v) sufficient nutrition staff, with technical support from Headquarters and the regional bureaux; (vi) sufficient expertise in monitoring and evaluation (M&E) to deliver inputs for future planning and demonstrate results in line with the logframe approach and results-based management (RBM), and to show WFP's contribution to achieving the Millennium Development Goals (MDGs); and (vii) flexibility to allocate resources to link relief, recovery and development programming.
4. The MCN programmes reviewed had strong government ownership and involvement but were usually minor components in national development frameworks such as Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs), Poverty Reduction Strategy Papers (PRSPs) and sector-wide approaches (SWAPs). In India and Madagascar, the World Bank is the main donor to the WFP-supported government MCN programme. In general, WFP support for MCN programmes was only loosely linked to mother-and-child health and nutrition (MCHN) interventions by other stakeholders such as the United Nations Children's Fund (UNICEF), the Cooperative for Assistance and Relief Everywhere (CARE) and the United States Agency for International Development (USAID).



5. The review highlighted a need to improve the process of introducing new policy documents at country offices. The 1997 Nutrition policy, 1999 Enabling Development policy and the 2004 Food for Nutrition policy provide a detailed framework for MCN programming, but none of the country office staff in the case studies had consulted them. Most WFP staff interviewed at country offices reacted positively to the idea of the Nutrition Service (PDPN) developing MCN guidance which, they anticipated would be useful during programme development. The review team felt that WFP should carry out programming in collaboration with its MCN partners and other stakeholders.
6. MCN outcome assessments such as baseline, mid-term and end studies require nutrition expertise. Information on nutritional status could be based on ongoing service-centre data or obtained by contracting implementing partners or technical agencies to monitor sentinel sites or carry out sample surveys.

Targeting Mechanisms

7. In the case studies, vulnerability analysis and mapping (VAM) information was used in geographical targeting, primarily on the basis of assessment of food insecurity and vulnerability to disaster. Except in major relief situations, WFP cannot undertake large-scale data collection; VAM depends primarily on nutrition data collected by other United Nations agencies, governments and others. Disaggregated data on nutritional status and micronutrient deficiencies are usually not available as a basis for targeting.
8. The review team endorsed the practice in the case study countries of basing geographic targeting on criteria such as scope for partnerships, avoidance of duplicating the work of other organizations, good governance, WFP's experience in the area and geographic concentration of WFP interventions.

Community Involvement and Community-Based Approaches

9. Some of the MCN programmes studied were community-based, but none was found to be community-driven. There is a need for more demand-driven MCN programmes and greater involvement of community representatives in programme design, for which decentralization processes sometimes offer good opportunities. In general, community involvement is limited to functional participation to support implementation of the programme.

Strategic Partnerships for MCN

10. In all the case studies, governments were the main implementing partners; they owned the MCN programmes and WFP was contracted in as food supplier and transporter. Collaboration with UNICEF, the World Bank and other international agencies was either missing or not well exploited. In general, the MCN programmes used links with national nutrition agencies providing technical support, but were less successful in linking up with bilateral donors, local non-governmental organizations (NGOs) and community-based organizations (CBOs), a type of partnership that enhances capacity for implementing health and nutrition education and fostering community involvement; but such partnerships can only be exploited if additional cash resources are available.



Local Production of Fortified Blended Foods

11. In several countries, WFP is committed to establishing or expanding local production of fortified blended food. This is one of its strengths in relation to MCN programmes, in that local production is a market-friendly procurement and delivery mode and blended food provides vitamins and minerals efficiently to target groups vulnerable to micronutrient malnutrition. Local production has worked well in India and Zambia; in Madagascar, however, production of blended food was discontinued because WFP's rigid procurement procedures were unsuitable in the volatile market situation.

SCOPE AND METHOD OF THE THEMATIC REVIEW

12. The thematic review of MCN interventions¹ undertaken from January to August 2005 reviewed literature on success factors in MCN programmes and country studies of WFP support to MCN programmes in India, Madagascar and Zambia. The full synthesis report and this summary report are based on these country studies and a report on a study of WFP's MCN programme in Cuba commissioned in 2004.²
13. The review was not an impact evaluation in the classical sense so much as a formative study: it concentrated on "what works in practice and why" and was based on selected country case studies that were not in themselves representative of WFP support for MCN interventions in other countries.
14. The review analysed the field-level applicability of four programming principles for MCN that had been formulated by PDPN on the basis of a 2002 desk review:³ (i) clear situation analysis and targeting of households where insufficient access to food leads to malnutrition; (ii) community involvement and community-based approaches; (iii) partnership and integration with other social-care programmes; and (iv) provision of a quality food ration including micronutrient fortification. The aim was to discover how to scale up MCN programmes and collect field-level input to develop guidance for future MCN programming by country offices.
15. The review forms part of a process of strategic refinement and learning in WFP (see *Normative Guidance Matrix*). The review team has taken as its point of departure Senge's theory of a "learning organization",⁴ which stresses the need for continuous learning to create a shared vision based on strong leadership and systematic thinking.

¹ OEDE contracted the Royal Tropical Institute (KIT) in the Netherlands to carry out this thematic review of WFP support to MCN interventions.

² Please refer to the full report for an overview of the main characteristics of the MCN examined.

³ The 2002 desk review synthesized current WFP practices and trends in MCN with the experiences of other agencies. WFP was frequently found to have a lead role in local production of fortified blended food. MCN targeting practices seldom appeared to be based on nutrition criteria or causal analysis; M&E systems were of insufficient quality. Examples of WFP collaboration with the World Bank and UNICEF showed that community-based approaches can overcome the inefficiency of national health systems, especially in remote rural areas.

⁴ Senge, P. 1990. *The Leader's New Work: Building Learning Organizations*. New York, Sloan Management Review; Senge, P. et al. 1999. *The Dance of Change; The Challenges of Sustaining Momentum in Learning Organizations*. London, Nicholas Brealey Publishing.



THE CONTEXT OF MCN IN WFP

MCN in WFP's History

16. For 40 years WFP has been providing supplementary feeding for mothers and young children. Between 1963 and 2003, 15 percent of WFP's development investments – US\$1.5 billion – was spent on enabling infants and pregnant and lactating women to meet their special nutritional and health needs; the largest investments were made in Asia. In 2003, WFP supported MCN programmes in 30 countries,⁵ reaching 2.3 million beneficiaries; operational expenditure was US\$40 million.⁶

WFP Policy Framework in Relation to MCN

17. In 1997, WFP formalized its commitment to MCN programmes in the nutrition policy paper “Reaching Mothers and Children at Critical Times of their Lives” (WFP/EB.3/97/3-B). MCN food assistance serves mutually reinforcing objectives: it provides dietary support, it is a vehicle for micronutrients and an incentive for service utilization, and it improves household food security.
18. As follow-up to the 1996 World Food Summit, in 1999 the Board endorsed the Enabling Development policy⁷ (WFP/EB.A/99/4-A), which provides a framework for development interventions, including MCN.
19. The “Food for Nutrition” policy paper approved in 2004 stresses the important role of nutrition in reaching the MDGs and highlights the need to enhance the effectiveness of MCN interventions by combining food and non-food inputs.
20. The Strategic Plan (2004–2007) aims to contribute to reaching the MDGs and prioritizes MCN in Strategic Priority 3, and mainstreaming of nutrition in WFP programmes.

RESULTS

From Policies to MCN Programmes

21. The WFP country programmes in the case studies appeared to be based on the Enabling Development approach, but the review highlighted a missing link between the introduction of new nutrition policies and programming at country offices and Headquarters: most staff time and resources are devoted to fulfilling operational responsibilities and there is less focus on technical issues. For example, policy papers can easily be found in the WFP-Go, but the 2004 nutrition policy did not appear to be common ground for WFP staff in the countries visited.

⁵ WFP has MCN interventions in 16 African, 7 Asian and 8 Latin American countries.

⁶ Figures taken from “Food for Nutrition: Mainstreaming Nutrition in WFP” (WFP/EB.A/2004/5-A/1).

⁷ Also referred to as WFP's food aid and development (FAAD) policy.



22. The recent external evaluation of the Enabling Development policy highlighted a 50 percent reduction in WFP operational expenditures for development since 1992. Expenditures on MCN showed a steep downward trend from US\$48 million in 2001 to US\$27 million in 2003. Reduced MCN budgets were seen in the case studies, with the exception of Cuba. There was a tendency in country programmes to place MCN in the “supplementary feeding of vulnerable groups” activity line, which usually includes support to HIV/AIDS-affected groups, often in the form of household rations, a rapidly expanding activity that puts pressure on the amounts of food available for MCN beneficiaries.
23. Another trend in the case studies in Asia and Latin America was a shift to preventive approaches among vulnerable populations in selected areas that address early malnutrition in young children with fortified blended food before they become acutely malnourished.
24. In all the country studies, the MCN programme appeared to have an important function as a food safety net during crises. In times of disaster, an existing MCN programme provides a food-distribution mechanism for reaching the most vulnerable groups.

Structure and Functions in Country Offices

25. Except in India, where WFP uses national nutrition expertise, no country office had any technical nutrition capacity. They had apparently not requested technical nutrition support and so had received little nutrition backstopping from the regional bureaux or Headquarters. Adequate staff and institutional memory on nutrition in country offices are prerequisites for scaling up quality nutrition programmes.
26. In India, the country office has established separate units for such aspects as VAM, health and nutrition that support the programme-management unit. Replication of this arrangement at other country offices could favour creation of nutritionist posts with a technical support function and appointment of focal points in programme-management units for liaison with implementing partners and other stakeholders.
27. In line with the current trend of decentralization in national government systems, regional sub-offices were opened or empowered in three of the four country cases to establish closer contact with implementing partners in the field.

Sound Programme Management

28. Additional cash resources are essential for MCN programmes to enhance the effect of the food component through training and education in health and nutrition, to test demonstration models and to undertake advocacy. The direct support costs (DSC) and other direct support costs (ODOC) budget mechanisms are based on tonnage, which is relevant in emergency settings but not favourable to MCN programming. In a relief context, results are usually in direct proportion to the amounts of food distributed; but in a development context, the inputs required for an MCN programme to achieve results are often much higher. In the MCN programmes studied, additional financial resources were obtained from external grants such as the Dutch Quality Improvement Programme, which no longer exists, and the Canadian Impact Grant. In India, WFP obtained substantial contributions to the MCN programme from the Canadian International Development Agency (CIDA) and state governments, a pattern that might be replicable in other countries.



29. The finding of the Enabling Development policy evaluation that the M&E of MCN programmes tends to be weak was confirmed by this review: the Standardized Project Reports (SPRs) were found to focus primarily on output figures such as amounts of food distributed and numbers of beneficiaries reached.
30. The *Indicator Compendium for Results-Based Management* developed during 2003-2004 includes indicators for outputs and outcomes of MCN programmes that need to be incorporated in the logical frameworks of country programmes. It remains to be decided how MCN outcome data — change in nutritional status — will be collected and whether and how the VAM unit and nutrition staff will be involved. In principle, nutrition data can be collected at clinics or community centres through analysis of growth-monitoring data or baseline, mid-term and end-of-programme evaluations at sentinel sites or through random sample surveys; the latter can be outsourced to an implementing partner or technical agency.
31. In every food-support programme, there is a trade-off between the size and quality of the ration and complementary inputs and the number of beneficiaries to be reached. To avoid the risk of spreading inputs too thinly, decision-makers ideally use information that relates expected outcomes — for MCN the effect on nutritional status and food consumption patterns — to the cost of a minimum set of required inputs. This information, which goes well beyond the usual calculation of the cost of food per beneficiary, has not so far been available in WFP.

Programming Principles

32. It was found that the four programming principles could be traced back to existing MCN policies: the Nutrition policy, Enabling Development policy and Food-for-Nutrition policy provide a framework for MCN programming that includes them.
33. The review team found that the four principles summarise the main issues relating to MCN programmes and provide a concise, comprehensive method of identifying and comparing programming options. To be a practical framework for country offices, the principles need to be developed into a checklist. In the case studies, the four principles constituted a sound framework for evaluating MCN programmes and identifying elements that needed to be improved.
34. This review confirmed the need to strengthen MCN programming in country offices to bring MCN programmes into line with WFP policies. In the country studies, WFP staff welcomed the idea of guidance material based on the four principles for programming by WFP, MCN partners and other stakeholders. Such guidance material could be available in printed form and in the on-line *Programme Guidance Manual* (PGM). Elements to be covered include programme management, structured context analysis and practical application of disaggregated programming principles. Currently available WFP documents that support MCN programming consist of the WFP *Food and Nutrition Handbook* published in 2000, which mainly applies to emergency situations and has limited relevance for programming MCN interventions in a development context, and provisional guidance on supplementary feeding for mothers and children written in 1998, which is available on WFP-Go but was not consulted by WFP staff in any of the country studies.



Good Situation Analysis and Targeting

35. Reaching the poorest of the poor remains an international challenge. WFP may wish to look into the hunger hotspots⁸ identified by the Millennium Project's Hunger Task Force. This has two implications for VAM: (i) it needs to feed regional information on nutrition conditions into country programming; and (ii) its case studies of vulnerability patterns are an important contribution to pro-poor targeting in relation to the Millennium Project.
36. The vulnerability criteria used by other VAM units for temporal and spatial targeting vary from country to country; they usually consist of indicators related to levels of food insecurity and vulnerability to disaster. WFP cannot collect data on a sufficiently large scale, so VAM depends primarily on data from outside sources such as United Nations agencies and governments. Detailed data on nutritional status at the district level, including disaggregated statistics on micronutrient deficiencies, would provide useful additional information for targeting, but they are often not available. Most VAM units undertake studies to analyse vulnerability patterns, but use of this information for geographical targeting of MCN programmes is limited. In some of the countries studied, VAM units made extensive baseline studies for MCN programmes, incorporating information on care and health issues related to malnutrition among young children.
37. The 2004 Food for Nutrition policy adopts the preventive life-cycle approach to MCN programmes and continues WFP support for programmes addressing malnutrition, which in principle should include adolescent girls, women early in pregnancy and children aged 6–24 months before they become acutely malnourished. This approach was seen in India and Cuba, but not in Zambia or the new country programme in Madagascar, where the prime focus is on addressing malnutrition and there is a need to identify mechanisms to reach adolescent girls.

⁸ Sub-national units defined on the basis of data on the prevalence of underweight among children under 5 (<-2SD) and data on child population density.



Examples from the Country Studies of what Worked Well

- VAM units usually collaborated effectively with national institutions or donors such as the World Bank. Analyses of patterns of food insecurity and vulnerability to disaster are major inputs in selecting geographical areas that will receive WFP support for MCN programmes and other development-oriented food assistance.
- In all the country studies except Cuba, selection of districts to be covered by the MCN programmes appeared to be based on a combination of criteria: after access to food, commonly used criteria that contribute to programme quality include scope for partnerships, avoidance of duplication of work by other agencies, good governance, WFP's experience in the area and geographic concentration of WFP interventions for "convergence of services".
- In Madagascar and Zambia, the MCN programmes focus on cure; those in Cuba and India are based on the preventive life-cycle approach recently adopted by WFP in its Food for Nutrition policy, which focuses on children aged 6–36 months, at-risk women and those in early pregnancy, and on piloting food rations for adolescent girls.

Examples from the Country Studies of what did not Work Well

- The VAM unit in India has made detailed studies as a basis for targeting; but other VAM units have not identified pockets of poverty below the district level or carried out baseline studies of malnutrition patterns, including micronutrient deficiencies, or collected M&E data based on indicators in country programme logframes to demonstrate results.
- Except in Cuba, where extensive data on nutrition data were available as a baseline, information on nutritional status patterns was limited to weight-for-age data, the indicator for underweight, which does not disaggregate chronic and acute malnutrition. Information on micronutrient deficiencies is usually drawn from demographic health surveys, but they do not provide district-level information.
- None of the cases studied had documentation of the selection decision process or alternatives that were considered.

Community Involvement and Community-Based Approaches

38. The programmes studied appeared to be top-down, with little room for community involvement in programme design. Experience in various pilot projects and the Integrated Child Development Scheme (ICDS) in India shows that greater community participation is possible, but that it needs additional funding for collaboration with field-level organizations. In general, community involvement in the programmes studied consisted only of functional participation limited to support during implementation of the service. In all cases, mechanisms for community involvement were created by the MCN programme, and did not build on community structures. The programmes in India and Madagascar are implemented through community centres: workers elected by the community receive a small salary funded by the programme; in many remote villages, however, the nutrition sites are the only community-development structures and serve as an entry point for other development services.
39. In most WFP-supported MCN programmes, limited attention to training, nutrition and health education and community outreach activities restricts effectiveness in terms of sustainable improvements in nutrition. WFP will not be able to overcome this unless it addresses the limitations in staffing levels, nutrition skills and budgetary resources.



Examples from the Country Studies of what Worked Well

- The programmes studied operate through government channels down to the lowest service levels: the health system in Cuba, the current Madagascar country programme and Zambia, or the education and training system in Cuba, India and the previous Madagascar country programme.
- Community involvement in the programmes studied was usually functional, for example provision of premises, additional food items, firewood, water, or volunteers facilitating on-the-spot feeding and growth monitoring. In India, WFP runs a pilot with a food-for-human-development element in which volunteers' activities count as work, for which they receive food assistance.
- The successful home-based care projects for HIV/AIDS patients in Zambia show how to increase community involvement by linking with local NGOs and CBOs.

Examples from the Country Studies of what did not Work Well

- None of the WFP-supported programmes was community-driven: there was little room for community involvement in programme design and management. On the positive side, the current decentralization process in India provides opportunities to increase community participation in the ICDS.
- During the 1997–2002 India country programme, WFP undertook pilot projects promoting community involvement in the ICDS. But the positive experiences were not followed up in the current country programme; they have not been scaled up or replicated by the Government. WFP found the pilot projects demanding in terms of staffing, skills and cash resources.
- In terms of community involvement, *Surveillance et éducation des écoles et des communautés en matière d'alimentation et de nutrition élargie* (SEECALINE) in Madagascar and the ICDS in India, which receive substantial World Bank support, are the most advanced of the programmes reviewed. In both countries, WFP has benefited from external grant allocations allowing new approaches to be piloted. But these programmes are also characterized by limited community outreach and limited education addressing care and health aspects, which are contributory causes of malnutrition among young children in the UNICEF conceptual model.

Partnership and Integration in other Social Care Programmes

40. WFP food support for MCN programmes is never a stand-alone activity: partners are always needed to provide a programme context where they supply complementary resources, to provide technical assistance and as implementing partners. On this basis, balanced choices need to be made as to how to add value and benefit from synergies. WFP needs to define clearly its expectations of partners.
41. Mutual trust is essential to effective partnerships; it must be based on common objectives, values and expected results. Country offices should invest in sound relationships to avoid misunderstandings resulting from poor communication and unbalanced expectations. A shared vision requires attention to stakeholders' approaches, joint development of logical frameworks and clear aims in programme planning. Regular meetings with partners are essential to exchange information and address differences. It is vital for WFP to accommodate government priorities as far as possible, for example with respect to targeting decisions and ration sizes, and to ensure that WFP support harmonizes with government food safety nets. Country programme commitments must be respected, which includes avoiding breaks in the pipeline.



42. In the case studies, governments were the main partners who owned MCN programmes; WFP was contracted as food supplier and transporter. If, as in India, WFP takes up a strong advocacy role and becomes involved in joint planning and analysis, relationships may become more balanced and move towards interactive partnerships. The case studies provide a range of options for integrating MCN programmes into the healthcare and education and training sectors.
43. Fruitful collaboration with international agencies such as UNICEF and the World Bank appears to be difficult to achieve. Except in India, the MCN programmes studied could benefit from closer links with in-country bilateral donors. There is room for more collaboration with NGOs and CBOs, especially in health and nutrition education and enhancing community involvement; an example is the SEECALINE programme in the previous Madagascar country programme.

Examples from the Country Studies of what Worked Well

- In the case studies, governments were the main MCN partner. There appeared to be strong local government ownership of the programme. In India, the Government is progressively taking over resourcing of WFP support for the ICDS. Health reform in Zambia has resulted in decentralization to the district level, so district health management boards have become implementing partners for the MCN programme, but the level of ownership varies.
- In India, partnership with the Government and collaboration with influential NGOs have given WFP a major role in policy discussions and advocacy for Indiamix (a locally produced blended food) and its fortification. In India, WFP has shown outstanding management and leadership; this is not the case in the other studies, where WFP functions primarily as a food supplier and transporter.
- WFP India is the only example of a country office with established relationships with a bilateral donor, CIDA.
- In terms of partnerships with technical agencies, WFP India established strategic links with the Swaminathan Foundation and the Nutrition Foundation of India. WFP Cuba is in touch with the Cuban National Nutrition and Food Hygiene Institute. In Zambia, however, WFP is only loosely linked with the National Food and Nutrition Commission; in Madagascar, technical support is limited to nutrition surveys carried out under contract.

Examples from the Country Studies of what did not Work Well

- This review found that fruitful collaboration with UNICEF is not easily achieved, even when MCN elements are incorporated in the UNDAF. In India and Madagascar, links between WFP and the World Bank were indirect and casual.
- Partnerships with NGOs are fundamental to WFP's policy framework, but most of the cases reviewed were characterized by limited collaboration with grassroots NGOs and CBOs. Madagascar is the exception: under the previous country programme, SEECALINE contracted out community-level implementation of the programme to grassroots CBOs and other associations; under the current country programme, WFP assistance to the Day-Care Nutritional Rehabilitation Centres will be implemented by a small number of experienced international and local NGOs selected on the basis of implementing partner performance criteria.



Quality Food Rations, Including Micronutrient Fortification

44. One of the comparative advantages of WFP is its pioneering work on local production of fortified blended foods, which are an effective way of supplementing micronutrient intake and providing energy and protein for MCN beneficiaries. Local production is strongly development-oriented and facilitates market-friendly procurement and delivery modes. Local production worked well in India and Zambia, but was less successful in Cuba and Madagascar as a result of chain-management problems.
45. With respect to quantities, there is a need to differentiate between ration sizes for preventive food support, which often focuses on micronutrients, feeding for moderately malnourished children, food rations for pregnant and lactating women, and nutritional rehabilitation for severely malnourished children. The case studies identified variations in ration sizes – some were too large, some too small – from those in the WFP *Food and Nutrition Handbook*, which apparently is not always consulted when rations are designed. In some cases, rations were adapted to fit in with national policies and preferences.

Examples from the Country Studies of what Worked Well

- In India and Zambia, WFP established local production of fortified blended food with regular supply-lines, which replaced imported CSB in the MCN programmes. The foods are appreciated and have been introduced into markets. An interesting development is the use of new locally available ingredients in blended food – finger millet in northern India, cassava flour in Congolese refugee camps in Zambia.
- In Madagascar, SEECALINE taught mothers how to produce flour from beans and dried shrimps. In preparing meals for young children, they mix the flour into rice or cassava porridge, which improves its nutritive value.

Examples from the Country Studies of what was did not Work Well

- In Cuba, planned local production of fortified blended food was prevented from starting because milling capacity was limited. In Madagascar, local production did not work well because WFP's tendering procedures were too slow and not adapted to rapidly changing prices; there were also problems with regular supplies of the vitamin-mineral premix.
- In India, some state governments provide WFP with funds to deliver Indiamix, but it has an unacceptably high sugar content of up to 25 percent.

RECOMMENDATIONS

46. A summary of the main recommendations of the thematic review and actions envisaged or taken by WFP is given in the Annex to this report.



RECOMMENDATIONS AND MANAGEMENT RESPONSE OF THE THEMATIC REVIEW OF WFP-SUPPORTED MCN INTERVENTIONS		
OEDE Recommendations (June 2005)	Action by	Management response and action taken or to be taken (December 2005)
Programming principles		
Recommendation 1: WFP should improve targeting mechanisms for support to MCN programmes.		
1.1. VAM should strive to incorporate data on nutritional status, food consumption and vulnerability to disaster, preferably at the provincial or district levels. To assess food insecurity in terms of food gaps, VAM units in country offices should increasingly define "access to food" in terms of access to food items to meet energy and protein requirements and in terms of access to a diversified diet (proxy for micronutrients).	VAM (ODAV) VAM (country offices)	Through comprehensive food security and vulnerability assessments (CFSVAs), VAM systematically collects data on vulnerability to disaster and food consumption, and assesses dietary diversity. To date, 23 countries have data on these indicators; it is planned to undertake between five and ten CFSVA every year. When possible, VAM will incorporate or collect nutrition data, but this will depend on the availability of nutrition information and resources. At country offices, VAM will maintain a database that includes district-level indicators.
1.2. It is strongly recommended that programming frameworks and baseline studies, which may be executed with the involvement of VAM units, include data on nutritional status and additional indicators on care and health as related to malnutrition patterns among young children.	Country offices VAM (ODAV)	Care and health indicators will be collected only when nutritional status data are collected by VAM to avoid overstressing VAM data-collection capacity.
1.3. PDP should further examine ways of reaching adolescent girls as part of the preventive life-cycle approach for MCN programmes, for example through links with existing school feeding programmes or through FFT programmes targeting adolescent girls.	PDP/PDPF	The school feeding service (PDPF) will follow up this recommendation in 2006 with PDPN to define the best approaches for addressing this issue in line with the target of FFE beneficiaries and planned activities. WFP-supported school feeding programmes currently reach less than 2 percent of adolescents in junior secondary and a few secondary schools. Adolescent boys and girls participating in adult literacy and skills training programmes will benefit from lessons on life skills addressing HIV/AIDS prevention and nutrition and health education. WFP and partners advocate for these lessons to be included in the curriculum of primary schools. PDPF has already taken measures through the Essential Package of school-based interventions to promote these programmes, which could also include modules on reproductive health. PDPF further emphasized that programmes must target boys as well as adolescent girls if behavioural change is to be expected.



RECOMMENDATIONS AND MANAGEMENT RESPONSE OF THE THEMATIC REVIEW OF WFP-SUPPORTED MCN INTERVENTIONS		
OEDE Recommendations (June 2005)	Action by	Management response and action taken or to be taken (December 2005)
Programming principles		
1.4. At the country office level, there is scope for using other selection criteria for geographical targeting in addition to food insecurity, in particular (i) the presence and capacity of local implementing partners and (ii) the possibility of synergy with other WFP activities such as school feeding and FFA.	Country offices	Strengthening partnerships is a management objective in the current and next biennium.
Recommendation 2: To increase community involvement in MCN food-assistance programmes, WFP should collaborate more with CBOs and NGOs.		
2.1. If prevention is to be taken seriously in MCN programmes, more funds and other resources must be made available for community-based approaches, training, and health and nutrition education. WFP continues to have a clear role in the nutritional rehabilitation of moderately and severely malnourished beneficiaries, but this has to be linked as closely as possible with community-based preventive activities. For MCN programmes to be effective, WFP should consider engaging CBOs and local NGOs in addition to continued collaboration with governments.	Country offices PDPN	Community-based approaches have proved valuable in the treatment of severe and moderate malnutrition in a small number of countries over the past few years. WFP is following these innovative ways of addressing malnutrition to assess which of them could be replicated in WFP-supported MCN programmes with a nutritional rehabilitation objective.
2.2. The international development community recognizes the need for more development from below. WFP Headquarters units may wish to consider pilot projects in some countries on a new allocation mechanism for food aid for development through a call for proposals to major NGOs and governments at the district level on the basis of a limited range of options on the use of food aid provided by WFP. The mechanism could also include the establishment of discretionary funds or umbrella grants to involve grassroots organizations.	Operations Department (OD)	WFP's current procedures encourage NGO and government participation. As noted in 2.1, there is greater emphasis on community approaches, but there is no need to change current procedures.
Recommendation 3: WFP should have a more strategic approach towards its partnerships for MCN programmes		
3.1. WFP Headquarters and country offices should decide how to add value and benefit from partnerships in its MCN programmes. At the country level, improved effectiveness of MCN programmes can be attained through partnerships with local NGOs and CBOs as well as continued collaboration with governments and collaboration with national nutrition institutes. Country offices should try to raise funds from in-country donors for pilots to demonstrate success and for operational research into improving MCN interventions. WFP India should share its successful experiences in fundraising for MCN activities with interested WFP country offices.	Country offices, PDPN	Sharing experiences among regions and countries will be encouraged through the Practical Advice Sharing System (<i>PASSit on</i>), which concentrates on helping country offices to build on WFP experience to improve current and future programming. The new MCN guidelines will take note of this recommendation.



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3.2. There is a need to strengthen strategic cooperation with international organizations such as UNICEF and the World Bank. Development of a cooperation model with the World Bank is specifically suggested, which could comprise MCN and school feeding interventions or the whole range of food aid for development programmes.	PDP	WFP had extensive consultations with UNICEF and the World Bank on the possibility of joint leadership of a global initiative to end child hunger and undernutrition. The long-term partnership would focus on helping governments to mainstream child hunger issues, providing technical advice and support, and ensuring that sufficient resources were available. A concept note has been prepared and signed by UNICEF and WFP; the World Bank is expected to reach a decision shortly. WFP signed an MOU with UNICEF in July 2005 to strengthen their operational collaboration.
Recommendation 4: WFP should further expand its role in the establishment of local production of fortified blended foods		
4.1. As a contribution to global efforts to address micronutrient malnutrition, WFP should as a matter of urgency revive and expand its role in local production of fortified blended food. A compilation of WFP's experience in this area should be prepared, and research should be commissioned on chain-management issues to avoid breaks in pipelines in selected countries where WFP has established local production facilities.	PDPN OD	WFP is currently reviewing its fortified food production, in particular the composition and micronutrient specifications, to make the food more nutritious. Work on the supply-chain management project is ongoing.
General recommendations on MCN programmes		
Recommendation 5: WFP should implement a corporate focus on nutrition issues, including scaling up MCN interventions and enhancing their coherence.		
5.1. With reference to the Food for Nutrition policy paper (WFP/EB.A/2004/5-A/1) and Strategic Recommendation 3 of the Enabling Development Policy evaluation, Headquarters should monitor the implementation of WFP's corporate commitment to mainstreaming nutrition by focusing on nutrition when draft country programmes and PRROs are reviewed by Headquarters departments, and should establish a system for tracking programming decisions – when, by whom, with what result – with regular reports back to Headquarters.	PDPN OD/regional bureaux	The system for project approval has recently been enhanced: all documents submitted for approval undergo technical scrutiny prior to final submission to the Board. To improve the mainstreaming of nutrition, the technical services would welcome more involvement during the project design phase.
5.2. Ways in which WFP support for MCN programmes can be used as an entry point in times of disaster should be examined, so that opportunities for scaling up MCN programmes to serve as food safety nets during crises can be found.	OD/ODAN	This recommendation is already included in the Emergency Food Security Assessment Handbook of June 2005.



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5.3. Headquarters should continue with the roll-out of the RBM framework, including MCN programmes, to enhance planning and target setting and M&E based on clear logical frameworks. To obtain more evidence of the effectiveness of MCN programmes, WFP might consider commissioning research into the effects of MCN food-support programmes on food-gap reductions and nutrition behaviour patterns.	PDPN	In addition to the topics suggested, PDPN will assess the impact of selected MCN projects through SPRs to assess the outcomes for SP 3.
5.4. WFP country offices with substantial nutrition-related activities in their country programme should ensure that they have sufficient technical capacity in nutrition as well as drawing on in-country nutrition institutes.	Country offices	As noted in 5.1, PDPN would welcome earlier involvement in the design of WFP-supported MCN activities.
5.5. In line with SR 1, country offices should ensure that support for MCN programmes is coherent with UNDAF frameworks, PRSPs, SWAPs, national nutrition policies, gender policies and other national policy frameworks.	Country offices	WFP policy obliges country offices to engage fully in government coordination efforts as well as UNDAF and PRS processes.
Recommendation 6: WFP should improve the quality of its MCN programmes.		
6.1. PDPN should develop an MCN programming checklist based on the key programming principles underlying this thematic review, incorporating the provisional guidance on MCN available in WFP-Go. This should be done in a way that makes it applicable in protracted relief settings and possibly emergency settings. The checklist could also support programming of other development activities in the purview of the Enabling Development policy.	PDPN	The MCN guidelines will be updated in 2006.
6.2. To ensure that country offices receive sufficient technical backstopping on nutrition issues, Headquarters should consider developing a technical support model that goes beyond the current system whereby technical advice from Headquarters and regional bureau staff is only made available to country offices on demand.	PDPN/regional bureaux	PDPN conducts regional and country-level nutrition trainings. Training on MCN will be included as a component from the end of 2006.
6.3. Headquarters should revisit its budgeting model to make more funds available for financing DSC for complementary activities alongside food aid for MCN programmes. The link with food aid tonnage should be relaxed; the budget amounts to be allocated should be based on expected results in line with RBM.	OD	The current budget model and related issues will be considered as part of the Resources and Long-Term Financing Review to be presented to the Board in 2006.
6.4. Headquarters should commission research into selected projects to enhance understanding of outcome and cost-effectiveness patterns of food rations provided and of any complementary inputs, if applicable.	PDPN	This could form part of the study suggested in 5.3.



ACRONYMS USED IN THE DOCUMENT

CBO	community-based organization
CCA	Common Country Assessment
CFSVA	comprehensive food security and vulnerability assessment
CIDA	Canadian International Development Agency
DSC	direct support costs
FAAD	Food Aid and Development policy
HIV/AIDS	human immunodeficiency virus/acquired immuno-deficiency syndrome
ICDS	Integrated Child Development Scheme (India)
KIT	Royal Tropical Institute (the Netherlands)
M&E	monitoring and evaluation
MCHN	mother-and-child health and nutrition
MCN	mother-and-child nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
OD	Operations Department
ODAV	Vulnerability Analysis and Mapping Branch
ODOC	other direct operational costs
OEDE	Office of Evaluation
PDPF	School Feeding Service
PDPN	Nutrition Service
PGM	Programme Guidance Manual
PRRO	protracted relief and recovery operation
PRS	poverty-reduction strategy
RBM	results-based management
SEECALINE	<i>Surveillance et éducation des écoles et des communautés en matière d'alimentation et de nutrition élargie</i>
SPR	Standardized Project Report
SR	Strategic Recommendation
SWAP	sector-wide approach
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAM	vulnerability analysis and mapping
WHO	World Health Organization

