

# POLICY EVALUATION

## WFP's 2012 Nutrition Policy: A Policy Evaluation Evaluation Report

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Responsibility for the report remains entirely with the evaluation team.

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## Executive Summary

### Introduction

1. When the Board approved WFP's nutrition policy in 2012,<sup>1</sup> it requested an evaluation in 2015. This independent evaluation, conducted between December 2014 and June 2015, provides an evidence-based assessment of the policy's quality, initial results and factors affecting its implementation.

2. The evaluation's methods included:

- an elaboration of the underlying theory of change and assumptions,<sup>2</sup> linked to an evaluation matrix;
- five country desk studies, including telephone interviews;<sup>3</sup>
- reviews of the programme design of 38 operations<sup>4</sup> in 15 countries;<sup>5</sup>
- over 130 internal and external stakeholder interviews;
- an electronic survey of 154 WFP staff<sup>6</sup> from Headquarters, regional bureaux and country offices;
- a review of documentation and data available at WFP Headquarters;
- a gender analysis; and
- a workshop with an internal reference group to review draft recommendations.

3. This early evaluation necessarily focused on initial policy results, with an emphasis on learning. It faced some limitations in WFP's data, including inconsistent beneficiary monitoring and a lack of disaggregated data on nutrition expenditures. Desk studies facilitated rapid assessment and were invaluable although providing less depth than country visits. The team gathered and triangulated ample evidence to justify the findings.

### Context

4. The nutrition policy was adopted in the context of WFP's shift from food aid to food assistance. Unprecedented global attention to nutrition has manifested in international partnerships such as the Scaling Up Nutrition (SUN) movement, inspired by robust evidence of the benefits of appropriate nutrition, particularly during the first 1,000 days of life from conception until age 2 and the efficacy of various nutrition interventions.<sup>7</sup>

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<sup>1</sup> The nutrition policy was approved at the 2012 First Regular Session and its follow-up at the 2012 Annual Session.

<sup>2</sup> The theory of change analysis reflected implicitly throughout the evaluation.

<sup>3</sup> Bangladesh, Burkina Faso, Colombia, Lesotho and South Sudan were selected to offer a variety of: geographic areas, operation types, income levels, country office sizes, population sizes, nutrition profiles, procurement sources, pillars of the nutrition policy represented in country portfolios, and involvement in the Renewed Effort Against Child Hunger and undernutrition (REACH) and Scaling Up Nutrition (SUN) partnerships.

<sup>4</sup> All relevant projects with a nutrition component.

<sup>5</sup> The desk study countries plus Bolivia, the Democratic Republic of the Congo, Guinea Bissau, Indonesia, Iraq, Nepal, Pakistan, the Syrian Arab Republic, Uganda and Yemen, which were selected using similar criteria.

<sup>6</sup> A response rate of 47 percent.

<sup>7</sup> As presented in *Lancet* 2008 (371): 417–40 and its follow-up in *Lancet* 2013 (382): 452–77.



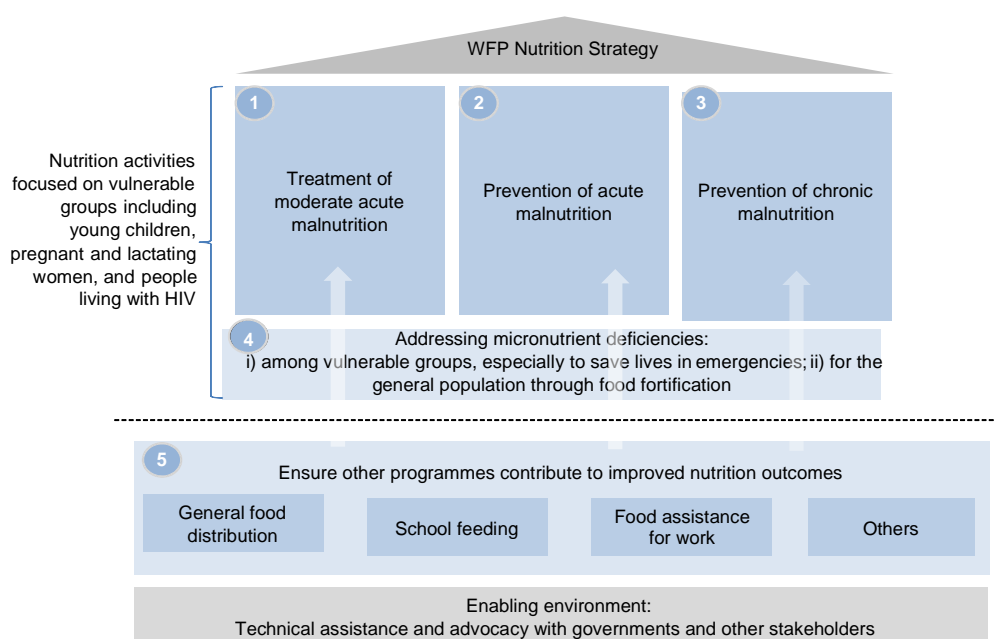
## The Policy

5. The policy described WFP’s mission with regard to nutrition:

“... to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age-appropriate diet for those who lack it and to support households and communities in utilizing food adequately. WFP ensures access to the right food, at the right place, at the right time.”

6. The policy proposed that WFP pursue this mission through programmes and operations in the five priority areas depicted in Figure 1.

**Figure 1: Nutrition policy framework**



7. Although it did not completely break with preceding policies, this policy adopted a more integrated approach with novel elements that:

- distinguished between nutrition-specific interventions (Areas 1–4) and nutrition-sensitive interventions (Area 5);<sup>8</sup>
- highlighted the need for multi-disciplinary, multi-stakeholder partnerships with national governments, other United Nations agencies, non-governmental organization (NGOs), the private sector, academia and donors;
- focused attention on stunting and prevention of both chronic and acute malnutrition;

<sup>8</sup> Nutrition-specific interventions “address the immediate determinants of foetal and child nutrition and development”. Nutrition-sensitive interventions “address the underlying determinants of foetal and child nutrition and development” (Executive Summary of *The Lancet* Maternal and Child Nutrition Series, 2013 – [www.thelancet.com](http://www.thelancet.com)).

- explicitly committed to “scale up high-quality food assistance programming”; and
- made capacity development of governments and partners a specific objective.

8. In addition to the last two points stated above, the other objectives of the policy were to:

- serve as a resource, advocate and thought leader for food-based nutrition interventions to address undernutrition; and
- strengthen WFP’s internal systems, skills, processes and capacity for nutrition leadership and high-quality programming.

9. The policy sought to influence how WFP undertakes its existing operations while advocating for expanded nutrition programmes to support all areas of the policy framework. It proposed intervention criteria<sup>9</sup> for Areas 1–3 that implied a very substantial expansion of nutrition programmes. It also anticipated implementation through a reallocation of existing resources, apart from a one-off extra-budgetary requirement of USD 15 million for roll-out activities, to be provided mainly through a trust fund supporting the Nutrition Capacity Strengthening Plan (NCSP).

## Key Findings

### Quality of the Policy

#### *Clarity and comprehensiveness*

10. The policy was timely and accessible, and provided a useful analytical framework for nutrition (Figure 1). It broadened WFP’s focus appropriately by including nutrition-sensitive as well as nutrition-specific areas of intervention. However, there has been a lack of follow-up guidance on nutrition-sensitive programming, reflecting the general scarcity of knowledge of what works in this area, and of guidance on how WFP should work with governments to build nutrition governance. The increasingly important issue of obesity/overweight – part of the “double burden” of malnutrition<sup>10</sup> – was not mentioned. The policy’s treatment of gender was superficial, reflecting the weakness of WFP’s gender policy at the time.

#### *Evidence base*

11. The policy linked its discussion of nutrition within WFP to wider debates and cited available evidence, which was strong in areas such as including the physiological requirements for nutrients. However, some prescriptions and recommendations were not (and still are not) adequately supported by evidence. There was strong evidence that treating moderate acute malnutrition (MAM) saves lives; however there was – and is – much less evidence on the effectiveness and cost-effectiveness of supplementary feeding programmes in preventing malnutrition. The policy’s emphasis on supplementary feeding understandably reinforced external (and internal) perceptions of WFP as too product-focused.

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<sup>9</sup> For example: “Where stunting prevalence is at least 30 percent ... or in high risk situations, WFP recommends that all children age 6–23 months and all pregnant and lactating women in affected areas receive a nutritious dietary supplement to meet their required nutrient needs.”

<sup>10</sup> Includes both undernutrition and overweight.

### *Coherence*

12. In focusing on the most nutritionally vulnerable people, the policy was coherent with international standards, while its scope was broad enough to allow WFP to respond appropriately to needs in varying contexts. It was also consistent with WFP's mandate and generally coherent with its strategies and other policies, although there is scope for greater cross-fertilization among policies – such as between the nutrition policy and the cash and voucher policy. In relation to coherence with other agencies, the policy provided a clear statement of WFP's envisioned role across different aspects of nutrition. This implied a wider role, particularly in the prevention of chronic malnutrition in development and emergency contexts, was not intended to displace that of any other agency. Further work was envisaged to clarify other United Nations agencies' roles in nutrition.

### *Practicality*

13. The policy had a practical orientation. However, the criteria proposed for nutrition-specific interventions implied much larger programmes that would require more funding, which was not fully consistent with the stated intention to rely mainly on existing resources.

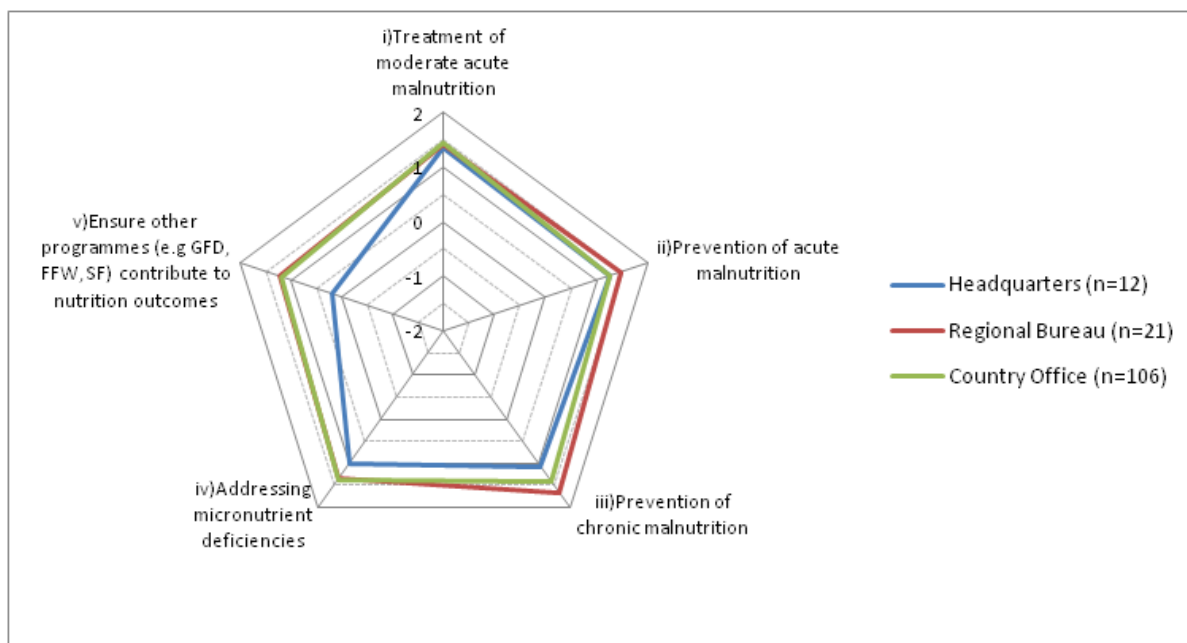
### **Initial Policy Results**

14. It was not realistic at this stage for the evaluation to measure results at the outcome or impact levels; it focused on immediate results in terms of WFP activities and outputs. In addition, it assessed understanding of the policy, the pertinence of monitoring and evaluation (M&E), and changes in WFP programming, including in the gender dimension.

### *Understanding of the policy*

15. The policy is reasonably well known and accepted within WFP, but staff reported seeking more follow-up guidance to operationalize it. All five of the policy's focus areas are considered important, but their perceived importance varies by where respondents were located (Figure 2). Notably, the importance of nutrition-sensitive approaches is not fully recognized by respondents at Headquarters. This is unfortunate and may contribute to external perceptions that WFP is not fully committed to multi-sector approaches.

**Figure 2: Internal perceptions of the importance of the nutrition policy’s five focus areas**



Source: Electronic survey

16. Among external stakeholders, several interviewees echoed the evaluation team’s concerns about over-stretching the evidence base, and contended that: i) WFP puts too much emphasis on food-based solutions, neglecting the multi-sector, multi-stakeholder approaches also advocated by the policy; and ii) WFP is in danger of encroaching on developmental areas of work where other agencies – including the United Nations Children’s Fund (UNICEF) and the Food and Agriculture Organization of the United Nations (FAO) – should lead. The evaluation team noted the risk of a double standard: WFP may be criticized for focusing too narrowly on food products, and then for straying beyond its mandate when it places food products in a wider context.

#### *Monitoring and evaluation to support the policy<sup>11</sup>*

17. Nutrition indicators specified in successive Strategic Results Frameworks (SRFs) have shifted from the impact to outcome and output levels in order to focus on the direct influence of WFP programmes. More work is required to roll out and supplement indicators where necessary; for example, when surveys are required country offices often struggle with methodologies and resources. Areas 1–4 include indicators that can be used to measure policy results if data are properly collected. The evaluation found: i) regular availability of data on treatment of MAM and beneficiary participation for most countries; ii) significant gaps in nutrition-sensitive programme indicators; and iii) little systematic monitoring of how gender dynamics operate within communities or programmes beyond data disaggregation by sex. There is limited guidance on how WFP can support and use national M&E systems. Funding for M&E was a major issue that was not adequately addressed when the new indicators were initiated.

#### *Changes in portfolio programming, design and implementation*

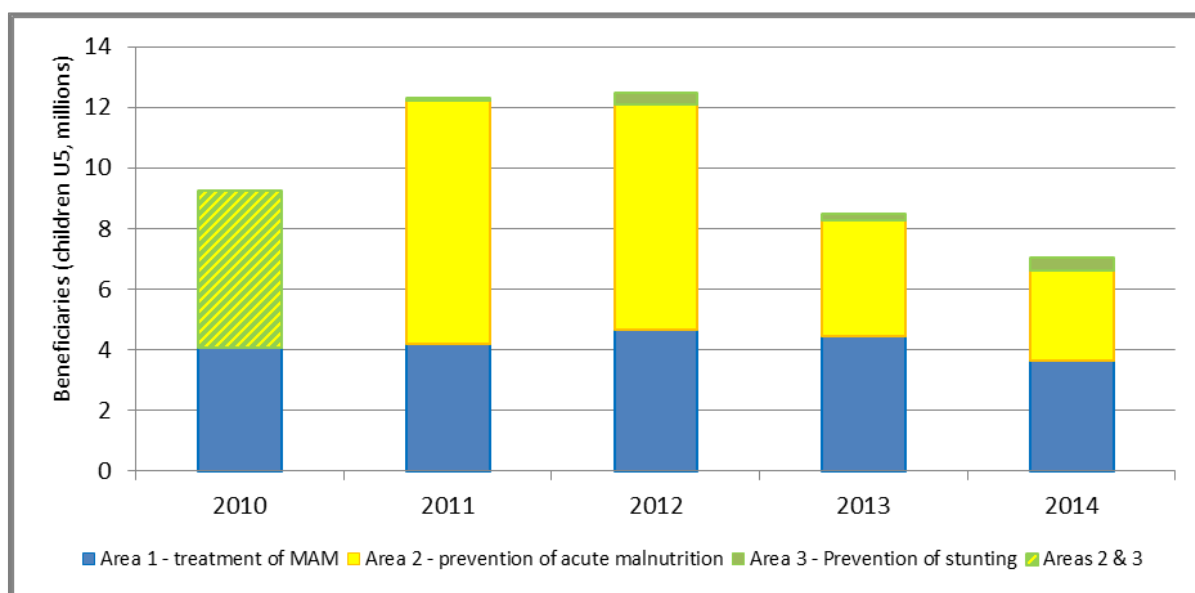
<sup>11</sup> See also operational research discussion in paragraph 36.

18. The policy envisaged an enhancement of WFP’s nutrition programmes (mainly through use of the right foods) and a significant scale-up (as implied by the proposed thresholds for intervention in Areas 1–3). The evaluation found that food remains the dominant modality through which WFP delivers its nutrition interventions, with only limited use of cash-based transfers and vouchers.

19. The evaluation faced significant data limitations.<sup>12</sup> Nonetheless, with the available data, it did not find evidence of a significant scale-up of WFP’s nutrition-specific programmes as intended by the policy. As Figure 3 shows, actual numbers of under-5 beneficiaries:

- of nutrition-specific interventions peaked in 2012 – the year of the policy’s approval – and have fallen since;<sup>13</sup>
- receiving treatment for MAM contracted by an average of 5 percent per year between 2011 and 2014, but even with the decrease it is still the largest of the three areas of intervention;
- of activities aimed at preventing acute malnutrition contracted by an average of 28 percent per year; and
- of activities aimed at the prevention of stunting have grown by an average of 52 percent per year since 2011, albeit from a modest baseline.

**Figure 3: Actual beneficiaries\* in nutrition policy areas 1–3, 2010–2014 (millions)**



Sources: Data Collection Telecoms Application (DACOTA) and Standard Project Reports

\* Analysis limited to children under 5 – see footnote 13.

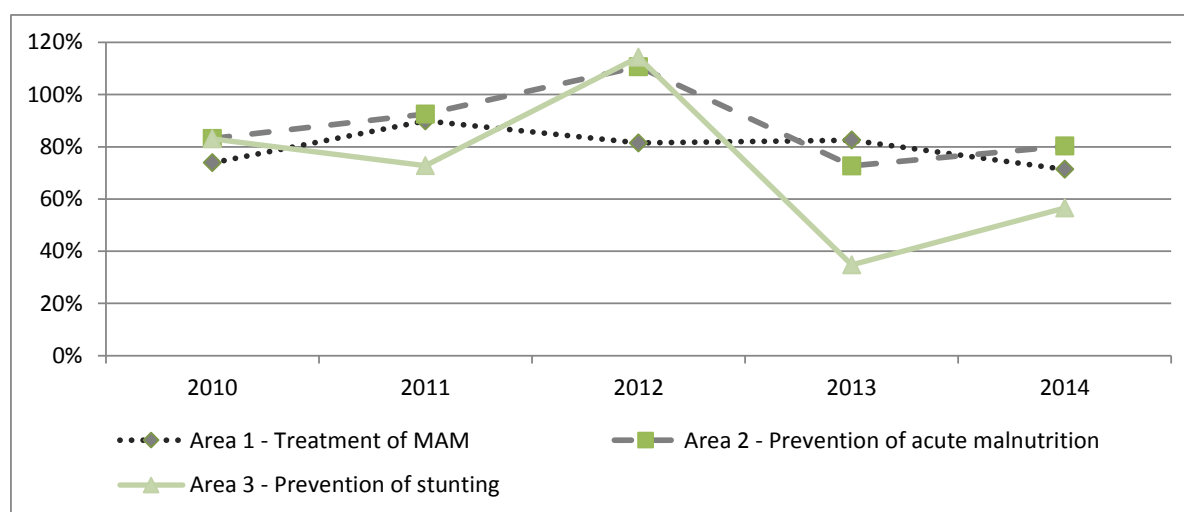
<sup>12</sup> WFP reporting systems do not disaggregate expenditure data by activity type (such as nutrition). As a proxy, the evaluation used the numbers of beneficiaries that had received nutrition assistance.

<sup>13</sup> This analysis was restricted to Areas 1–3 because data on beneficiaries receiving assistance in Area 4 are captured in Areas 1–3. For Area 5, the evaluation was unable to distinguish between potential and actual nutrition-sensitive interventions. Prior to 2013, WFP’s reporting systems did not disaggregate pregnant and lactating women (PLW) beneficiaries by type of intervention, therefore the analysis is limited to children under 5. PLW beneficiaries ranged from 20 percent to 30 percent of total beneficiaries over the evaluation period.

20. The aggregate decline in under-5 beneficiaries since 2012 is no proof of contraction in nutrition operations overall because data are not available for PLW or beneficiaries of nutrition-sensitive interventions.<sup>14</sup>

21. WFP’s nutrition programmes tended to reach fewer beneficiaries than initially planned (Figure 4). In recent years, this gap has been particularly large for prevention-of-stunting activities. Funding has been a constraining factor, as it appears to have been less forthcoming for Areas 2 and 3 than for Area 1; this tallies with interview data suggesting that donors are less willing to finance WFP’s prevention work.

**Figure 4: Actual beneficiaries as a percentage of planned, for nutrition policy areas 1–3 (2010–2014)**

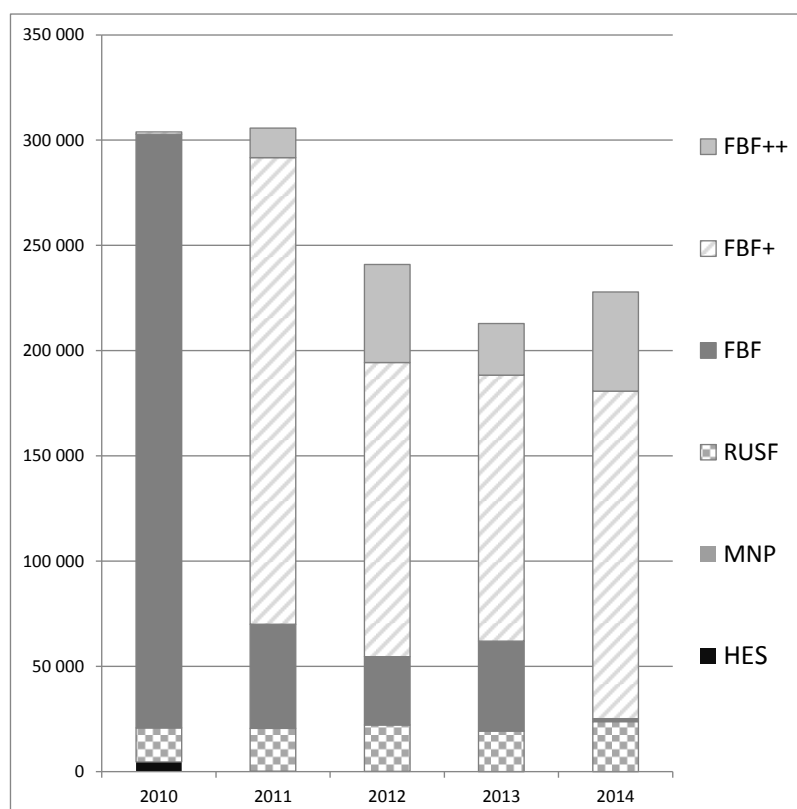


*Source:* DACOTA. Because there was no separate reporting for Areas 2 and 3 in 2010, it was not possible to disaggregate achievement data, so the percentage was assumed to be 83 percent for both.

22. The evaluation found important changes had been made in the design of WFP’s nutrition programmes, some of them before the policy was adopted. In line with the policy’s strong emphasis on the use of appropriate nutritious foods, the desk studies and electronic survey identified greater standardization and use of more nutritious foods as pivotal changes in WFP’s nutrition-specific programming – including use of specialized nutritious foods (SNFs) and nutrition-sensitive programming. While data on SNF procurement for WFP do not suggest a greater use of SNFs overall, they do indicate a shift towards SNFs with upgraded nutrition specifications. (Figure 5).

<sup>14</sup> WFP’s other programmes are much larger in terms of beneficiary numbers than its nutrition programmes and can achieve nutrition benefits if they are implemented in nutrition-sensitive ways.

**Figure 5: SNF procurement by type of food, 2010–2014 (mt)**



Source: WFP Procurement Division

FBF: Fortified blended food such as corn-soya blend

FBF + (“SuperCereal”): Improved micronutrient profiles and processing changes – dehulled soybeans to reduce fibre

FBF ++ (“SuperCereal Plus”): new product with milk and oil in addition to above changes

RUSF: ready-to-use supplementary food

MNP: micronutrient powder

HES: a high-energy supplement produced in Malawi and Zambia in 2010

### *Gender dimension of policy implementation*

23. About 63 percent of beneficiaries of nutrition-specific interventions from 2010 to 2014 were women: in addition to girls under the age of 5, PLW were a main beneficiary group. However, addressing gender requires more than targeting women, and the evaluation found only fragmentary evidence of the use of gender analysis – such as the role of gender in household decisions – as a basis for programme design, implementation or evaluation.

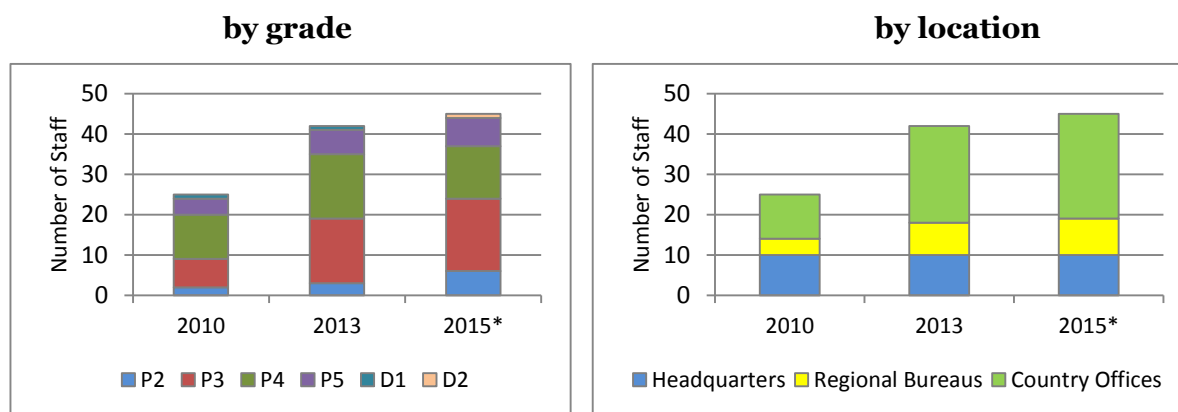
### *Adaptations at corporate level*

24. The policy envisaged that WFP would support the policy through advocacy and improved internal systems that would help support its roles in partnerships and develop government and partner capacity as well as support implementation of WFP nutrition operations, as described below.

## Staffing

25. The policy proposed additional nutrition staff and the better understanding of nutrition throughout WFP. Since 2010, WFP has employed 80 percent more international nutrition staff, mostly at junior levels (Figure 6). In line with the Fit for Purpose initiative, most of this growth has been in country offices, with some staff also posted to regional bureaux. WFP currently employs more than 70 national nutrition staff, but data on trends since 2010 was unavailable.

**Figure 6: WFP international nutrition staff in nutrition posts (2010–2015)**



Source: Nutrition Division (OSN)

\* As of February 2015

## Partnerships

26. WFP has remained active in the humanitarian cluster system, the Renewed Efforts Against Child Hunger and undernutrition (REACH) partnership<sup>15</sup> and the SUN movement. However, progress towards the policy's aim of a joint understanding on a United Nations partnership for nutrition has been regrettably slow – although this is not entirely within WFP's control. Within the SUN movement, WFP co-chairs the private-sector network and participates actively in the United Nations network. WFP has also hosted the REACH secretariat. In early 2015 it was agreed that the REACH secretariat should also become the secretariat for the United Nations network supporting SUN, and that a United Nations Global Nutrition Agenda would soon be published. It remains to be seen whether this constitutes a major step towards the enhanced partnership and agreed division of labour among United Nations nutrition agencies as envisaged by the policy.

27. Slow progress on global United Nations coordination has not necessarily prevented practical collaboration at the country level, although this is reported often to depend on personalities. WFP staff perceived relationships with UNICEF as the strongest – and the most improved – among the four main nutrition-focused United Nations agencies.

28. WFP has continued to have effective partnerships with the private sector, especially related to the development and improvement of quality nutritious foods, and their adaptation to local contexts.

<sup>15</sup> REACH is a collaboration among FAO, UNICEF, WFP and the World Health Organization (WHO) to support selected countries in addressing undernutrition through multi-sector, multi-stakeholder approaches.



### *Capacity in partner countries*

29. The country desk studies underscored the fact that programme effectiveness often depends on partners' complementary activities. WFP food products often need to be combined with other actions to become fully effective: for example, MAM programmes should be linked to effective health services. There was only occasional evidence of government capacity development being incorporated into nutrition programmes, and staff have sought more guidance and skills for working in this area.

## **Factors Explaining Initial Results**

### *Consultation and dissemination*

30. Progress in operationalizing the policy reflects a generally good understanding of it by staff, supported by senior management. Ownership among WFP's nutritionists and senior management was ensured by extensive consultations, particularly with the Board, before its adoption. However, consultation with country offices and other United Nations agencies was less thorough.

31. The evaluation found most available nutrition guidance to be of good quality, but there was scope for improvement, particularly with regard to how the policy areas relate to one another and how WFP interventions fit into multi-sector approaches. There is still little guidance on nutrition-sensitive programming or gender considerations. While much guidance has been drafted, especially by the Nutrition Division (OSN), its dissemination has been limited.

### *Resources for implementation and WFP's operating environment*

32. The policy indicated that most resources for implementation would come from adjustments to existing budgets and financing. This has been the case in relation to the changing food procurement patterns depicted in Figure 5 while Figure 6 above shows a significant increase in specialist nutrition staff. Dedicated resources for the NCSP supported OSN's roll out of the policy. Nevertheless, finance and staffing were experienced as major constraints: more than 75 percent of electronic survey respondents identified them as limiting factors. Resource constraints particularly limited prevention activities, for which support from donors has not matched the policy's ambitions.

### *Internal and external factors*

33. There has been strong management support of the policy and recent organizational restructuring with the creation of a single Headquarters Nutrition Unit and decentralization to regional bureaux and country offices was positive. However, the disruption associated with this and other changes was a constraint on the NCSP and systematic policy roll-out.

34. The internal environment has thus been generally supportive. The main caveat – not unique to nutrition operations – is the difficulty for WFP to adopt long-term strategic approaches (as implied by the policy emphasis on prevention and on work to develop government and other partner capacity development) in the context of typically short-term funding cycles.

35. The most limiting external factor is lack of funding for scaling up programmes envisaged by the policy. For several major donors, this reflects: i) WFP's perceived comparative advantage in emergency and/or conflict-affected contexts and states; ii) the view that WFP over-emphasizes food products to the exclusion of broader

interventions; and iii) concerns that there is a lack of evidence for some of the standard interventions proposed in the policy – a point supported by the evaluation’s own analysis.

### *Feedback and learning*

36. In its approach to academic partnering and operational research related to nutrition, WFP is rightly concerned with gathering better evidence and recognizes the importance of academic partners for improving the quality and credibility of research in which WFP participates. However, partly because of country offices’ autonomy, it has been difficult to develop a coherent operational research programme, and research efforts are spread too thin. WFP’s operational research has not focused sufficiently on the programming aspects of ensuring that nutrients of proven physiological value are effectively and cost-effectively delivered at scale.<sup>16</sup>

### *Sustainability*

37. To ensure sustainability, it is right to emphasize strengthening national governments’ nutrition governance. But this requires stamina, longer-term funding and skills in advocacy and policymaking. It is uncertain whether national governments can afford, over the longer-term, SNF procurement and distribution central to WFP’s approach. Long-term sustainability depends on nationally owned multi-sector strategies that address food systems as a whole.

## **Conclusions**

### **Quality of the Policy**

38. The policy was timely and its analytical framework useful. It continues to be relevant to WFP’s mandate and generally coherent with WFP strategies. However, while there is good evidence on physiological nutrient gaps, some of the policy’s prescriptions were not – and still are not – adequately supported by evidence. In addition, the policy omitted some issues – including the “double burden” – that are important for WFP’s nutrition response in some countries. The policy’s treatment of gender was largely superficial.

39. The policy had a practical orientation and expected to mainly adapt the allocation of existing resources, but it was unrealistic to expect prevention programmes to be funded on the scale envisaged. In areas such as nutrition-sensitive programming practical guidance was lacking, although this reflected a global knowledge gap.

### **Initial Results**

40. The policy is reasonably well understood within WFP but could be further supported with new guidance and more dissemination of existing guidance. However, external stakeholders are not necessarily convinced by the policy’s arguments for expanding preventive supplementary feeding.

41. The approach to M&E in the new SRF indicators is logical, but is still a work in progress. For instance, there is a lack of indicators for nutrition-sensitive programming; operational research needs to be improved.

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<sup>16</sup> Relevant topics include the effects of cash-based transfers on nutrition in different contexts.

42. There is no evidence that the major scale-up of nutrition activities envisioned in the policy has occurred. Activities to prevent chronic malnutrition have expanded rapidly, but slower than planned and beginning from a low baseline. WFP is in the early stages of adapting to the implications of nutrition-sensitive programming; given the scale of such programmes, this is an important area for continued work.

43. The policy is credited with standardizing WFP's use of nutritious foods, with upgraded specifications for foods procured by WFP. The deployment of more nutritionists indicates that WFP is making nutrition a higher corporate priority, but there remains scope for expanding at all levels WFP's nutrition capacity in terms of numbers of staff and staff skills.

44. WFP has not sought to displace other agencies' roles and has shown commitment to global nutrition partnerships through REACH, SUN and the clusters. But progress has been regrettably slow on a United Nations partnership framework for nutrition. At the country level, the extent of United Nations collaboration depends largely on personalities; WFP staff judge the relationship with UNICEF as the strongest, and the most improved in recent years.

### **Factors Affecting the Initial Results**

45. Positive factors relating to the policy included strong ownership of the policy, extensive consultation with the Board leading up to its adoption and dedicated NCSP resources for roll-out.

46. However, dissemination of the policy was limited despite trust-fund support. Financing and staffing have been major constraints, undermining initial expectations that implementation could rely on existing budgets. Funding for prevention activities has been particularly scarce, reflecting scepticism about the underlying evidence and widely held perceptions that WFP's comparative advantage is in short-term emergencies.

47. The policy has a strong analytical framework, but the sustainability of its results is doubtful given the difficulties of supporting national capacity development and legitimate concerns about whether product-focused interventions even if effective can be sustained by national governments. Long-term progress must depend on nationally owned, multi-sector strategies that address food systems as a whole.

### **Recommendations**

48. The evaluation made the following eight recommendations concerning the policy. The first three recommendations concern policy revision.

49. **Recommendation 1: Revision.** Do not revise the nutrition policy at this time. Ensure that nutrition objectives are embedded in the next Strategic Plan and consider a full revision of the nutrition policy during 2017, aligned with the new Strategic Plan. Submit annual nutrition policy updates to the Board in 2016 and 2017. [Executive Board and Office of the Executive Director (OED) for decision-making; OSN to prepare annual updates]

50. **Recommendation 2: Development.** Develop the policy further through subject papers to support improved guidance for policy implementation; include nutrition considerations in other WFP policies and guidelines. Subject papers should address such gaps as nutrition-sensitive programming and the "double burden", and become building blocks for the policy's revision after the new Strategic Plan is

approved. This work should be undertaken in the framework of the United Nations Global Nutrition Agenda, collaborating with other United Nations agencies as much as possible. [OSN and other units involved with nutrition-sensitive approaches (2016–2017)]

51. **Recommendation 3: *Guidance for implementation.*** Strengthen practical and targeted guidance to WFP staff and management, taking in account international best practices and findings from this evaluation and WFP’s operational research. New guidance should cover gender analysis and monitoring taking into account WFP’s new gender policy. Ensure that guidance is disseminated to staff regularly and is easily accessible. [OSN liaising with the Policy and Programme Division (OSZ), the Gender Office, regional bureaux and country offices (2015, 2016 and 2017)]

52. WFP needs to address current weaknesses in M&E of nutrition operations in order to strengthen learning and programme management in a dynamic policy and contextual environment. Regular monitoring needs to be complemented by specific operational research that addresses practical knowledge gaps regarding the effective delivery of nutrition interventions.

53. **Recommendation 4: *Monitoring and evaluation.*** Strengthen M&E of WFP nutrition operations by supporting country offices in reporting on the Strategic Results Framework indicators. This will involve: i) providing guidance on methodology; ii) providing guidance on supporting national M&E systems; and iii) ensuring consistent prioritization of quality M&E and utilization of its results (Recommendation 8). [OSN working with OSZ, the Performance Management and Monitoring Division (RMP) and regional bureaux (2016 onwards)]

54. **Recommendation 5: *Operational research and knowledge management.*** Develop, disseminate and implement a comprehensive operational research strategy that supports effective design, delivery and use of research within WFP and assures its quality. Develop a research agenda that addresses gaps in knowledge required for effective programming. The operational research strategy should emphasize effective partnering with international and national research bodies to guarantee quality and ensure the credibility of findings while strengthening national research capacity. [OSN and the Programme Innovation Service (2016)]

55. Recommendations 6 and 7 concern WFP’s internal capacity and its ability to work effectively in partnerships. While WFP needs staff with technical skills to implement nutrition programmes, policy and advocacy skills are also important. Effective action on nutrition requires multi-sector approaches (in support of government-led national nutrition plans, whenever possible); this requires collaboration and partnerships. Playing an effective (but not always leading) role in partnerships is the best way to address fears of “mission creep” and demonstrate WFP’s added value.

56. **Recommendation 6: *Capacity development in WFP.*** Ensure an appropriate balance of competencies among country office and regional bureaux staff to ensure high-quality implementation of nutrition programmes and enable effective advocacy with external stakeholders – particularly governments – and effective support for national strategy and planning processes. [OSN, the Human Resources Division and senior management in Headquarters and regional bureaux (2015 onwards)]

57. **Recommendation 7: Collaboration and multi-sector partnerships.** WFP should continue to stress the importance of multi-sector partnerships in addressing undernutrition and supporting national nutrition policies and strategies. It should actively participate in these partnerships in emergency, transition and non-emergency contexts. It should also seek a cohesive United Nations nutrition strategy and actively participate in mechanisms such as SUN, the cluster system, REACH and the Committee on World Food Security. Its external communications strategy should make a measured case for WFP's added value in both emergency and development contexts. [Board, OED and OSN at the global level; regional bureaux and country offices for country and regional partnerships (with support from the Government Partnerships Division for donor relations); and the Rome-based Agencies Division, the Committee on World Food Security and the Private Sector Partnerships Division (2015 onwards)]

58. This policy was adopted with the understanding that the costs of implementation would be primarily met by prioritization and reallocation of existing budgets. Although this has happened in areas such as improving commodity nutrition specifications, the evaluation found significant human and financial resource constraints on the policy's roll-out. These affect capacity (Recommendation 6) and M&E (Recommendation 4), and reflect systemic issues within WFP as well as overall availability of funding. With regard to resource mobilization, WFP has not yet succeeded in attracting donor funds commensurate with the policy's ambitious scale-up of nutrition interventions. This difficulty in attracting donor funds is linked to scepticism about the legitimacy of WFP's role in non-emergency contexts, and to a lack of strong evidence on cost-effectiveness.

59. **Recommendation 8: Resourcing the implementation of the nutrition policy.** Seek to mitigate the resource constraints hampering nutrition policy implementation by addressing their systemic causes. This implies: i) continuing implementation of the Financial Framework Review and other reforms that increase funding flexibility; ii) improving financial monitoring and cost-effectiveness analysis; and iii) continuing to advocate with donors for the longer-term funding required for prevention activities (while strengthening evidence-based advocacy for this support). [Board and OED (strategy); senior management and RMP (implementation and monitoring); Programme Review Committee (strategy and programme development); the Government Partnerships Division (donor relations); and OSN (through nutrition policy updates 2016 onwards)]

## 1. Introduction

### 1.1 Evaluation Features

#### Evaluation rationale and scope

1. Rationale: the Executive Board (EB) of the World Food Programme (WFP) approved WFP's nutrition policy (WFP 2012a) in February 2012. The WFP policy formulation document (WFP 2011d) states that any policy will be evaluated within 4–6 years of its adoption<sup>1</sup> to assess its effectiveness. However, at the time of approval, the Board requested an evaluation of this policy in 2015.

2. Objectives: as per the Terms of Reference (TOR), reproduced in full at Annex A, the evaluation serves the dual objectives of accountability and learning. Because this is an early evaluation, the accent is on learning.

3. Scope: the evaluation focuses on the period from 2012–2014, but also refers to earlier years for comparison and to understand the development of the policy. The TOR envisaged a primary focus on the policy's nutrition-specific dimensions but required that its influence on nutrition-sensitive approaches would also be reviewed.

4. Stakeholders: the TOR and Inception Report identified a wide range of internal and external stakeholders in the nutrition policy. Internal stakeholders include all levels of WFP management from the Executive Board downwards, and all units involved in nutrition implementation, reporting and advocacy at headquarters (HQ), regional and field levels. External stakeholders include national government partners, United Nations agencies (especially FAO, UNICEF and WHO<sup>2</sup> as the other main members of the United Nations nutrition network), non-governmental organisations (NGOs), academic partners, and WFP's donors. WFP engages with many of these stakeholders through international nutrition initiatives, as discussed in section 1.2 below.

5. Intended users: The principal intended users of the evaluation are WFP's Executive Board (which requested the evaluation), together with WFP senior management in Rome and the Regional Bureaus (RBs). It will be of special value to the Nutrition Division (OSN), but nutrition issues permeate WFP, so it will be of general interest across WFP, and also to the United Nations agencies and other bodies with which WFP partners on nutrition programmes, research and advocacy.

#### Methodology

6. The evaluation was conducted between December 2014 and June 2015,<sup>3</sup> by a fully independent team of five evaluators, three of whom are also nutrition specialists. The evaluation is supervised by WFP's Office of Evaluation (OEV).

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<sup>1</sup> The Policy Formulation document states that the stage at which an evaluation is required is "4–6 years from implementation", but this presumably means 4–6 years from the *beginning* of implementation.

<sup>2</sup> The Food and Agriculture Organization, the United Nations Children's Fund and the World Health Organisation.

<sup>3</sup> Preparation work began in December 2014, ahead of the inception mission to Rome in January 2015, which included substantive interviews with WFP personnel. An earlier draft of this report was the basis for a review workshop in Rome with an internal reference group on 17 June 2015.

7. A full methodology for the evaluation was set out in the Inception Report (Mokoro 2015b) and is summarised in Annex B. All WFP policy evaluations address three main evaluation questions (which provide the structure of Section 2):

- EQ1: What is the quality of the policy?
- EQ2: What are the initial results of the policy?
- EQ3: What were the factors that affected the implementation and the initial results of the policy?

8. The main features of the methodology included: elaboration of the theory of change underlying the policy (see Annex D), linked to a full evaluation matrix (Annex E, where the main evaluation questions and subquestions are summarised in Table E1); extensive review of internal and external documents (see the bibliography – Annex Q) and interviews with a full range of stakeholders (see the list of interviewees in Annex C); country desk studies, with document review supported by interviews, were undertaken for Bangladesh, Burkina Faso, Colombia, Lesotho and South Sudan – countries selected to exemplify a wide variety of contexts<sup>4</sup> (key findings are summarised in Annex K); a review of programming documents<sup>5</sup> from 10 additional countries, similarly selected. 154 WFP staff<sup>6</sup> from HQ, RBs and country offices (COs) responded to an e-survey (full report at Annex L).

9. The main limitations for the evaluation have been: (a) its timing, as already noted, leading to a focus on initial results and learning; (b) limitations in WFP data (discussed more fully in Annex H) which focus on tonnage rather than financial data, make it difficult to disaggregate WFP operations by programme type, and are inconsistent in beneficiary monitoring; (c) reliance on desk studies rather than field visits for the countries of special focus. This report notes specific limitations where they are relevant to particular issues and findings. However, the evaluation team believes that the findings and conclusions presented in this report are adequately supported by triangulated evidence. Successive drafts were reviewed in advance by a quality assurance panel that was not part of the core evaluation team, and WFP's evaluation quality assurance system (EQAS) was systematically followed.

10. The evaluation team consulted closely with the nutrition division during the inception phase (especially in elaborating the theory of change), and relevant WFP stakeholders were invited to comment on the evaluation's draft findings and recommendations. Prior to finalisation of the report, the evaluation's conclusions and recommendations were discussed with the WFP Internal Reference Group (IRG) at a full-day learning workshop in Rome.

## **1.2 Context**

### **External context**

11. The nutrition sector is noted for its complexity and dynamism. Over the years, a growing body of scientific evidence has increased – and continues to increase –

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<sup>4</sup> In terms of geographic region, operation types, income status, CO size, country population, pillars of the Nutrition Policy in country portfolio, REACH presence, SUN membership, nutrition profile, and procurement sources.

<sup>5</sup> For each country the exercise reviewed programme documents with nutrition components (EMOPs, PRROs, Development Projects) and related documents including SPRs, budget revisions, records of PRC deliberations, country strategies, and relevant assessment reports and evaluations. Countries were selected to ensure that pre- and post- 2012 programming documents could be compared.

<sup>6</sup> A response rate of 47 percent

understanding of the effects of malnutrition (e.g. the serious consequences and irreversibility of stunting), and there have been advances too in the treatment and prevention of undernutrition. A complex international architecture for nutrition and food security has formed and continues to develop. Annex F gives an overview of long-term trends for nutrition policy and planning, and for nutrition in emergencies, as well as a chronology for the development of the WFP nutrition policy.

12. In recent years nutrition has enjoyed unprecedented global attention. This can be attributed to robust evidence on the benefits of appropriate nutrition, particularly during the first 1,000 days (from conception to the age of two) (see *The Lancet* 2008); as well as extensive evidence for the efficacy of various nutrition interventions (presented in its follow-up, *The Lancet* 2013).

13. At the same time, there has been growing discontent with the state of the international architecture for addressing nutrition, criticised as both “fragmented and dysfunctional” (see *The Lancet* 2008). A number of inter-stakeholder coordination mechanisms and umbrella organisations have been established, including United Nations REACH (Renewed Effort against Child Hunger and Undernutrition – an interagency initiative for coordinating country-level efforts by WFP, UNICEF, WHO and FAO, which began in 2008), and the SUN (scaling up nutrition) movement (a multi-stakeholder collaboration that seeks to catalyse coordinated action for better nutrition in SUN member countries, launched in 2010). The present evaluation follows a recent independent comprehensive evaluation of SUN (Mokoro 2015a) and took place in parallel with an evaluation of REACH.

### **WFP context**

14. The chronology in Annex F links the nutrition policy development timeline to relevant events within as well as beyond WFP. WFP's business model has been changing. The shift from food aid to food assistance under the Strategic Plan 2008–2013 (WFP 2008c) has been marked by a broader toolbox, including more use of cash and vouchers, and by moves towards greater financial and administrative flexibility, more emphasis on alignment with and capacity development of partner governments, and a more strategic approach to country portfolios. These moves were reinforced by a strategic review during 2012, which led into the Strategic Plan 2014–2017 (WFP 2013i); see in particular the Framework for Action (WFP 2012b) and the Fit for Purpose organisational design (WFP 2012c, which involve an important shift towards greater decentralisation and responsibility for RBs and COs (while consolidating policy and programme units into a single nutrition unit at HQ).

15. The nutrition policy was prepared in the context of a WFP gender policy adopted in 2009 (WFP 2009b). An evaluation (WFP 2013j) was rather critical of the gender policy; the present evaluation took both documents into account in its gender analysis, and also referred to the new gender policy approved in May (WFP 2015k).

### **Terminology**

16. To avoid ambiguity the evaluation followed the definitions of key terms shown in Annex B. Of particular relevance for discussion of nutrition policy, the evaluation team followed *The Lancet* 2013 distinction between nutrition-specific and nutrition-sensitive interventions and also distinguished between interventions that are potentially or actually nutrition-sensitive – see Box 1 below.



## Box 1 Definitions of nutrition-specific and nutrition-sensitive interventions

According to The Lancet 2013:

- *Nutrition-specific interventions* are: “interventions or programmes that address the immediate determinants of foetal and child nutrition and development—adequate food and nutrient intake, feeding, care-giving and parenting practices, and low burden of infectious diseases”.
- *Nutrition-sensitive interventions* are: “interventions or programmes that address the underlying determinants of foetal and child nutrition and development—food security; adequate care-giving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions”.

The evaluation team note the need to distinguish between *potentially* and *actually* nutrition-sensitive programmes. To be considered as actually "nutrition-sensitive" in a strict sense, interventions should include an explicit nutrition objective and monitoring indicator(s).

### 1.3 WFP's Nutrition Policy and Its Implementation

#### The role of policies within WFP

17. WFP's Board-approved guidance on policy formulation (WFP 2011d) states that:

New Policies are initiated when WFP enters into new areas of work, when a gap in existing policies is identified, or when the changing context or directives from governing bodies require a policy to be reviewed and reissued. (§6)

Implementation of WFP policies includes the following activities:

An implementation plan/strategy is prepared by the lead division with support from relevant divisions....

The PRC [Programme Review Committee] provides policy and normative guidance on the design of WFP's operational projects, including recommendations to regional bureaux and country offices on the policy, design, strategy and implementation of projects. ...

Regional Directors and country directors ensure that the policy guidance is followed in a country office's projects and Country Strategy.

The relevant divisions monitor and support policy implementation and assess the effectiveness of policies... (§13)

Within four to six years of implementation, a policy is evaluated to assess its effectiveness. (§14).

18. Policy papers that bring WFP into a new area of work and/or have significant budget implications are submitted to the EB for approval. Other policy documents may be submitted for consideration, while policy updates may be submitted for information – and are not normally discussed at the EB meeting (WFP 2011d, §17).

## Evolution of the Nutrition Policy

19. The 2012 nutrition policy (NP) comprises two complementary documents. The WFP Nutrition Policy (WFP 2012a<sup>7</sup>) was approved by the EB in February 2012, but the EB also requested additional details which were submitted (for information) to the following EB meeting ("Follow-up to WFP Nutrition Policy" – WFP 2012i).<sup>8</sup>

20. Preparation of the NP took place against the background of the evolution of the SUN movement and numerous other initiatives in nutrition and food security.<sup>9</sup>

21. The 2012 NP explicitly replaced all previous policies. The main earlier policy documents were: (a) three papers approved in 2004: "mainstreaming nutrition in WFP" (WFP 2004a), "nutrition in emergencies" (WFP 2004c), and "micronutrient fortification" (WFP 2004b); and (b) a Nutrition Improvement Strategy approved by the Executive Policy Council in 2009 (WFP 2009d).

22. Extensive consultations around the emerging draft policy took place in 2010 and 2011 (see WFP 2010a and WFP 2011c). When the policy was approved by the EB in early 2012, it also requested the follow-up paper already mentioned, a progress report in 2013 (see WFP 2013b) and the present evaluation in 2015.

## Themes of the Nutrition Policy

23. The NP document placed the policy within the context of emerging evidence about undernutrition and the global movement seeking to address it:

Action on nutrition is accelerating in different sectors, nationally and globally, and involving governments, United Nations agencies, non-governmental organizations, civil society and the private sector. This policy paper presents WFP's vision of how to contribute to this global movement and defines a policy framework for doing so. (NP Executive Summary)

24. WFP's mission in nutrition is described as:

.. to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age-appropriate diet for those who lack it and to support households and communities in utilizing food adequately. WFP ensures access to the right food, at the right place, at the right time. (NP Executive Summary)<sup>10</sup>

25. The policy proposes that WFP will design and support the implementation of programmes and operations in the following areas<sup>11</sup> (as depicted in Figure 1 below):

- i) treating moderate acute malnutrition – wasting;
- ii) preventing acute malnutrition – wasting;
- iii) preventing chronic malnutrition – stunting;
- iv) addressing micronutrient deficiencies among vulnerable people;
- v) strengthening the focus on nutrition in programmes without a primary nutrition objective.

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<sup>7</sup> Hereafter cited as NP.

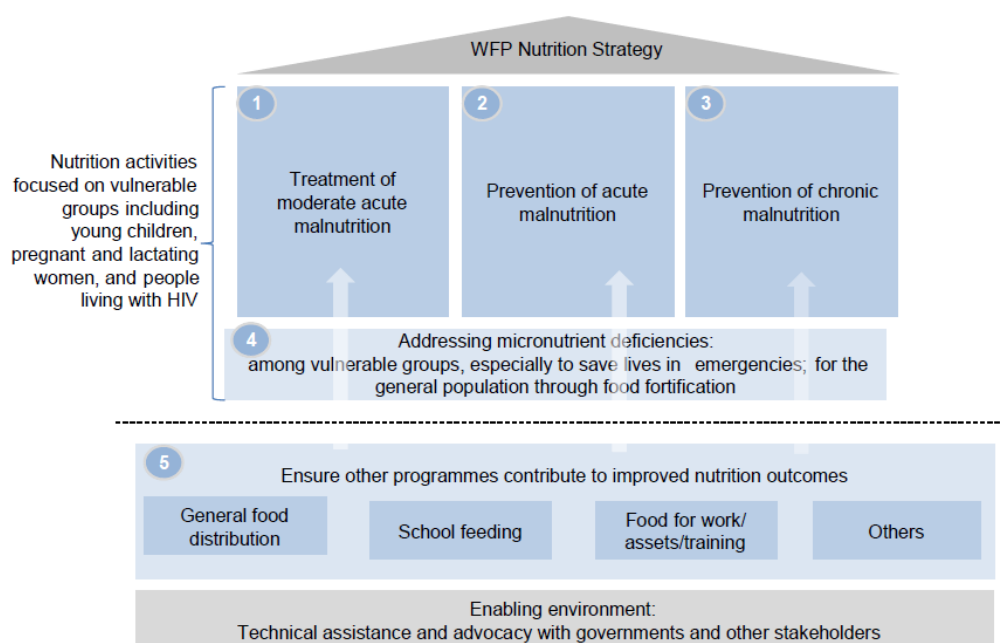
<sup>8</sup> The "Update on the Nutrition Policy" which was submitted for information to the June 2013 EB session (WFP 2013b) was a report on implementation, not a further elaboration of the policy.

<sup>9</sup> See the comprehensive account in the SUN evaluation, Mokoro 2015a, which includes an extensive inventory of initiatives since the early 1990s.

<sup>10</sup> The "right food" is food that provides the nutrients required by the target group. The "right place" refers to the geographic areas where vulnerable groups are located, and the locations and settings where food assistance is best delivered. The "right time" includes the time of life, such as early childhood, when the opportunity for making a lasting investment in future health and development is greatest, and the moments when needs are greatest, such as during emergencies, recovery and rehabilitation. (Nutrition Policy, footnote 7)

<sup>11</sup> The update in 2013 (WFP 2013b) referred to these areas as pillars, and the evaluation team have used area/pillar interchangeably in this report.

**Figure 1 Nutrition Policy Framework Diagram**



Source: Nutrition Policy 2012, WFP 2012a, p8

26. Areas (i)–(iv) relate to nutrition-specific interventions, whilst area (v) concerns interventions in the nutrition-sensitive sphere.

27. In line with WFP's mission and the areas identified for WFP nutrition work, the policy commits WFP to the following objectives (NP ¶21):

- i) Scale up high quality food assistance programming.
- ii) Serve as a resource, advocate and thought leader for food-based nutrition interventions to address undernutrition.
- iii) Strengthen WFP's internal systems, skills processes and capacity for nutrition leadership and high-quality programming.
- iv) Develop the capacity of governments and partners to implement cost-effective programmes.

### Elements of novelty

28. The NP was by no means a complete break with its predecessors (¶21 above), but it provided a more integrated approach, and the following elements were either new or much more prominent than before:

- a) An updated and integrated analytical framework – including the distinction between nutrition-specific and nutrition-sensitive interventions. This drew on the emerging nutrition consensus that was crystallised in The Lancet 2008, and propagated a common vocabulary for discussion of nutrition within and beyond WFP.
- b) Increased attention to stunting and an accent on prevention, linked to an explicit commitment to "scale up high quality food assistance programming" (NP¶21i) and an acknowledgement of the policy's high level of ambition:

WFP has worked on nutrition interventions for a long time; this policy broadens the scope for addressing undernutrition, and mandates a significant scale-up and quality improvement. (NP¶30)

The policy proposed explicit thresholds/triggers for WFP interventions summarised in Annex G

- c) Highlighting that "because undernutrition has a range of immediate, underlying and basic causes, tackling it is a multi-disciplinary, multi-stakeholder task that should be led by national efforts" (NP ¶19). The policy envisages a central role for multi-faceted partnerships between WFP and national governments, other agencies in the United Nations system, NGOs, the private sector, academia and donors.
- d) Related to this, the significance of partnerships in carrying through the policy, including WFP's role in the REACH and SUN networks<sup>12</sup> (this was an aspect which, at the EB's request, was elaborated more fully in the Follow-Up<sup>13</sup>).
- e) Including an objective to develop the capacity of governments and partners.

29. Figure 2 below maps the main partnership groups and their primary focus areas as set out in the NP. Partnerships with United Nations agencies are developed in comparatively more detail, with a coordination architecture grounded in United Nations Development Assistance Frameworks (UNDAFs), the emergency cluster system, inter-agency memorandums of understanding (MOUs) and informal agreements, as a means of informing division of labour between WFP and fellow United Nations agencies.<sup>14</sup> This can be considered a reflection of ongoing efforts to move away from historical tensions between nutrition agencies based on rivalry and "turf wars", to stronger collaboration based on an appreciation of each agency's comparative advantages as they relate to nutrition.

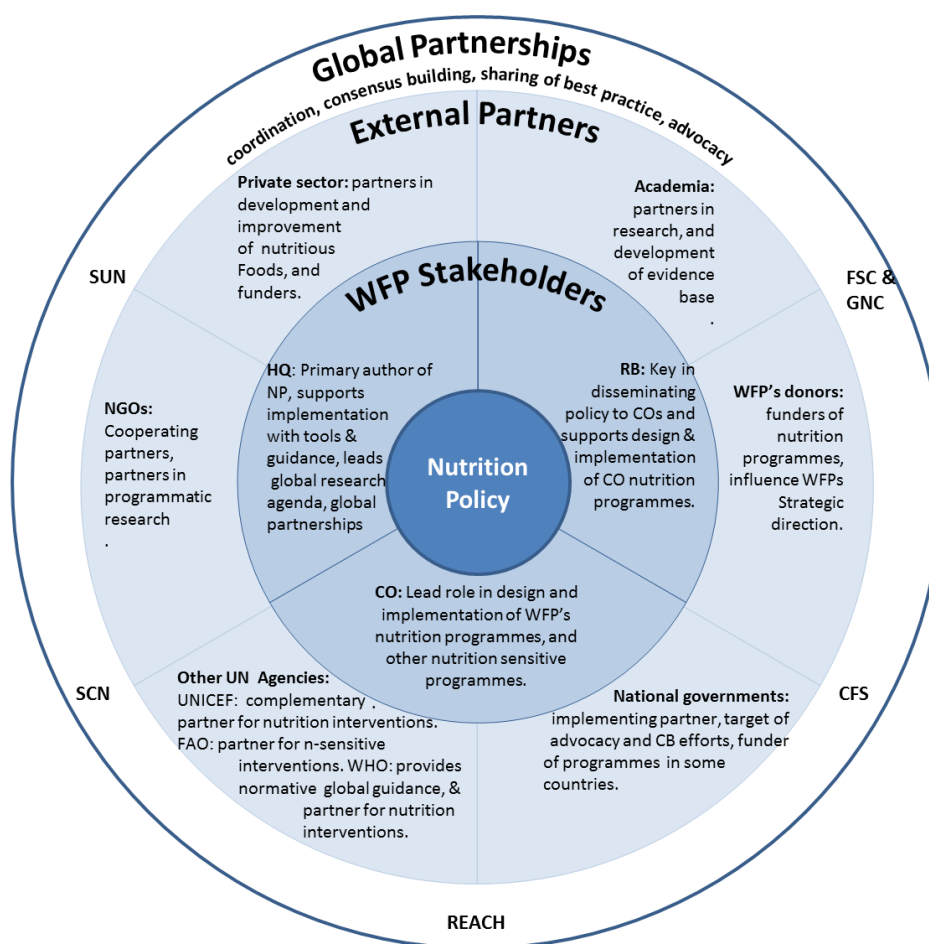
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<sup>12</sup> The United Nations Standing Committee on Nutrition (SCN), the Committee on World Food Security (CFS), the Food Security and Nutrition Clusters (FSC and GNC) are also mentioned.

<sup>13</sup> The Follow-up (WFP 2012h) included an undertaking that WFP would work with WHO, UNICEF and FAO in drawing up a partnership framework which would specify WFP's priorities and activities on the basis of the SUN roadmap, and would, over the longer term, work with the same agencies to develop a "Division of Labour" in nutrition along the lines of the UNAIDS division of labour.

<sup>14</sup> Specifically, the Nutrition Policy sets out WFP's responsibilities as dietary access, expertise on the right food, at the right place, at the right time, and the treatment and prevention of MAM; UNICEF's responsibilities are treatment of SAM, WASH and advising governments on appropriate caring practices; WFP will collaborate with UNHCR on supporting nutritional needs of refugees and IDPs [internally displaced people]; with WHO to ensure that adequate normative guidance directs operations; with FAO on food security and agricultural programmes; and with UNAIDS on nutrition issues related to HIV and tuberculosis.

**Figure 2 WFP's Nutrition Partnerships envisaged in the Policy**



### Theory of change

30. The influence of the UNICEF model of immediate, underlying and basic causes of malnutrition on the NP document is clear, but it does not include a theory of change (ToC) for the policy itself. The evaluation team collaborated with the nutrition division to develop a reconstructed theory of change, spelling out key assumptions (see Annex D). This was valuable in confirming the intentions of the NP's authors and then in testing the validity of the assumptions (see Annex O).

### Activities for implementation of the policy

31. The NP has very broad implications, since it set out to influence the way WFP undertakes almost all its existing operations, as well as advocating for a substantial expansion of nutrition programmes. Responsibility for implementing such policies rests with all regional and country directors, as well as HQ staff (see ¶17 above). The evaluation team consider in Section 2.2 below (supported by the data in Annex G) the ways in which the policy might be expected to influence WFP's portfolio composition and the extent to which there are signs of such changes.

32. A main purpose of the NP follow-up (WFP 2012h), was to supply more detail on plans for policy implementation and their costs. It argued that most of the NP's implications would be addressed by re-focusing of existing resources, but also identified specific, one-off extra-budgetary requirements of US\$15 million (WFP

2012h). These specific activities were mostly grouped under the Nutrition Capacity Strengthening Plan (NCSP), which was supported by several donors (principally Canada) through a trust fund held by the nutrition programme unit (OSZAN, now OSN). Annex I summarises activities and expenditures under the NCSP.

## 2. Evaluation Findings

### 2.1 Quality of the Nutrition Policy

#### Introduction

33. This section provides an analysis of the quality of the policy, regardless of its implementation and results. It addresses the first series of subquestions shown in the evaluation matrix (Annex E), drawing on the evaluation team's own assessments of the policy documents and the opinions of interviewees and survey respondents.

#### Clarity and internal consistency [EQ1.3<sup>15</sup>]

34. The evaluation found the policy well-written and clear. The analytical framework depicted in the policy (Figure 1 above) is helpful and internally consistent. This assessment of the policy document itself was shared by interviewees, though there were some suggestions that it could usefully have included a glossary.

35. The policy's authors and other WFP stakeholders agreed that the theory of change in Annex D captures the key assumptions and intentions of the policy, but the evaluation found that some (mainly external) stakeholders have a differently nuanced understanding of the basis for nutrition policy (e.g. in "right to food" approaches vs. an emphasis on food products). The relevance of nutritious food in emergencies is rarely challenged, but in development contexts there is often more emphasis on overall nutritious diets linked, where possible, to local production.<sup>16</sup>

36. The evaluation team considered that clarity could be improved by strengthening some of the detailed guidance supporting the policy rollout. This was echoed by the e-survey findings (see Table L2 in Annex L) which in particular highlighted the need for more guidance around the double burden/obesity, multi-sectoral approaches, nutrition-sensitive programming, behaviour change communication, nutrition governance, gender and dietary diversity (see Table L2 in Annex L). The same issues came up in interviews and the country desk studies.

#### Relevance and evidence base [EQ1.1, 1.2<sup>17</sup>]

##### *Overview*

37. There were reportedly some sceptics during early discussions who doubted whether WFP needed a comprehensive nutrition policy at all. However, this view was not expressed in any of the evaluation team's interviews; there is now a consensus (shared by the evaluation team) that it was useful and timely to adopt a nutrition policy. Given mounting scientific evidence about nutrition's importance and the costs of undernutrition, and the increased attention of the international community, it now seems inconceivable that WFP would not have a nutrition policy. Residual criticisms focus on the content and implementation of the policy.

38. The policy was also relevant in drawing WFP EB and management attention to the developing consensus on undernutrition, highlighting the significance of stunting

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<sup>15</sup> Is the policy clear and internally consistent?

<sup>16</sup> India and Bangladesh are among countries which have resisted the importation of specialised foods.

<sup>17</sup> How relevant is the policy? Are its objectives appropriate and is it soundly based on evidence? Is the policy sufficiently focused on beneficiary needs, including relevant gender and equity dimensions?

and the need for different response to different types of undernutrition.<sup>18</sup> It provided useful links to the discourse of the SUN movement and highlighted the importance of multi-sectoral and multi-stakeholder approaches. There are, however, disagreements amongst stakeholders (both internal and external) as to whether all its recommendations for WFP action were appropriate or proportionate; these perceptions hinge on the extent to which the NP's recommendations are sufficiently based on evidence.

39. The evaluation undertook a careful review of the policy's use of evidence (alongside consideration of subsequent emerging evidence and WFP's operational research programme) – see Annex J. This review identifies both strengths and weaknesses in the NP's use of evidence, summarised below for the five main areas identified by the policy. The evaluation found that whilst the evidence at the time of the policy formation was strong in some areas (such as the physiological requirements for nutrients and the physiological case for the treatment of moderate acute malnutrition), it was weaker in others (such as the impact of nutrition sensitive programming on improved nutrition outcomes and the prevention of acute and chronic malnutrition). Since then some of the evidence gaps have been filled, but others remain, including around the impact of nutrition specific programming for prevention of MAM and stunting.

#### *Treatment of moderate acute malnutrition (MAM)*

40. There was strong evidence that treating MAM saves lives, but evidence at the time raised serious doubts about the effectiveness of targeted supplementary feeding programmes (TSFPs) due to high defaulting and low coverage, probably due to contextual factors (Navarro-Colorado et al 2008). Including this component is important to contribute to reducing mortality, but it could also have been an opportunity to enable WFP and its partners to improve understanding of all the main factors that limit effectiveness and how to overcome them. Instead, the emphasis is more on commodities – "increasingly using commodities with appropriate nutrient content" (NP¶35) and "optimal use of the right commodities" (NP¶36).

41. There are some aspects of sound treatment of MAM which the policy does not directly address, despite some supportive evidence being available at the time. Such gaps include how to ensure continuity between severe acute malnutrition (SAM) and MAM programmes, and issues around the coverage of programmes to treat MAM.

#### *Preventing acute malnutrition*

42. At the time of the NP's development, evidence for this component was weak and inconsistent. The policy acknowledged this but also advocated a role for WFP in generating understanding on the most appropriate responses. (The evaluation discusses the quality of WFP's operational research in section 2.3, see ¶151ff.)

#### *Preventing chronic malnutrition*

43. The NP proposes that in all countries, provinces, districts or communities where stunting prevalence is at least 30%, all children aged 6 to 23 months and pregnant and lactating women (PLW) should receive a nutritious dietary supplement

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<sup>18</sup> But this should not be pressed too far: in most cases the different types of malnutrition coexist and measures to address them will overlap. Holistic contextual analysis is essential. Recent work has highlighted the connections between wasting and stunting (Khara & Dolan 2014).



(see Annex G). The Lancet series 2008 did provide evidence that complementary feeding support including education and food supplement or conditional cash transfers for food insecure populations did have a positive effect on stunting (Bhutta et al 2008), but this was based on a limited number of studies and the effect on stunting was modelled on an unrealistic level of programme coverage. Evidence also highlighted the lack of understanding on the use of lipid-based nutrient supplements (LNS) to address chronic malnutrition (Dewey & Arimond 2012), but this was not acknowledged in the NP. The NP does not sufficiently reflect that prevention of stunting needs to focus on the complexity of multisectoral causes; even before the policy was drafted, it was being argued there was too much emphasis on food-based solutions without enough consideration of actual causes of undernutrition and addressing other factors (Levine & Chastre 2004). Potential risks of blanket supplementation in contexts of a 'double-burden' of malnutrition were not mentioned, although raised by evidence at the time (Grijalva-Eternod et al 2012).<sup>19</sup>

44. The policy focuses largely on the period from 6–24 months, but emerging evidence since 2012 has underlined the importance of the first 450 days (conception through 6 months of age) in the emergence of stunting. In future policy revisions, the importance of this preceding period of stunting emergence needs more attention.

#### *Addressing micronutrient deficiencies*

45. The NP in this area is fairly well supported by the evidence available at the time which includes the Lancet 2008 series and a Cochrane systematic review (De-Regil et al 2011), as well as implementation experience dating back to the 1930s. This led WHO to produce a guideline on the use of micronutrient powders (MNP) for home fortification of foods for infants and children aged 6 to 23 months; however, this recommends that such interventions should be part of a national infant and young child feeding programme (WHO 2011b). Moreover, the evidence comes from development contexts so it is unclear whether the same findings apply to emergency contexts. Micronutrients may also be provided through fortification of basic foods: again there is evidence that this can be effective, but stronger monitoring and evaluation (M&E) of large scale fortification programmes is needed to establish their impact.

#### *Nutrition-sensitive programmes*

46. Evidence on the impact of nutrition-sensitive programmes on improved nutrition outcomes was and remains weak (Ruel et al 2013). Thinking was already emerging on adapting programme design to maximise nutrition benefits (e.g. EC 2011) but this is not emphasised in the policy, which notes that "any programme that remedies or mitigates poverty can address nutrition deficiencies" (NP ¶58).

47. The NP is aligned with evidence on school feeding which showed limited direct impacts on growth and nutrition outcomes from school feeding (Kristjansson et al 2007, Jomaa et al 2011), since it envisages improved nutrition as an indirect outcome through better learning outcomes, improving adolescent girls' school attendance thereby delaying first pregnancy and reducing the risk of HIV infection. The policy

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<sup>19</sup> The double burden was being widely discussed by 2012, when the Sixty-fourth World Health Assembly, Geneva, Switzerland, May 2012, urged Member States, to put into practice, as appropriate, comprehensive implementation plans on maternal, infant and young child nutrition, including developing or strengthening nutrition policies **so that they comprehensively address the double burden of malnutrition** and include nutrition actions in overall country health and development policy. [emphasis added]

does identify school feeding as an opportunity to improve micronutrient intakes but it does not identify school feeding as a form of asset transfer and as such a type of social safety net. This thinking was already well established (Bundy et al 2009).

48. The evidence-base for the ability of cash/vouchers to affect nutrition outcomes and how to design such programmes was limited in 2011/12 (and remains so), particularly in emergencies (Bailey & Hedlund 2012). In developmental settings, it was known that an impact is more likely when cash is part of an integrated programme, and the NP emphasises determining the best transfer modality and the most appropriate delivery mechanism depending on the context. It was already known at the time that prevention requires a combination of interventions (in line with the conceptual framework) of which cash is just one component. However, there is little mention of what needs to be added to cash programmes to affect nutrition outcomes or of the use of cash in integrated programmes.

#### *Gender focus of the policy*

49. The policy includes minimal articulation of gender. It commits to integrating gender, but does not provide clear guidance or understanding of how gender should be incorporated in nutrition programming.

50. The evaluation of WFP's gender policy (WFP 2013j) found that gender integration in WFP programmes has largely been a bottom-up, country-led process, rather than one influenced by a clear organisation-wide vision. While it found evidence of progress in identifying gender-based needs and priorities in many programme areas, including nutrition, it noted less evidence of WFP contributing to transformative changes in gender relations. The evaluation further noted that capacity development of WFP staff in gender has been inadequate and there is currently no shared definition of what gender means for WFP; there remains a strong focus on specifically targeting women, which “results mainly from a vulnerability rather than a gender lens”. In terms of “breaking gender barriers in MCHN [maternal and child health and nutrition]”, the evaluation found programmes to be predominantly focused on women and children, with “some limited evidence of the inclusion of men in nutrition training or activities (e.g. in Bangladesh, El Salvador).” The NP reflected these weaknesses in WFP's approach to gender at the time.<sup>20</sup>

### **Coherence [EQ1.4, 1.5, 1.6<sup>21</sup>]**

#### *Internal coherence*

51. The NP is obviously relevant to WFP's mandate; it was, and remains, coherent with WFP's strategic plan (SP) and other policies. The NP was formulated under the SP 2008–2013 (WFP 2008c) and was in place during the formulation of the SP 2014–2017 (WFP 2013i). It is coherent with both plans, inasmuch as both have strategic objectives that involve addressing chronic as well as acute malnutrition. SP 2008–2013 contained many references to nutrition security and include a strategic objective to “reduce chronic hunger and undernutrition” as well as seeking to save lives in emergencies and prevent acute hunger. SP 2014–2017 similarly has an objective to

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<sup>20</sup> As WFP has shifted from “empowerment of women” to a gender approach, the organisation is gradually moving towards an improved understanding and incorporation of gender in all its activities and the new gender policy (WFP 2015k) will be valuable in guiding that approach.

<sup>21</sup> Is the policy coherent with WFP's strategic plan and other relevant policies? Is the policy coherent with the international architecture, global initiatives and corresponding partnerships? Is the policy coherent with other nutrition agencies' strategic positioning?

"reduce undernutrition and break the intergenerational cycle of hunger". However, the phrase "nutritious food" which does not appear at all in the SP 2008–2013, appears 24 times in the SP 2014–17; this seems to echo the NP's emphasis on the nutritional quality of the foods supplied by WFP, but some commentators regret this emphasis on the nutritional quality of specific foods and emphasise that adequate long-term nutrition needs to be conceptualised in terms of nutritious diets.

52. The NP has implications for almost everything that WFP does, both in emergency and development contexts, and therefore should be coherent with all other WFP policies. The evaluation found no examples of inconsistencies between it and other policies, but there is scope for stronger cross-referencing of mutual implications with other policies<sup>22</sup> (notably in drawing out the implications of nutrition-sensitive approaches where appropriate). This point was echoed by a number of interviewees. As already noted (¶49–50 above), the NP as drafted reflected weaknesses in WFP's gender policy at the time.

### *External Coherence*

53. As regards coherence with other agencies' positioning and with the international architecture for nutrition:

- a) The NP (including the follow-up) provided a clear statement of the envisaged WFP role across different aspects of nutrition.
- b) In practice (interviews with external stakeholders) WFP is perceived as encroaching on other agencies' mandates in some cases – especially in relation to other United Nations agencies (see ¶54 below).
- c) It could have placed more emphasis on integration with other interventions (and hence on related partnerships – especially for the prevention of chronic undernutrition and the implementation of nutrition-sensitive approaches).

54. The policy (and follow-up) recognised that the respective roles of WFP, WHO, UNICEF and FAO<sup>23</sup> and their division of labour as regards nutrition were not sufficiently worked out. Accordingly, the Follow-up (WFP 2012h) included an undertaking that WFP would work with WHO, UNICEF and FAO in drawing up a partnership framework which would specify WFP's priorities and activities on the basis of the SUN roadmap, and would, over the longer term, work with the same agencies to develop a "Division of Labour" in nutrition along the lines of the UNAIDS division of labour. As discussed in Section 2.2, progress in this regard has been slow, but this is only partly within WFP's control (see ¶126ff).

### *Coherence with international standards and relevance to the most vulnerable*

55. Consistency with available scientific evidence (¶37ff above) is one dimension of relevance. Another is meeting the needs of the most vulnerable, taking account of accepted international standards (e.g. Sphere Project, 2011 see Box 2 below). In this regard, the NP aims to respond to various forms of undernutrition (stunting, wasting and micronutrient deficiencies); while it aims to consider the entire population, it focuses more specifically on PLW and young children (under 2), who are recognised as the most nutritionally vulnerable groups. The NP mentions some other vulnerable

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<sup>22</sup> Such as between the nutrition policy and the cash and voucher policy.

<sup>23</sup> IFAD (the International Fund for Agricultural Development) was also noted in the Nutrition Policy as having a nutrition mandate, but was not mentioned in the follow-up document.

groups including those living with HIV/AIDS, but it does not mention older people, who are a recognised vulnerable group in emergencies (Sphere Project, 2011).

## **Box 2 Sphere Standards for the Right to Adequate Food**

The Sphere Project is a voluntary initiative that brings a wide range of humanitarian agencies together around a common aim to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations. The Sphere Handbook – *Humanitarian Charter and Minimum Standards in Humanitarian Response* – is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response.

Within these standards, key aspects of the right to adequate food include:

- the availability of food in a quantity and of a quality sufficient to satisfy the dietary needs of individuals, free from adverse substances and acceptable within a given culture; and
- the accessibility of such food in ways that are sustainable and do not interfere with the enjoyment of other human rights.

The standards recognise that groups most frequently at risk in emergencies are women, children, older people, disabled people and people living with HIV/AIDS (including PLW).

Source: [www.sphereproject.org](http://www.sphereproject.org), Sphere Project, 2011

56. The NP's five pillars widen WFP's role to align with an increasing focus on stunting, and embrace nutrition-sensitive as well as nutrition-specific approaches. The NP conceptually bridges the emergency/development divide by identifying actions to meet the needs of the most vulnerable both in acute (crisis) situations and in chronic (development) scenarios. The evaluation team considers that policy's menu of options should enable WFP to respond appropriately, based on the varying needs of the populations in the contexts where it works (thus conforming with Sphere standards – Box 2 above). Thus, although there is no specific mention of the double burden of malnutrition (which is increasingly relevant to many contexts of WFP's work), there is scope to address such issues within the NP's pillars.

57. The policy omits to mention the need for consistency within the United Nations on messaging around infant feeding and WFP's role in supporting mothers to breastfeed exclusively until their infant reaches 6 months (which is one of the objectives of support to lactating women) and to continue breastfeeding alongside the addition of complementary foods from 6–24 months of age and beyond. WFP's support to sustainable infant and young child nutrition and its provision of products for this age group should abide by the International Code of Marketing of Breast-milk Substitutes (the Code – WHO 1981) and the NP could go further in making a clear statement of WFP's intention to align with and adhere to the Code.

58. In addition, international guidance on the management of MAM in emergencies, in the form of the Global Nutrition Cluster (GNC) MAM toolkit, specifically notes the importance of the link between IYCF-E activities and advocacy and the management of acute malnutrition:

“it is important to address IYCF-E as part of the prevention of acute malnutrition and treatment of MAM intervention, particularly to emphasize exclusive and continued breastfeeding and optimal complementary feeding in children 6-23 months of age. There

are a number of different contact points within CMAM for meeting with mothers/caregivers to discuss and support recommended infant and young child feeding practices. It is also important to include basic information on [IYCF] in an HIV context.” (GNC 2014)

59. While WFP is frequently engaged in such activity in the field, both in relation to CMAM and more generally, this is not captured in the policy.

### *Consistency between global and country level orientations*

60. Whilst being a high-level policy document, the NP is quite clearly geared towards programming and strengthening WFP’s implementation of nutrition programmes at country-level. As noted in ¶155, the NP’s broad conceptual framework should enable WFP to respond appropriately in a variety of different country contexts and operating environments. At the same time (¶128 above), one of its elements of novelty is the NP’s stress on partnerships, including global networks and clusters. The NP thus addresses both country and global level of WFP’s role in nutrition. The global forums themselves emphasise country-level coordination, and the evaluation team regard the NP’s dual focus as entirely appropriate.

### **How practicable<sup>24</sup> is the policy? [EQ1.7]**

61. The NP had a very practical orientation. Based on its analysis of nutrition issues and objectives, it drew quite specific implications for what WFP (and partners) should seek to do across each of the five policy areas (and for optimising the nutritious properties of food provided by WFP). For nutrition-sensitive actions, inevitably, its prescriptions were more vague, but for the other areas it proposed specific criteria for interventions – as summarised in Annex G. The role of a policy document is to set overall directions, and it therefore needs to be considered alongside additional guidance and training (the role of dissemination and guidance is considered in section 2.3). The evaluation also discusses the policy’s resource implications in section 2.3. At this point, the evaluation team observes that policy was made more practicable by its intention to rely mainly on the adaptation of existing programmes and budget lines, rather than requiring a major new budget line for implementation. On the other hand section 2.3 also shows that the level of scaling up of WFP programmes that it appeared to imply was rather implausible,<sup>25</sup> and not fully consistent with the stated intention to rely mainly on adapting the use of existing resources.

## **2.2 Initial Policy Results**

### **Introduction**

62. This section reviews initial results of the policy, addressing the second series of subquestions shown in the evaluation matrix (Annex E). It draws on findings from the country desk studies (see Annex K), a review of programme documents for 10 additional countries, the data review summarised in Annex G, and perceptions from the e-survey and from interviewees. Since the nutrition policy was quite recently adopted, it was not realistic to look for results at outcome or impact level – the

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<sup>24</sup> The Inception Report proposed the following criteria for the *practicability* of the policy: is it feasible to implement on the anticipated timescale and with the resources likely to be available? Is it consistent with WFP management procedures and systems? Are its cost implications realistic?

<sup>25</sup> It follows that the policy’s proposed intervention criteria (Annex G) did not provide a sufficient basis for targeting of interventions – cf. EQ1.2c).

evaluation's focus was on the immediate results in terms of WFP activities and outputs. This section considers first the extent to which the policy is understood across WFP, then the extent to which WFP M&E is geared towards capturing results of the policy. It then reviews available data on changes in WFP programming and implementation, and the policy's implementation as reflected in corporate strategy and partnerships.

### **Understanding of the policy [EQ2.1<sup>26</sup>]**

63. Understanding of the policy is a pre-requisite for its implementation. The evaluation's assessment of the general understanding of the policy is based mainly on interviews (for external stakeholders) and, for WFP staff, on interviews augmented by the country desk studies and the e-survey.

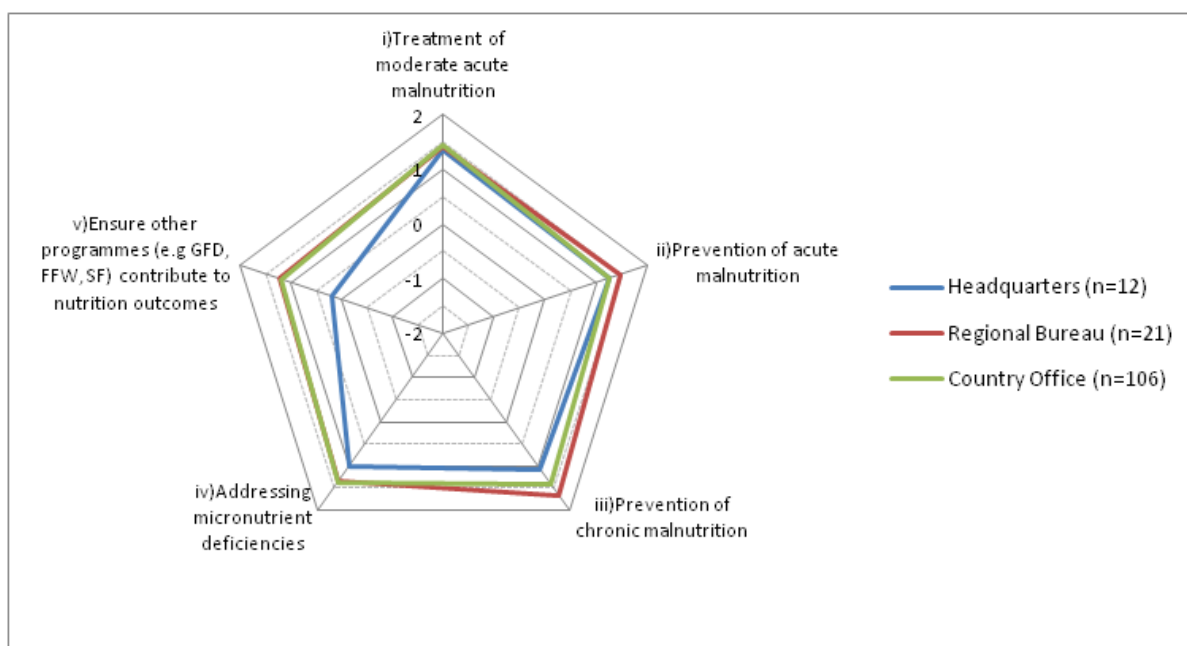
64. Key findings are (a) that the policy is reasonably well known and accepted within WFP; (b) that WFP staff also look for follow-up guidance to assist with operationalising the policy; (c) that the policy has not allayed the concerns of some stakeholders (including some other agencies involved in nutrition and some members of the WFP board) about a potential expansion of the mandate of WFP.

65. The e-survey (Annex L) confirmed interview findings that there is generally good awareness of the policy across WFP. Overall, 79% of respondents stated that they were either reasonably or very familiar with the 2012 NP; differences between HQ, RB and CO scores were slight. Awareness was, unsurprisingly, higher amongst the nutritionists (97%), but fairly high for non-nutritionists (76%) nonetheless (see Figure L2). The main way in which respondents became acquainted with the policy was through reading the document itself (80%) (Figure L3), for both nutritionists and non-nutritionists. More nutritionists identified training as their primary means of familiarisation (10%) compared with non-nutritionists (3%). Awareness of nutrition-sensitive and nutrition-specific concepts appears to have widely infiltrated WFP staff's understanding at all levels, but with the HQ level less assured (17% "not familiar", compared with over 96% and 90% of CO and RB staff (respectively) at least "reasonably familiar" with the distinction – see Figure L6).

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<sup>26</sup> Is the policy clearly and accurately understood by those to whom it is addressed?

**Figure 3 Internal perceptions of the importance of the nutrition policy’s five focus areas**



Source: electronic survey.

66. As indicated by Figure 3 above, all five pillars are considered important, but their perceived relative importance varies by level of respondent. Overall, CO staff considered all pillars to be of similar importance (reflecting, perhaps, the diversity of country contexts in which WFP works). RBs gave slightly more weight to pillar 3, prevention of chronic malnutrition. Notably, nutrition-sensitive approaches are not given the same weight throughout WFP, with HQ respondents considering pillar 5 to be less important. This is unfortunate in itself and may contribute to external perceptions that WFP is not fully committed to a multi-sectoral approach (see ¶69).

67. The CDSs also found that the five pillars are simple to understand and broadly fit with existing operations and country strategies. There were, however, some gaps in the policy from the perspectives of COs (as already noted in ¶36 above).

68. In summary, the evaluation found that understanding of the policy amongst WFP staff is good, although understanding and appreciation of the fifth – nutrition-sensitive – pillar may be lagging. Some potential gaps in the policy were flagged by COs, but this hasn’t served to undermine understanding of the content that is there.

69. Among external stakeholders, a number of interviewees echoed the evaluation team’s concerns about over-stretching of the evidence base (see above ¶37ff), and linked this to a contention (a) that WFP puts too much emphasis on food-based solutions, to the neglect of the multi-sectoral, multi-stakeholder approaches also advocated by the policy, and (b) that WFP is in danger of encroaching on developmental areas where other agencies – including UNICEF and FAO – should be taking a lead. The evaluation team notes the danger of double standards here – with WFP liable to be criticised first for focusing too narrowly on food products, and then for straying beyond its mandate when it places food products within a wider context.

## Monitoring and evaluation to support the policy [EQ2.2<sup>27</sup>]

70. Monitoring and reporting systems should be used to determine whether a policy is being implemented and whether it is working. An important step in assessing the roll-out of the policy, therefore, is to consider the quality of associated monitoring and evaluation. The NP is recently adopted, and many (though not all) nutrition results are long term in nature, so it is unrealistic to expect data to be available on the NP's long-term results. However, it is appropriate to consider whether suitable indicators have been identified for monitoring of the NP, whether the requisite data are being collected, and whether they are likely to be used.

### *Specifying indicators*

71. There have been significant changes in the nutrition indicators specified in successive Strategic Results Frameworks (SRFs) – see Table 1 below. The indicators changed from focusing on impact level under the SRF 2008–2013 to outcome level in the SRF 2014–2017. The rationale was to focus on indicators that relate more closely to WFP programmes (impact cannot usually be attributed solely to WFP programmes, and impact indicators may also take longer to change). WFP of course remains interested in impact indicators, but rightly considers that these should ideally be collected by national authorities.

**Table 1 Nutrition Indicators in SRF 2008–2013 vs. SRF 2014–2017**

2008–2013 SRF indicators	2014–2017 SRF indicators
Acute malnutrition among children < 5 (WFH)	National Capacity Index (NCI) for nutrition
Low mid-upper arm circumference (MUAC) among children < 5	Programme coverage
Supplementary feeding performance rates (cure, defaulter, death and non-responder)	Beneficiary participation
Prevalence of stunting among children < 2 (HFA)	Moderate acute malnutrition (MAM) treatment programme performance
Prevalence of iron deficiency anaemia (IDA) in women and children	Minimum acceptable diet (MAD)
	Diet diversity in School Feeding Programmes

Source: WFP 2008–2013 Strategic Result Framework and WFP 2014–2017 Strategic Results Framework.

72. As shown in Table 2 below, the indicators under SRF 2014–2017 do address the intended nutritional effects (at output and outcome level) of the 5 pillars of the NP. Pillars 1 and 2 primarily focus on wasting while pillar 3 addresses stunting. Addressing micronutrients is explicitly stated in pillar 4 but also implicit in other pillars; pillar 5 activities may affect micronutrients (school feeding, GFD, FFA) as well as stunting and wasting (GFD, FFA, safety nets) although the impact pathways for pillar 5 are less clear and need further study. The logic of corporate M&E is to choose indicators that can be sensibly aggregated across WFP, but COs have the option of adding project specific indicators to fit with their programmes (e.g. Colombia is collecting information on Food Consumption Score).

<sup>27</sup> Do WFP monitoring, evaluation and reporting systems capture results appropriate to the policy?



**Table 2 Mapping of SRF 2014–2017 indicators onto Nutrition Policy pillars**

Pillar of nutrition policy	Indicator					
	National capacity Index (NCI) for nutrition	Programme coverage	Beneficiary participation	Moderate acute malnutrition (MAM) treatment programme performance	Minimum acceptable diet (MAD)	Diet diversity in School Feeding Programmes
Treatment of moderate acute malnutrition		✓	✓	✓		
Prevention of acute malnutrition		✓	✓			
Prevention of chronic malnutrition		✓	✓*		✓	
Addressing micronutrient deficiencies		✓	✓		[✓]	[✓]
Ensure other programmes contribute to improved nutrition outcomes			✓		✓	✓
<i>Enabling environment</i>	[✓]					

Note: [✓] = indicator that does not directly measure a pillar, but may be relevant to it.

\* indicator is recommended but not mandatory

73. For Pillar 5, nutrition-sensitive activities, the associated indicators are not particularly strong. Dietary diversity in school feeding best applies when school meals are provided but would not capture results if only MNP was provided. Many of the interventions in pillar 5 target households; hence the minimum acceptable diet (MAD) indicator is a couple of steps down the impact pathway since households receive the food (or cash or other transfer) and then have to feed their child, and not every household may include this target group (children under 2). It is not surprising that the SRF indicators 2014–2017 are more applicable to nutrition-specific interventions than nutrition-sensitive ones, since indicators for nutrition-sensitive activities are still evolving globally.

#### *Reporting against indicators*

74. Interviews showed that WFP staff welcome the change from impact indicators to output/outcome indicators but there are still challenges with them (although it is still early in the process of implementing the indicators to draw definite conclusions).

75. Of the six indicators, beneficiary participation and performance indicators on the treatment of moderate acute malnutrition require routine data collection, the others require surveys. Most COs are waiting for HQ to develop the methodology for the NCI (national capacity index for nutrition) indicator and hence are not yet taking action on this (although Lesotho has drawn up a methodology based on five quality indicators). HQ have expressed an intent to collaborate with other agencies to develop a joint United Nations NCI which would be less burdensome for national governments as well as promoting efficiency across agencies.

76. The CDSs indicate that routine MAM data collection and reporting at field level often depends on the capacity of the cooperating partner, the importance placed on M&E by the government and wider nutrition stakeholders and the context itself (such

as emergency or development), rather than being driven by a robust culture within WFP of generating and utilising quality and meaningful data. In South Sudan, for example, where the cluster system operates, there is more focus on nutrition data which it is quite systematically collected and used as part of the cluster approach, even though the CO still observes capacity issues with the partners who are collecting it. In Lesotho, where the capacity of the cooperating partners is less strong and nutrition information management is less organised, the quality of data collected is poorer and hence its utilisation is less meticulous.

77. For programmes treating acute malnutrition, WFP used Semi-Quantitative Evaluation of Access and Coverage (SQUEAC), Simplified Lot Quality Assurance Sampling of Evaluation of Access and Coverage (SLEAC) and Simple Spatial Survey Method (S3M) in its pilots in 2014/15 to measure MAM coverage and countries are awaiting guidance based on the results of this. These are appropriate survey methods that enable reliable estimates of population level coverage for small or large areas and, for large areas, can estimate the spatial distribution of coverage (Myatt 2012).

78. For programmes that address stunting, WFP advises COs to use a cross-sectional survey but many countries appear to be struggling with implementing it. Stunting prevention programmes need an evaluation method that considers both 'contact coverage' i.e. the proportion of target beneficiaries that have participated in the programme at one point in time and 'effective coverage' i.e. proportion of target beneficiaries who have not dropped out and have completed intake of foods at the right amounts for the intended duration. The latter could be, with careful design of questions and data to be collected, addressed in a cross sectional survey and/or could be addressed through rigorous measurement of the 'participation' indicator for these programmes. WFP also advises collecting data for addressing MN deficiencies and the MAD indicator as part of coverage. This is possible to include in surveys that aim to address coverage of treatment or prevention programmes.

79. Data on beneficiary participation are collected through post-distribution monitoring which is usually embedded into WFP's monitoring systems and collected fairly systematically. Similarly, as the performance indicators for the treatment of moderate acute malnutrition were included in the 2008–2013 SRF, efforts are already under way to generate these data. There are still quality issues in some countries however, largely attributable to capacity and the collection of data requires a substantial human resource input which is usually fulfilled by WFP field monitors who regularly visit project locations, usually monthly. Interviews indicated that the MAD and dietary diversity in schools indicators are being weakly implemented because of the resources (human and financial) required to implement them.

#### *Gender-sensitive data*

80. The nutrition indicators themselves are not explicitly gender-sensitive and the briefing package to measure the nutrition indicators in the SRF (2014-2017) (WFP 2014a) does not mention gender or disaggregating data by sex. In practice WFP does disaggregate data by sex (as found in all five CDSs) but beyond this there is little systematic monitoring of how gender dynamics are operating either within the community or within the programme. Such information is essential to ensure that situation analysis and programme design are both context- and culture-sensitive.

81. The indicators specific to gender in the SRF 2014-2017 are:

- Proportion of assisted women, men or both women and men who make decisions over the use of cash, vouchers or food within the household.
- Proportion of women beneficiaries in leadership positions of project management committees.
- Proportion of women project management committee (PMC) members trained on modalities of food, cash or voucher distribution.

82. The CDSs found these indicators were just starting to be collected in relation to the nutrition programmes. However, all three are more appropriate to nutrition-sensitive programming than nutrition-specific, as PMCs, where they exist, have a much more marginal role in nutrition-specific programmes, especially those implemented in partnership with the health sector. The first indicator is important to understand gender dynamics of household decision-making over the use of food but it does not assess other decision-making that affects nutritional status, such as caring practices or access to healthcare. The other two indicators are important for empowering women but are less appropriate when men take little interest in the projects. The indicators are inadequate to capture how gender dynamics operate in communities and do not provide sufficient information to inform programme design.

#### *Data utilisation*

83. Collection of data does not guarantee its use. For example, in Bangladesh an automated system exists whereby partners collect routine MAM monitoring data and submit to sub-offices, from where it is entered and sent up to the CO, but there appears to be little analysis of the data beyond adding it to SPRs.

84. Across WFP COs, rigorous data analysis that leads to programme adjustments is rare. COs interviewed gave examples where data called for further understanding and assessment but often there was no urgency or protocol for doing this, with no consequences if it was not done. This again reflects lack of staffing and dedicated funding as well as a lack of prioritisation at management level; it illustrates that corporately WFP still has progress to make in embedding robust M&E systems into its culture (each CO could have a M&E review panel for example). The disconnect between M&E units and the VAM (Vulnerability Assessment and Mapping) unit, and the fact that M&E staff are not embedded in each programme unit, does suggest that WFP's approach to M&E could be stronger. SPRs do publish data that is being collected, but, partly due to the time lag, SPR data are not systematically used to make adjustments to ongoing programmes.

#### *Resourcing M&E systems*

85. COs expressed challenges in terms of both human resource and funding constraints to implement the new SRF indicators, particularly in relation to coverage surveys. The staff with the right skills may not be in place to support the survey and even if they are, they may not have enough time to devote to it. Furthermore, COs may not have the resources available to fund the survey which perhaps reflects weak corporate commitment, that programme monitoring indicators have yet to be fully embedded in WFP culture and also that those putting projects together and taking

budgeting decisions at management level, do not yet appreciate the importance of such indicators and the cost of collecting them.<sup>28</sup>

### *Staff perceptions of M&E*

86. The e-survey also explored WFP staff perceptions concerning M&E. It asked respondents to agree or disagree with the following statements:

- i. The nutrition indicators are adequate to effectively monitor WFP's nutrition specific and sensitive programmes.
- ii. Findings from WFP's internal M&E systems have led to changes in the way WFP's nutrition programmes are designed and implemented.
- iii. Evidence generated by WFP's partners in country has led to changes in the way WFP's nutrition programmes are designed and implemented.

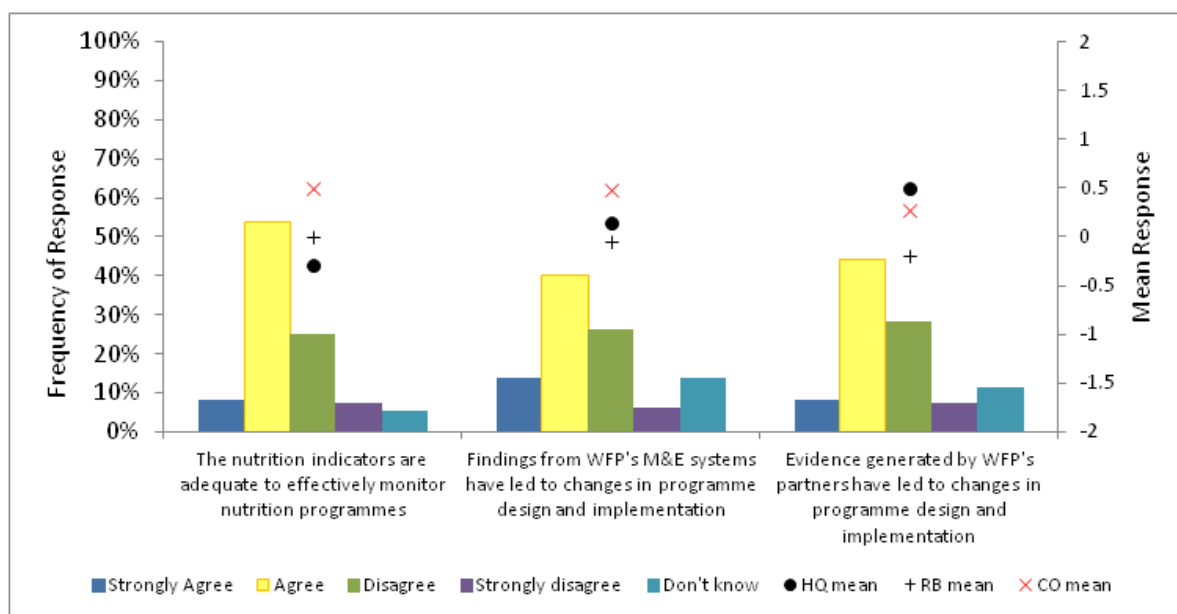
87. There was a significant lack of consensus (see Figure 4 below). Just over half of respondents agreed or strongly agreed with statements (ii) and (iii) on feedback and learning; but a third disagreed or strongly disagreed. There was a slightly larger majority agreeing with statement (i) (62%), but a third of respondents still disagreed.

88. Some comments noted the need to complement the process and outcome indicators with impact indicators, acknowledging that WFP's interventions should contribute to these, even if they cannot be held fully accountable for impact results. Some also highlighted the lack of indicators for nutrition-sensitive interventions, and for indirect interventions such as behaviour change communication (BCC).

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<sup>28</sup> The IRG workshop noted a paradox: at HQ level it is stated that funding is not a constraint on budgeting for M&E, yet officers at CO level undoubtedly experience a shortage of resources, suggesting that M&E is not, in practice, sufficiently prioritised. Any review of the SRF indicators should take into account the resources required to implement them and the implications this has for resource-constrained Country Offices.

**Figure 4 Perceptions on the role and efficacy of M&E with regards to WFP’s nutrition interventions**



n=95 Source: e-survey.

89. With respect to WFP’s use of its own M&E to inform changes at the programmatic level, some respondents felt it was too early to draw conclusions on account of the recent introduction of the new SRF. Many COs chose ‘option B’ which suggests data is very inaccurate due to the poor quality of secondary data and lack of disaggregated data reflecting WFP operation areas.

90. A lack of funding to collect the required data was a problem identified by a substantial number of respondents. As one noted “the new indicators are nearly all based on primary data collecting which is very demanding in terms of human resources and funding. Furthermore, no additional funds were initially attached to the roll-out of the new indicators although funds were later allocated to support some of the COs. One respondent noted that “in 2015 it is imperative that COs budget for their mandatory nutrition surveys, and that if resources are limited, that the RBs and HQ endeavour to obtain the necessary money in time (so, not by end November, as was the case in 2014)”. The need to convince donors to support more rigorous and costly M&E was highlighted, while also recognising that the “chronic lack of data that show the quality, effectiveness and efficiency of our programmes. [was hampering efforts] to convince governments and donors in our advocacy for WFPs nutrition work”. There is also a need to develop WFP’s in-house M&E skill set in this area.

*Outcome vs. impact data*

91. While outcome level data are considered more useful to assist with programme implementation, impact data are still needed to determine if the programme is having the desired effect. The SRF indicators were changed on the assumption that collection of impact data should be a collaborative effort between a wider group of stakeholders in country that support the government to monitor the situation. Desk studies revealed that this is happening to differing degrees. In South Sudan, nutrition information is collected under the nutrition cluster system and therefore partners do conduct SMART surveys which yield impact data and in Burkina Faso annual nutrition surveys (SMART surveys), led by the Government, collect impact data in the form of GAM rates

and stunting prevalence. In Lesotho WFP conducts annual community and household surveys which include anthropometric measurements but the sampling compares beneficiary groups with non-beneficiary groups. Senior management at WFP HQ stated that even if WFP does not collect impact data itself, the effect of WFP's programmes on nutritional impacts still needs to be communicated as, after all, this is the ultimate goal. Overall, there appeared to be a general internal misunderstanding over WFP's positioning regarding impact data in terms of how involved WFP should be with its collection and to what extent it should be left to others. Technical staff at WFP HQ were clear themselves that WFP should work with others to support the government to generate, disseminate and utilise impact data and take a more direct role in this where national systems are weaker. However, the differing perceptions that exist show that this stance has not been communicated effectively. There has been limited guidance on how WFP can support and use national M&E systems.

### *Summary*

92. Generally, the move from impact to outcome indicators is welcomed (and in the evaluation team's judgment appropriate) although as more time elapses, the practical implications of collecting such data will become clearer. Efforts to collect data for some indicators, such as performance data for the treatment of MAM and beneficiary participation, have been under way for some time and hence the systems and understanding are already in place, but data collection generally depends on the capacity of cooperating partners and data utilisation is shaped by the quality of the data and the national focus placed on nutrition information rather than a robust M&E accountability system within WFP. For indicators where surveys are required, COs are struggling with methodology and resources. Coverage surveys for the treatment of MAM are being tested and COs are awaiting the results of this. For programmes that address stunting, however, there seems to be less clarity on methodology. More support is needed to enable COs to implement the right survey methodology, either for treatment of MAM or to address stunting, for their context and to be able to explain the case for such surveys to donors.<sup>29</sup>

93. Pillars 1-4 have indicators that will, if properly collected, enable the results of the NP to be measured, but there is a significant gap for indicators that address nutrition-sensitive programmes. The indicators specified do not adequately reflect the fact that many of these interventions target households rather than individuals.

94. Lack of funding for M&E has been experienced as a substantial issue which was not adequately addressed when the new indicators were initiated. This, along with loose accountability mechanisms, highlights discrepancies between perceptions at management level and the actual requirements of an effective M&E system.

## **Changes in portfolio programming, design & implementation [EQ2.3<sup>30</sup>]**

### *Introduction*

95. As described in section 1.3 above, the NP was ambitious, and envisaged enhanced quality of WFP's nutrition programmes (mostly characterised as use of the

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<sup>29</sup> The *WFP Nutrition: Measuring Nutrition Indicators in the Strategic Results Framework (2014-2017) Briefing Package* (WFP 2014a) does give guidance on data sources, when to collect data for the indicators and how often and also the target. In this regard, the package is striving to make the indicators SMART (Specific, Measurable, Assignable, Realistic and Time-related) although as mentioned above, how 'realistic' they are will become clearer with time.

<sup>30</sup> Is there evidence of changes in portfolio programming, design and implementation resourcing plausibly associated with the policy?

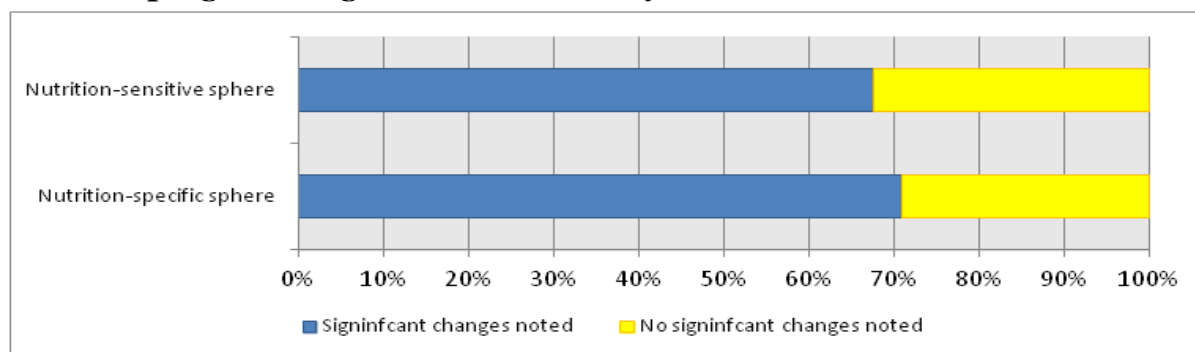
right foods) as well as significant scale-up (as implied particularly by proposed thresholds for interventions in pillars 1–3). The evaluation looked for both quantitative and qualitative evidence of changes in WFP's nutrition portfolio. However, it was clear at inception stage that findings would need to be carefully qualified for a number of reasons. There has been relatively little time since its adoption for the policy to affect the ongoing pipeline of WFP operations, while, conversely, the long gestation period of the policy and the degree of continuity with previous policy and good practice makes it less likely that a sharp change in direction will be visible. As noted below there are also limitations in WFP data, which are not as granular as might be expected.

96. Findings in this section are based on: (a) qualitative assessments of country-level portfolios, both for the five country desk studies and for 10 additional selected countries, supported by interviews and perceptions from the e-survey; and (b) quantitative review of aggregate WFP data relating to nutrition programmes of various categories, and to the use of specialised nutritious foods (SNFs). Whilst it provides no clear evidence of marked scaling up of WFP's nutrition programmes, it does point to an increased number of beneficiaries under prevention activities, in addition to more nutritious specification in the food baskets used. There is also some evidence of WFP integrating gender concerns into programme design, implementation and evaluation, but not consistently for all nutrition operations, nor always with enough rigour.

*Qualitative assessment – e-survey*

97. Most respondents at all levels felt that there had been significant changes in the implementation of nutrition-specific and nutrition-sensitive programmes over the last three years (i.e. in the period since the NP was introduced), as depicted in Figure 5 below. Identified changes in nutrition-specific programming concerned the growing use and choice of specialised food products, greater focus on prevention of acute and chronic malnutrition, changing partnerships, and new approaches to M&E around nutrition (demonstrated in the selection of qualitative responses presented in Annex L, Table L3). As regards nutrition-sensitive programming, responses focused predominantly on the use of more nutritious foods in other programmes (particularly school feeding and GFD).

**Figure 5 Perceived changes in WFP's nutrition specific and nutrition sensitive programming over the last three years**



Source: e-survey

*Qualitative assessment – portfolio review in selected countries*

98. Programme information for 38 operations in a sub-set of 15 countries was examined to understand how the policy influenced programme design, drawing from

project documents, SPRs, and documentation from the Programme Review Committee.<sup>31</sup> Compared with the same consultants' experience of the WFP school feeding policy evaluation, this exercise was less informative, in the sense that it did not yield such clear "before and after policy" comparisons. However, this was a useful finding in itself, indicating that the policy was not so much a step change for WFP practice, but more a consolidation of the thinking and evolving practice which led up to the policy.

99. The portfolio review did show that distribution of food dominates WFP's nutrition response. This element of nutrition programmes received most attention in project documents and SPRs. Non-food-distribution aspects were not entirely absent, but they were not consistently documented or documented to the same level of detail. For example, FFT (food for training) in Colombia included training on nutrition, and food distributions in South Sudan were noted to involve demonstrations around dietary diversity and good nutrition, but results or lessons learnt from these efforts are not elaborated. Each SPR includes a section on "sustainability, capacity development and hand over"; as a result, efforts to build national capacity in nutrition governance are documented more often, but still only briefly. Most such references relate to WFP's support to developing multi-sectoral nutrition plans (for example in Nepal), nutrition policies (for example in Guinea Bissau), or national protocols around the management of acute malnutrition (for example Burkina Faso and Iraq). A few examples of training of government officials in nutrition-related areas were also noted, e.g. in Pakistan where training to government staff in warehouse management and safe distribution practices, and in Uganda where WFP trained government health workers on management of malnutrition. However these elements drew much less attention than food distribution, with no discernible shift between older and more recent documents.

#### *Qualitative Assessment – country desk studies*

100. The CDSs supported the view that the NP often legitimises what is already happening, but there are examples where the NP has driven some changes, such as the adaptation of target groups according to the context (e.g. in South Sudan, the programme realigned the BSFP to target children 6–59 months in conflict states and children 6-23 months in non-conflict states).

101. The CDSs also highlighted the NP's support for standardisation of products. This has simplified product selection (cooperating partners report that training is now simpler), but it may also have reduced flexibility. The higher nutrition-specification of food products is supported by quantitative evidence, discussed next.

102. The CDSs showed that WFP is not yet systematically identifying programmes as nutrition-sensitive, but there are examples where it is incorporating nutritional components and nutrition indicators into ongoing programmes outside the nutrition-specific realm. For example a safety nets programme in Bangladesh includes a BCC component aiming to address underlying practices and issues associated with undernutrition, and a school feeding programme in Burkina Faso has iron-deficiency anaemia as a monitoring indicator, following a recommendation by the PRC.

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<sup>31</sup> . PRC comments on project documents were reviewed to see if and how the NP is being fed into programme design through that particular mechanism (see Annex B and ¶19ff of Annex G for more detail; this is further illustrated in the references to PRC influence in the summary of case study findings at Annex K).



### *Quantitative assessment – use of nutritious foods*

103. The NP placed strong emphasis on the use of appropriately nutritious foods ("the right food"), and the theme of nutritious food is strongly emphasised in the current Strategic Plan (see ¶51 above). The evaluation found that food is the dominant modality through which WFP delivers its nutrition interventions, with fairly limited use of cash and vouchers (see Box 3 below).

#### **Box 3 C&V programmes and the Nutrition Policy**

The universe data did not include information on operation modalities, but, the findings from the recent Cash and Vouchers (C&V) Policy Evaluation (Majewski et al 2014) support the evaluations team's observation that cash and voucher modalities are not widely employed in nutrition interventions (the mapping in Annex E of the TOR of the C&V evaluation, which identifies only 5 nutrition operations using cash/vouchers between 2009-2013).

Generally there is considerable scope for elaborating the connection between C&V and the NP. As noted in Annex J:

the evidence-base for ability of cash/ vouchers to impact nutrition outcomes and how to design these programmes to maximise nutrition outcomes was limited in 2011/12 (and remains so). This is an area in which WFP have potential to make valuable contributions to a weak evidence base.

In the policy, the commitment to determine the best transfer modality and most appropriate delivery mechanism depending on the context is emphasised. There is little mention of what needs to be added to cash programmes to have an impact on nutrition outcomes or the implementation of cash as part of an integrated programme [although it]was already known at the time that prevention requires a combination of interventions of which cash is just one component.

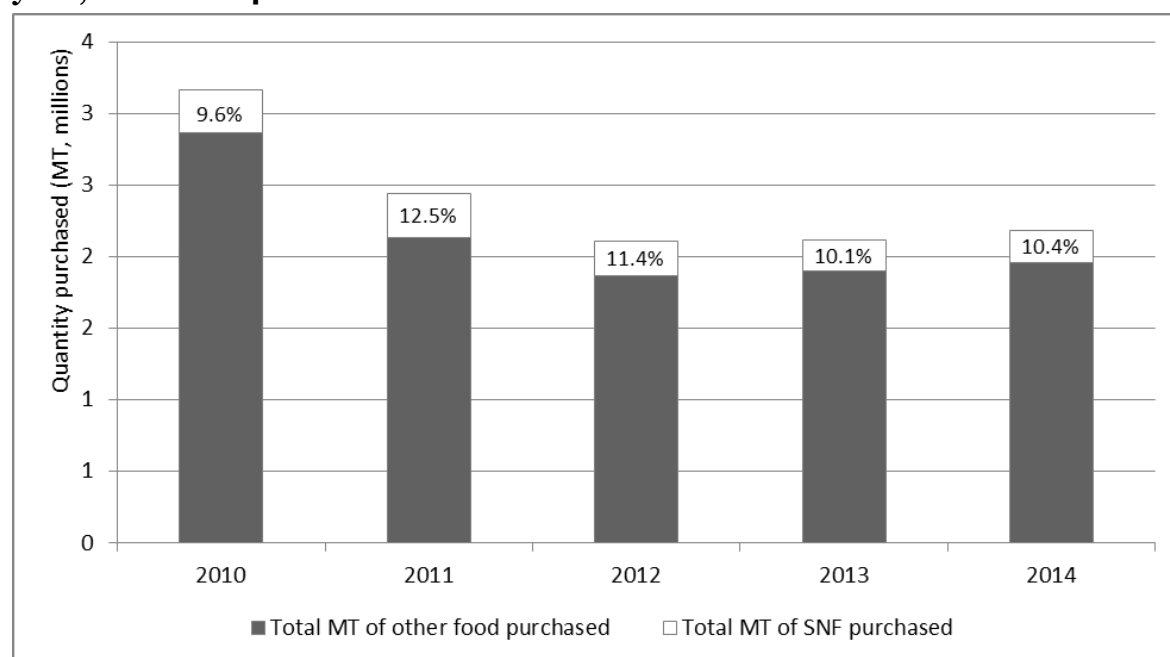
Relevant OR in relation to C&V and nutrition is especially important because of the need to understanding the complexity of modalities that have multiple objectives. As was pointed out in an interview with a donor, whilst WFP's work in using cash and vouchers is broadly acclaimed, the desire to claim C&V as nutrition-sensitive, pushes WFP towards conditional vouchers rather than flexible cash; which may not be optimal when a holistic view is taken. This is a subject that requires careful gathering and review of evidence to inform programme design.

104. As an indicator of WFP's use of nutritious foods, the evaluation analysed quantities and value of food procured.<sup>32</sup> The trend towards more nutritious specification of WFP food, including the development of specialised nutritious foods (SNFs), began well before the NP was adopted, but the subsequent trends in food procurement are clearly consistent with the policy. The trends in total food procurement are influenced by many factors, including the scale of WFP operations and the extent of use of non-food modalities (cash and vouchers). The data in Annex H (see Table H9) show that SNFs have remained around 10% of the total tonnage of food and SNFs procured per year (though closer to 17% of procurements by value). The volume of SNFs procured fell between 2011 and 2013, but rose slightly in 2014 – see Figure 6 and Figure 7 below. In cases where nutritious food products are provided, WFP tries to provide them as part an increasingly diversified diet – i.e. WFP seeks to support increased dietary diversity as part of a broader response.

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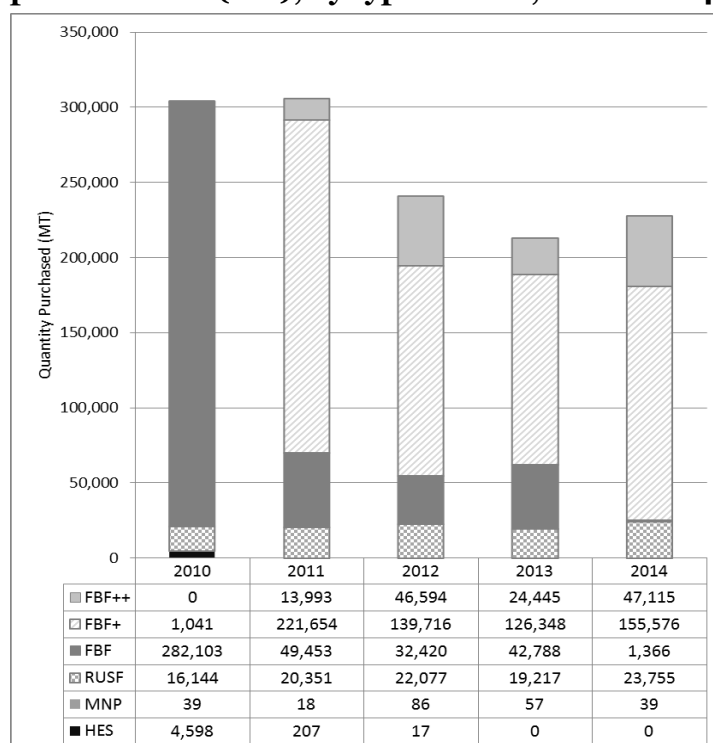
<sup>32</sup> Procurement of nutritious foods is considered a good proxy for used foods; whilst some foods may be procured for reserves, the intention is that they will eventually be used in WFP programmes. However, procured food does not take into account in-kind donations or CO purchases from the forward purchase facility (FPF).

**Figure 6 Total MT of food and Specialized Nutritious Foods procured by year, 2010–2014**



Source: WFP procurement unit

**Figure 7 SNF procurement (MT), by type of food, 2010–2014**



Source: WFP procurement unit

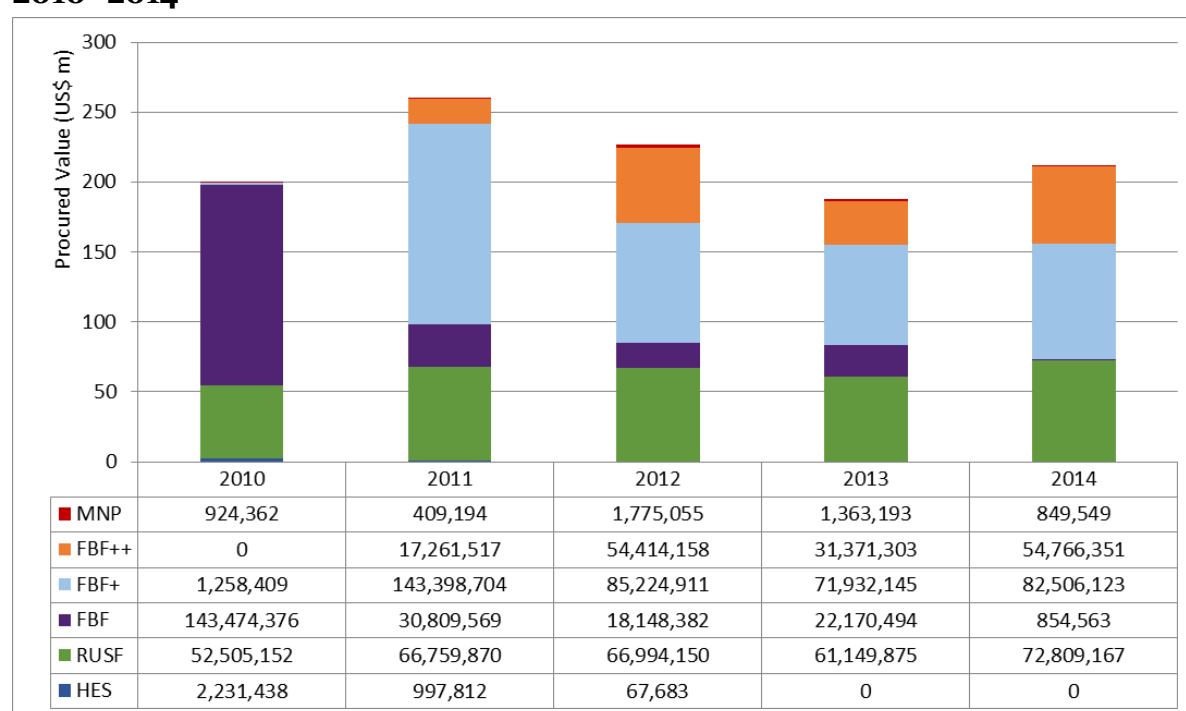
Note: FBF = fortified blended food (generic term which includes corn-soya blend etc); FBF+ is an improved formulation (improved micronutrient profile and processing changes – dehulled soybeans to reduce fibre), also known as Supercereal; FBF++ is a new product, with milk and oil in addition to the above changes, corresponds to Supercereal Plus; RUSF = ready to use supplementary food; MNP = micronutrient powder; HES = high energy supplement (a CSB+ produced locally in Malawi and Zambia).

105. However, trends in the composition of the food basket are largely consistent with the NP. Figure 7 above shows that there has been a shift from Fortified Blended

Foods (FBF) to FBF+ (particularly Super Cereal CSB+<sup>33</sup> and CSB+ with Sugar) along with the increasing procurement of FBF++ (including CSB++) and Ready-to Use Supplementary Foods (RUSF).<sup>34</sup> This considered, guidance around making the GFD more nutritious encourages greater use of FBF (which can be used for adults, as opposed to FBF+ which is more narrowly targeting children), which is confounded by the trends in the data. However without disaggregation of fortified foods by use (spanning nutrition-specific and nutrition-sensitive interventions), it is not possible to conclude whether or not this indicates a decline in nutrition-sensitive GFD.

106. Data on the value of SNF procurements (Figure 8 below) show similar trends to MT data, although RUSF account for a much larger share of SNFs by value than by MT. This is because it is more expensive per MT, than FBF, FBF+ or FBF++.<sup>35</sup>

**Figure 8 SNF and FBF procurement (US\$), disaggregated by type of food, 2010–2014**



Source: WFP procurement unit

107. The evaluation identified some instances where WFP is supporting local production of nutritious food. Such efforts are under way in Pakistan, Ethiopia and Malawi. However there are associated risks as regards to quality standard – see Box 4. In addition, WFP works with the private sector around shelf life studies and encourages research to develop and adapt SNF to WFP's operational context.

<sup>33</sup> CSB = corn soya blend

<sup>34</sup> As an indication that this trend is set to continue, the evaluation team were informed that the procurement unit are currently working with OSN to replace around 30-40% of CSB given to children under 2 with CSB+.

<sup>35</sup> Average rates/MT paid by WFP for RUSF as of June 2015 stood at US\$2,825, compared to \$680 for FBF, \$669 for FBF+ and \$1,695 for FBF++ (source: WFP procurement unit).

## Box 4 Supporting Local Production of Nutritious Foods

Local production of nutritious foods presents WFP with a means of boosting local economies, ensuring foods are suited to local taste, as well as being more sustainable. Furthermore, local production can reduce lead time and cut down on import-related paperwork. Given its technical expertise in food technology, as well as its role as a primary customer for the nutritious food markets, WFP is well placed to support local production in the countries in which it provides nutrition interventions.

However in practice, WFP has to apply a series of rigorous safety and quality standards to the foods it distributes to beneficiaries, such as Codex Standard for Canned Baby Foods, Guidelines for Formulated Supplementary Foods for Older Infants and Young Children, Recommended International Code of Practice: General Principles of Food Hygiene, and General principles for addition of essential nutrients to foods. Bringing local production up to these standards often involves significant time and investment from WFP.

WFP has successfully supporting local production in a number of countries. A learning brief documents successes in Pakistan, where WFP formed private sector partnership with existing food companies providing technical expertise and training at to enable local production of LNS which supplied WFP's prevention programmes for acute malnutrition.

The portfolio review revealed a picture of a number of challenges WFP faces when trying to prioritise local production. For example, once standards are reached it is no guarantee they will be maintained; in Lesotho WFP was using locally produced fortified maize meal but the millers had to be removed from the roster in 2012 after failing quality standards, although WFP continues to monitor the situation.

Furthermore, even in countries where standards are met, local production may be a more expensive option than importation. In Guinea Bissau iodized salt was imported because the local NGOs producing it did not have sufficient equipment for large scale production, meaning their cost per tonne was less competitive. In such cases WFP has to weigh the benefits of boosting local economies against the risk of being able to support fewer beneficiaries in their nutrition programmes.

In fragile contexts high inflation and disruptions to production mean local production comes at a high risk of pipeline breaks, and is thus may only be considered a last resort (e.g. Syria).

Source: portfolio review, WFP 2015h

### *Quantitative assessment – scale of nutrition operations*

108. The evaluation team also examined available data about the scale of nutrition operations, looking at beneficiary numbers under each of the pillars and in emergency vs. development contexts.<sup>36</sup>

109. Data limitations are fully discussed in Annex H. The main constraints are:

- a) In the absence of expenditure information disaggregated to programme level, the evaluation has to look at beneficiary numbers as an alternative indicator of scale. This brings additional challenges (noted below).

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<sup>36</sup> The evaluation also looked at numbers of operations, but this single metric means that many elements of scale, duration, partnerships, and context which would have called for a specific project type and nutrition programme type are not reflected. Given these limitations, the data are provided in the annex but not reproduced here.

- b) Pillar 4: addressing micro-nutrient deficiencies typically forms a part of all of WFP’s nutrition specific interventions, and therefore its beneficiaries are embedded within pillars 1–3, and cannot be disaggregated.
- c) Pillar 5: Whilst the reporting system can pull out programmes which are *potentially* nutrition-sensitive (i.e. the large number of programmes outside of the nutrition-specific sphere, including GFD, School Feeding, FFW, FFA and HIV/AIDS and TB beneficiaries), it has no means of identifying which ones are *actually* nutrition-sensitive (see Box 1 above).<sup>37</sup>
- d) DACOTA data may not capture nutrition programmes that have been integrated into government safety nets (where WFP procures, distributes and monitors the nutrition component within a broader social protection programme). Such support may be of growing importance in WFP’s future role in nutrition, but current beneficiary data do not adequately capture it.
- e) Pregnant and lactating women: Prior to 2013, all nutrition programmes for PLW were reported as one category; hence disaggregating them by NP pillar is not possible for 2010–2012, and they are excluded from the analysis of trends in beneficiary numbers by pillar, before and after the policy was introduced.

110. Table 3 and Figure 9 below present under-five beneficiaries for pillars 1–3 for the 2010–2014 period. Notably, it presents no clear indication of a significant scale-up of activities in these areas. Specifically:

- The number of under-five beneficiaries of nutrition-specific interventions peaked in 2012, and has fallen in the years since.
- The number of under-five beneficiaries receiving treatment for MAM has contracted by an average of 5% per year between 2011 and 2014, but remains the largest of the three pillars by a substantial margin.
- Under-five beneficiaries for prevention of stunting has grown by an average of 52% per year, albeit from a modest base.
- Under-five beneficiaries for prevention of acute malnutrition has contracted by an average of 28% per year.

111. The aggregate decline in under-5 beneficiaries since 2012 is no proof of contraction in nutrition operations overall because data are not available for PLW<sup>38</sup> or beneficiaries of nutrition-sensitive and therefore not included in the analysis.

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<sup>37</sup> The desk studies identified some examples where WFP is incorporating nutritional components and nutrition indicators into ongoing programmes outside the nutrition-specific realm, this did not amount to a step change.

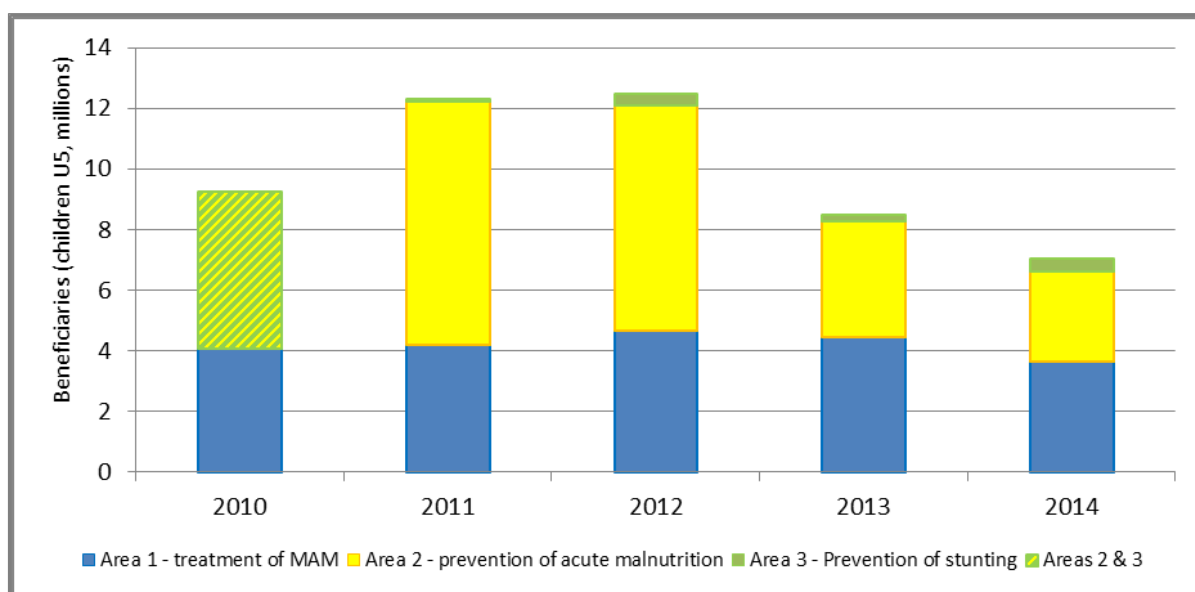
<sup>38</sup> PLW were between 20–30% of all beneficiaries annually.

**Table 3 Planned and Actual Beneficiaries (children under 5) for Nutrition Policy pillars 1–3, 2010–2014.**

Pillars	No. of beneficiaries under 5 <sup>39</sup>										CAGR* (actual, 2011– 2014)
	2010		2011		2012		2013		2014		
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Area 1 - treatment of MAM	5,494,990	4,059,976	4,677,932	4,204,783	5,737,701	4,672,699	5,354,901	4,420,628	5,114,136	3,649,505	-4.6%
Area 2 - prevention of acute malnutrition	6,230,697	5,181,352	8,640,006	7,995,389	6,688,459	7,402,349	5,281,501	3,837,815	3,709,562	2,976,957	-28.1%
Area 3 - Prevention of stunting			162,769	118,441	353,504	404,236	619,464	215,578	734,477	415,243	51.9%

Source: data from DACOTA and SPRs (Table H3); \*CAGR = compound annual growth rate

**Figure 9 Actual Beneficiaries (children under five) for Nutrition Policy pillars 1–3, 2010–2013.**

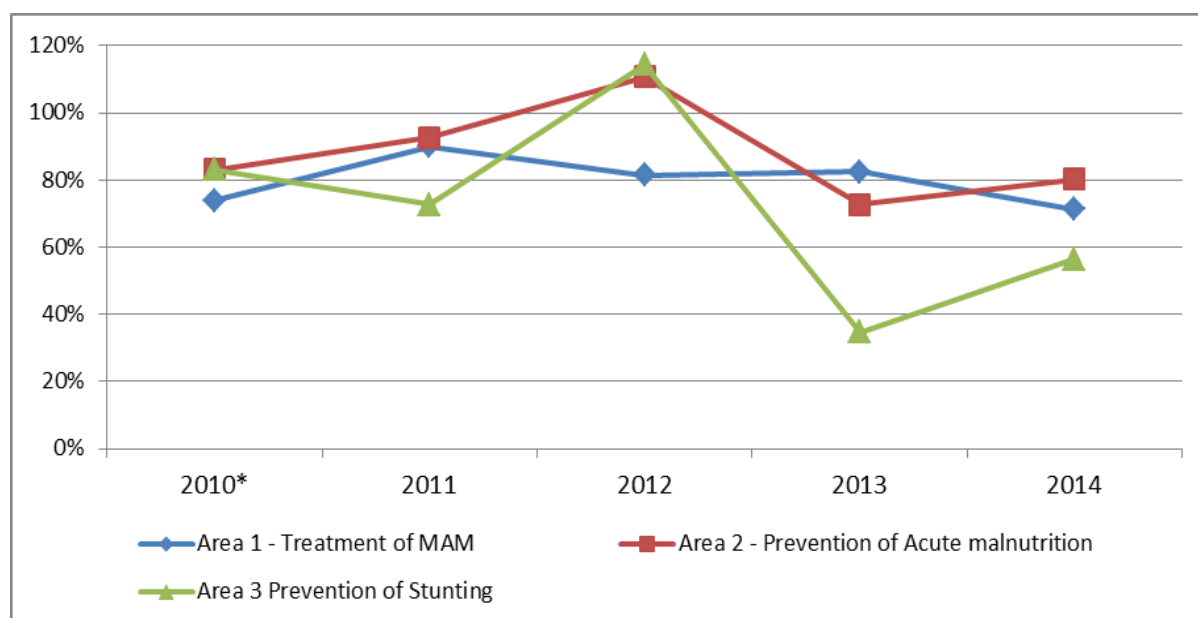


Source: DACOTA and SPRs

112. Considering actual beneficiary numbers against planned sheds further light on the scale of WFP’s nutrition operations. Although stunting prevention has expanded rapidly since 2011, Table 3 above and Figure 10 below show its recent growth was less than planned; only 35% of planned stunting prevention beneficiaries were reached in 2013, recovering partially to 57% in 2014. Regarding prevention of acute malnutrition, both planned and actual beneficiary numbers have fallen steadily since 2011, with actual numbers failing to match plans in recent years. Funding is a constraining factor and seems to have been less forthcoming for areas 2 and 3 than for area 1; this tallies with reports that donors are less willing to finance WFP’s prevention work (see ¶149).

<sup>39</sup> Bearing in mind that this table includes under-5s only (and PLW are excluded) overall 51% of beneficiaries under pillar 1 are female, and 50% are female under pillars 2 and 3. This varies little between years.

**Figure 10 Actual Beneficiaries as a Percentage of Planned, for Nutrition Policy pillars 1-3, 2010 – 2014**

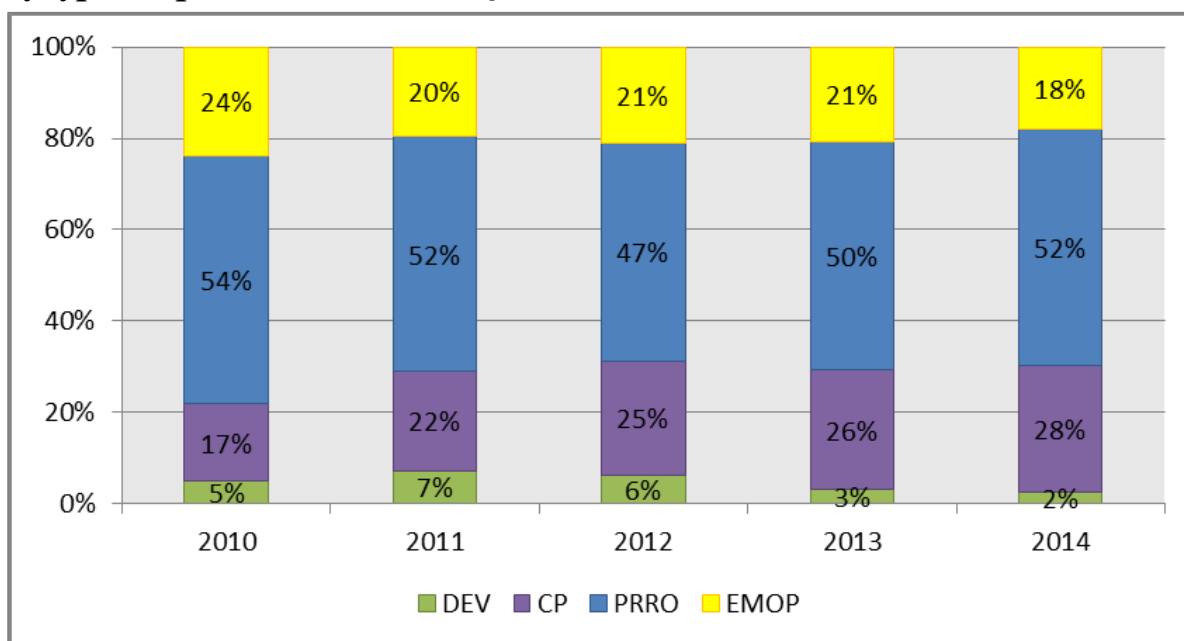


Source: DACOTA and SPRs. Note: in 2010 no separate reporting for area 2 and area 3, so it was not possible to disaggregate achievement rate, and it is therefore assumed to be 83% for both.

113. The data can also be broken down by type of operation, which gives an indication of the scale of WFP’s nutrition interventions in different operating contexts. Figure 11 shows that between 2010 and 2014, the majority of nutrition-specific programmes were delivered as part of Protracted Relief and Recovery Operations (PRROs), but that over the period there was growth in the importance of Country Programmes (CPs) in delivering nutrition-specific interventions. Looking at type of operation through a beneficiary-number lens (Figure 12 below) reveals however that the number of beneficiaries reached through CPs has not changed dramatically (there may be more CPs doing nutrition, but in total they are not reaching more beneficiaries with nutrition interventions).

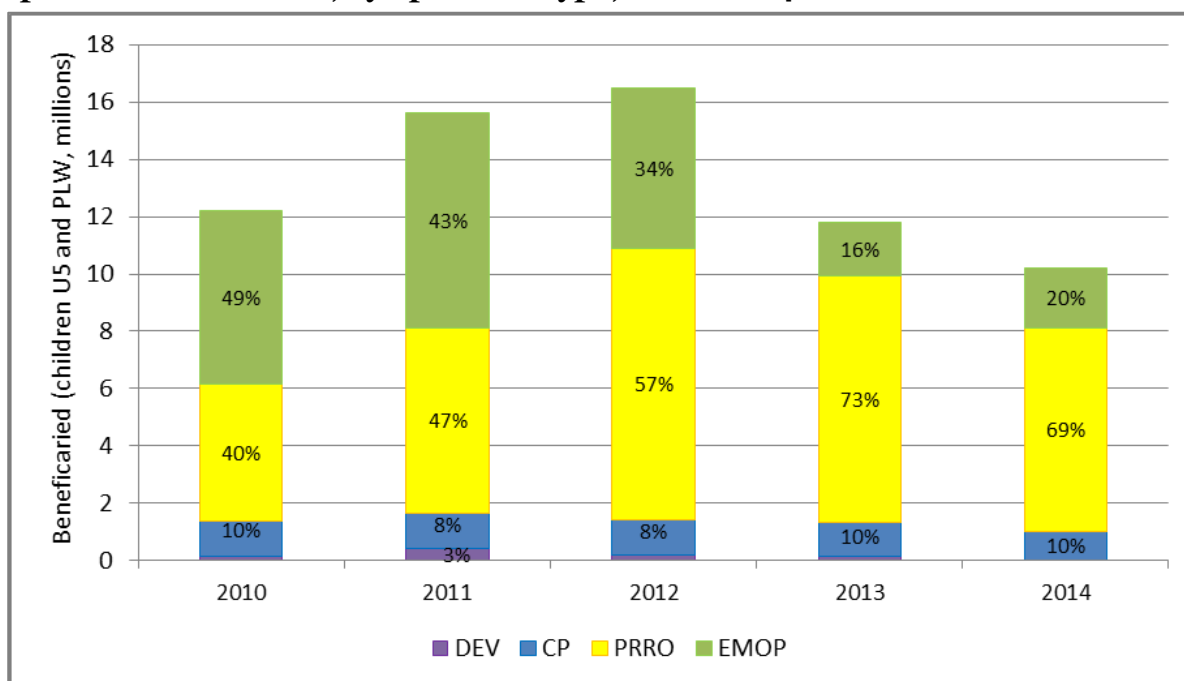
114. The proportion of beneficiaries reached through EMOPs has fallen steadily, from 49% in 2010 to 20% in 2014. However it would be premature to conclude from this that WFP is moving away from emergency nutrition work, because similar trends are facing WFP more broadly (in 2010 44% of WFP’s beneficiaries were reached through EMOPs, falling steadily to 27% in 2013 (DACOTA and SPRs, see Figure H5 in Annex H) and furthermore, recent complex emergencies, like Syria, whilst not having large nutrition-specific components, have sought to capture nutrition into GFD (which isn’t included in Figure 11 or Figure 12).

**Figure 11 Nutrition-specific Operations targeting children under 5 and PLW, by type of operation (2010 - 2014)**



Source: DACOTA and SPRs

**Figure 12 Actual Beneficiaries (children under five and PLW) for all nutrition specific interventions, by operation type, 2010–2014**



Source: DACOTA and SPRs

115. Although the evaluation team did not have data on actually nutrition-sensitive programmes, Table 4 below illustrates the scale of potentially nutrition-sensitive relative to nutrition-specific ones: in 2013 nutrition-specific programmes had a combined 11.7m beneficiaries, but in the same set of operations there were over 65m



beneficiaries of potential nutrition-sensitive programmes.<sup>40</sup> This indicates the potential importance of the latter, and WFP’s prospective role as a leader in nutrition-sensitive programming.

**Table 4 Number of Beneficiaries by Pillar of the NP (2013)**

Pillar of the Nutrition Policy	No. of Actual Beneficiaries		
	Male	Female	Total
Treatment of moderate malnutrition activities (area 1)	2,185,365	4,647,144	6,832,509
Prevention of acute malnutrition activities (area 2)	1,908,728	2,674,005	4,582,733
Prevention of stunting activities (area 3)	105,709	182,943	288,652
Nutrition-sensitive activities <sup>41</sup> (area 5)	31,910,513	33,564,041	65,474,554

Source: data from DACOTA and SPRs

Note: Figures differ from Table 3 above because the latter includes only U5 beneficiaries.

### *Summary on scale*

116. In summary, the evaluation has found qualitative evidence that the policy served to legitimise what was ongoing in nutrition programming at country level, although there has been some standardisation of nutritious products, and growing use of them. Whilst nutrition-sensitive programming isn’t always identified as such, there are elements of it existing in some countries. The evaluation also found quantitative evidence that the food basket has (continued to) change along lines consistent with the NP. Quantitative analysis of beneficiary numbers shows some signs of increased focus on preventive activities, but only in regard to prevention of stunting (and starting from a very low base). It is not long since the adoption of the policy, but there is little sign yet of the substantial upscaling of WFP nutrition operations (especially in relation to preventive activities) that the policy implies.

### *Gender dimensions of policy implementation*

117. WFP’s nutrition interventions inherently target females, since, in addition under 5s (male and female), PLW are a key beneficiary group. Between 2010 and 2014, 63% of beneficiaries of nutrition-specific interventions were female, a proportion that has remained steady over that period (see Table H8). However, the NP goes further than advocating for the targeting of females. The evaluation found examples of analysis of gender issues in the Bangladesh and Burkina Faso case studies, although WFP staff in both countries considered they were still only beginning to translate this knowledge into action on the ground to transform gender relations and that they needed guidance to strengthen these efforts. In both countries, BCC activities were used to engage men and other household and community members in understanding nutrition and care issues for infants, young children and pregnant and lactating women. In other case study countries, gender considerations were limited to disaggregated data (see also ¶80–82 above).

<sup>40</sup> The beneficiaries counted here pertain to the operations in the evaluation universe – defined as all operations with a nutrition-specific component. Therefore, there are likely to be additional operations with potentially nutrition-sensitive activities but without nutrition-specific activities, not captured here. Thus the potential reach of WFP’s nutrition-sensitive programming is likely to be even larger than presented here.

<sup>41</sup> See Box 1. The broad coverage of such activities may be seen as an indicator of their potential importance if they successfully address nutrition objectives.

118. Within WFP, over 68% of survey respondents considered “WFP sufficiently and systematically addresses gender concerns in its situation analyses for nutrition interventions”. However the comments from some respondents presented a different picture, decrying efforts to address gender which amount to little more than gender disaggregation of data, and noting a lack of gender analysis to inform programme design.<sup>42</sup> (See Figure L14 and Table L5.)

119. Fewer people (58%) agreed or strongly agreed with the statement that “the specific roles of men and women in their communities are adequately considered in the implementation of nutrition programmes”, the comments revealing that it varies significantly between contexts, but the expectation to include gender considerations is growing. A similar proportion (57%) agreed or strongly agreed that, “WFP’s approach seeks to actively challenge gender discrimination as it relates to nutrition, in the communities where it works.” One respondent noted that “WFP considers the gender dynamics which may influence nutrition, but does not always actively engage in broader influencing gender roles, and this can be further constrained in emergency situations.” Noted obstacles included a lack of funding or evidence of results related to gender-sensitive approaches.

120. When asked how WFP could strengthen its gender approach to nutrition, recurring themes included the need to strengthen and systematise gender situation analyses to bring about a better understanding of specific gender contexts; actively seeking the participation of men in nutrition programmes; to continue to focus on females, and key related issues such as family planning and child marriage; and to strengthen staff capacity in gender.

121. Interviewees at the global level recognised that the nutrition sector (not just in WFP) has historically been weak at incorporating gender, and tends to assume that targeting PLW is inherently gender-sensitive. However, it is increasingly understood at the field level that engaging men in nutrition education and enhancing their acceptance of responsibility for childcare as well as nutrition and care of pregnant women is essential if sustainable behaviour change is to occur, with the multiple causes of undernutrition addressed through empowered communities. Moreover, design of effective preventative approaches requires a thorough contextual analysis, including analysis of gender dynamics at community and household levels.

### **Adaptation at corporate level [EQ2.4<sup>43</sup>]**

122. The NP envisaged that WFP would support the policy through advocacy, and would strengthen its internal systems so as to support its roles in partnerships and in developing the capacity of governments and partners, as well as for the delivery of WFP nutrition operations. This section considers (a) staffing linked to the NP; and (b) WFP’s role in relevant partnerships, including relationships with other United Nations agencies.

#### *Nutrition staffing*

123. Logically a stronger emphasis on nutrition could be expected to lead WFP to employ more nutritionists (the NP refers also to the need for food technologists). On

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<sup>42</sup> To quote one comment: “Make cross cutting gender more than statistics, but truly thinking through what the statistics actually tell us, gender roles, power relations, attitudes and addressing these in programme design and programme implementation, to ensure positive impacts both on nutrition outcomes and on society as a more gender sensitive environment”. (RB, Nutritionist)

<sup>43</sup> At corporate level, has WFP adapted to the strategic and partnership shifts implied by the policy?

the other hand, the policy, also seeks to mainstream nutrition across WFP activities rather than keep it as the preserve of specialists.

124. The limited available data on nutritionist staff within WFP are shown in Table 5 and Table 6 below. WFP has employed a growing number of international nutrition staff since 2010. Most of this growth has come at more junior levels (P2 and P3 posts<sup>44</sup>). These data are for international staff only; data for national staff was not available at the time of writing, but OSN informed the evaluation that WFP has more than 70 national nutrition staff and more than 20 international consultants working in nutrition. There are a further 24 international staff with nutrition/public health qualifications – largely past WFP nutritionists – who are currently working in non-nutrition posts with WFP. Most of the growth in international nutritionist posts has been at the CO level, with some growth also in the regional bureaus; the number of international nutritionists in HQ has not changed since 2010. However, the nutritionists group is one of the first to be developing a systematic career path for nutritionists: this is a work in progress linked to WFP's people policy.

125. The overall upward trend in WFP's deployment of nutritionists is in line with the policy. A number of external interviewees commented that WFP's country-level nutrition capacity has become more visible. However, there is still scope for strengthening WFP's nutrition capacity at all levels.

**Table 5 International Nutrition Staff working with WFP in Nutrition Posts, by grade (2010–2015)**

Grade	No. of International Staff working with WFP in Nutrition Posts		
	2010	2013	2015*
D2	0	0	1
D1	1	1	0
P5	4	6	7
P4	11	16	13
P3	7	16	18
P2	2	3	6
Total	25	42	45

Source: OSN. \*As of February 2015.

**Table 6 International Nutrition Staff working with WFP in Nutrition Posts, by organisational level (2010-2015)**

Level	No. of International Staff working with WFP in Nutrition Posts		
	2010	2013	2015*
Headquarters	10	10	10
Regional Bureaus	4	8	9
Country Offices	11	24	26
total	25	42	45

Source: OSN. \*as of February 2015.

<sup>44</sup> Nutrition officer grades, in ascending order, are: National Officer A /P1, NOB/P2, NOC/P3, P4, P5, D1, D2.

## *WFP Partnerships*

126. The NP included an emphasis on partnerships, both with the private sector and with other agencies within and beyond the United Nations system, notably in relation to the Global Nutrition Cluster (GNC), REACH and SUN. The Follow-up to the NP responded to EB requests for clearer undertakings about the development of a nutrition partnership framework among United Nations agencies, including an appropriate division of labour.

127. WFP has continued effective partnerships with the private sector, especially in relation to the development and improvement of quality nutritious foods, and their adaptation to local contexts.

128. Since 2012, WFP has remained active in the GNC, REACH and SUN. It has hosted the REACH secretariat, and the Executive Director has been a member of the SUN Lead Group, while WFP acted as co-chair of the SUN Business Network. WFP hosted the 2014 SUN Global Gathering, which synchronised with the second International Conference on Nutrition (ICN2) – for the latter, however, the leading roles were played by FAO and WHO. The United Nations network for SUN became the de facto forum for seeking an understanding on an overall United Nations partnership for nutrition, but, as noted by the SUN evaluation, progress was regrettably slow. However, in the early months of 2015, there has been agreement on a United Nations network for SUN, for which REACH would provide the secretariat (taking over the global secretariat responsibility from the United Nations SCN). At the time of preparing this report, the publication of a "United Nations Global Nutrition Agenda" was imminent (UN Network 2015). This document sets out common nutrition goals, and appears to be a step towards better alignment amongst the agencies. Thus:

The UNGNA should serve to stimulate dialogue among UN agencies at all levels on how best to align their activities, given their specific mandates and resources, in the context of a changing global development system. Working toward achievement of the joint goals should contribute to more efficient use of resources, less duplication of effort and greater synergy among agency activities. ((UN Network 2015 p1).

129. This may therefore, be a significant step towards the enhanced partnership and agreed division of labour among nutrition-focused United Nations agencies that was envisaged in the Follow-up document to the NP (see ¶28d) above).

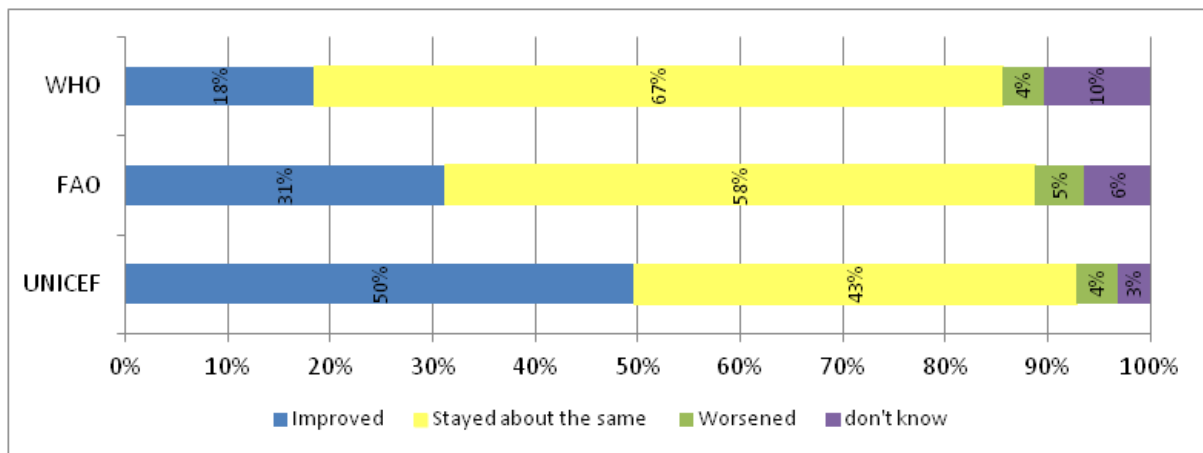
130. There are elements of rivalry as well as collaboration in the relationships between WFP and other United Nations stakeholders and their perceptions of an appropriate role for WFP within an overall division of labour. The discussions that took place during the preparation of the NP and this evaluation's subsequent interviews reveal that a number of key stakeholders had, and continue to have, misgivings about aspects of the policy, including its use of evidence and its advocacy for an expanded WFP role.

131. The e-survey offers some perceptions on relationships with the main United Nations nutrition partners. It solicited opinions on the quality of mutual understanding and collaboration on nutrition between WFP and UNICEF, FAO and WHO (see Figure L11 in Annex L). Overall, the relationship with UNICEF was perceived to be strongest, followed by FAO and WHO. Notably, perceptions from CO staff were consistently more positive than those from headquarters or regional bureaus. That is not to conclude however, that the relationships are always stronger at country-level; as one respondent noted "depth of collaboration depends on

personalities and approaches” (RB, Nutritionist), as well as the particular operational focus of WFP in a country, and thus is likely to vary significantly between countries.

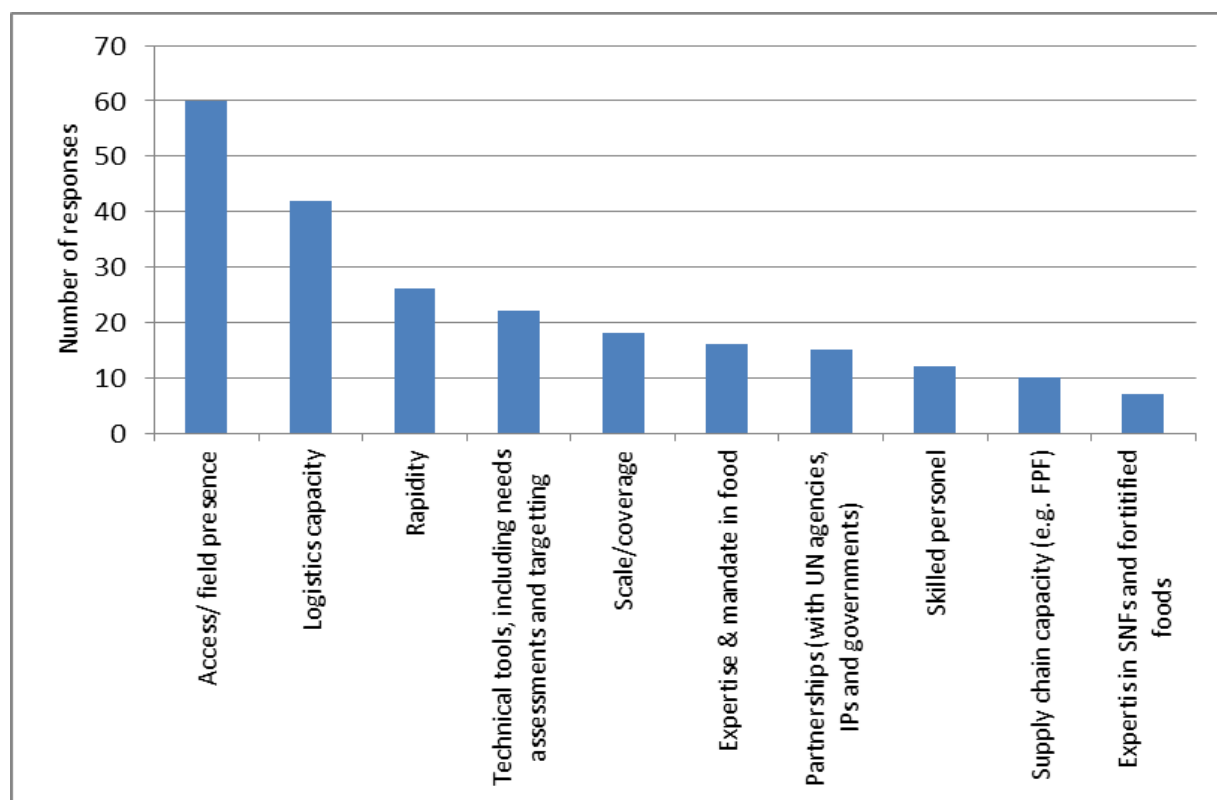
132. In an effort to gauge the direction of change, respondents who had been with WFP for long enough (139 respondents) were asked whether they felt the relationships with these agencies (as they relate to nutrition) had improved, stayed about the same, or worsened over the last three years. As Figure 13 below shows, half of the respondents felt the collaboration with UNICEF had improved, whilst the majority felt that WFP’s relationship with WHO and FAO had stayed about the same. Only a small minority (4-5%) observed any worsening of the relationships.

**Figure 13 Change in the quality of understanding & collaboration with UNICEF, FAO and WHO on nutrition over the last 3 years**



Source: e-survey

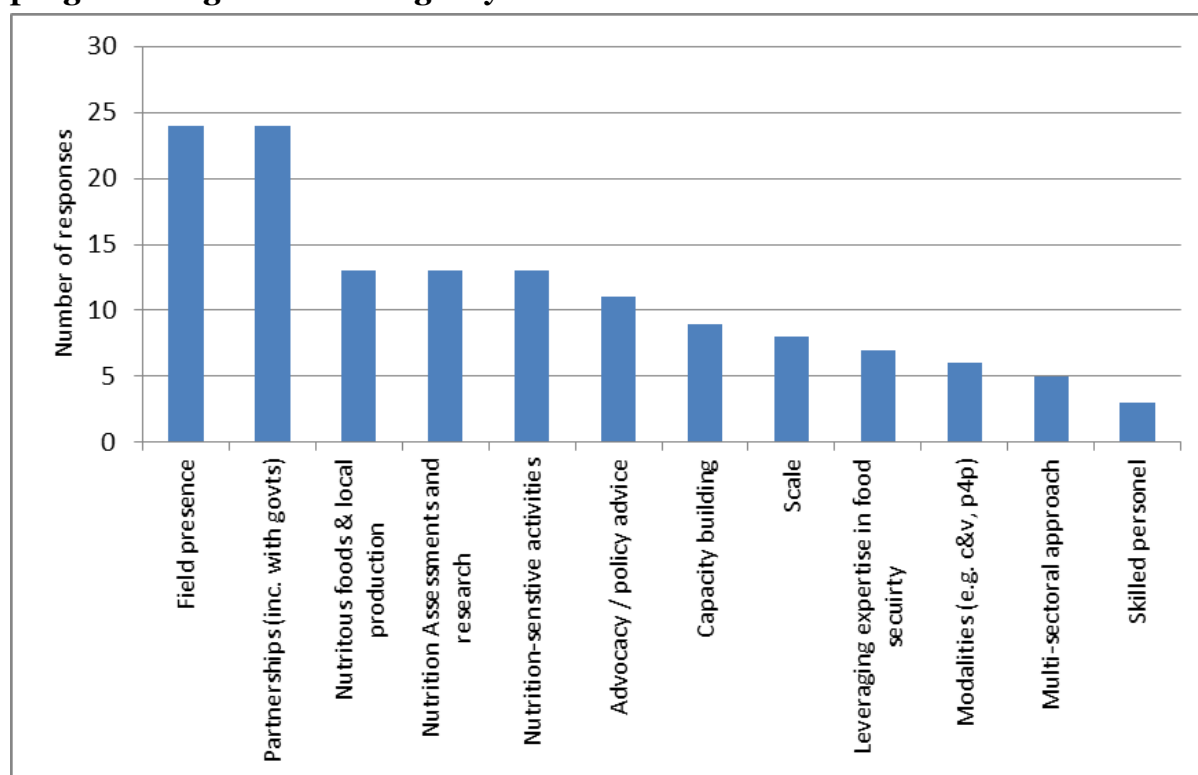
**Figure 14 Staff perceptions of WFP’s comparative advantages in nutrition programming in emergencies**



Source: e-survey

133. WFP staff perceptions of the organisation's comparative advantages are depicted in Figure 14 above and 133. The survey asked respondents to reflect on WFP’s comparative advantages as they relate to nutrition, in emergency and non-emergency contexts. Text responses were analysed by reviewing the frequency of recurring themes. As demonstrated in Figure 14 above, the areas which were most often recognised as strengths of WFP in emergencies include access/field presence, logistics capacity, and the ability to respond rapidly. These are all, of course, interconnected, and not unique to WFP’s nutrition programming in emergency contexts. Field presence was similarly the most often cited comparative advantage in non-emergency contexts, followed by WFP's partnerships (including, but not exclusively, with host governments) – see 133.

**Figure 15 Staff perceptions of WFP’s comparative advantages in nutrition programming in non-emergency contexts**



Source: e-survey

134. At the global level, WFP interviewees argued that WFP, unlike other agencies are involved in many stages in the value chain, from supporting smallholder productivity to strengthening farmers' associations, developing market structures, supporting national policy environment, and being a source of demand for nutritious foods themselves. This involves a range of different actors and sectors, ultimately strengthening WFP’s cross-sectoral reach (a point illustrated in Box 4 above). The CDSs found however that the strength of relationships between WFP and other United Nations partners in different sectors varies greatly. The CDSs also underscored that making programmes operational and effective has a lot to do with complementary activities by partners. Some positive examples were noted (e.g. BCC and positive deviance approach in Lesotho). These complementary activities are important to contextualise the use of food products: e.g. MAM programmes should be linked to effective health services.

## 2.3 Factors Explaining the Initial Results

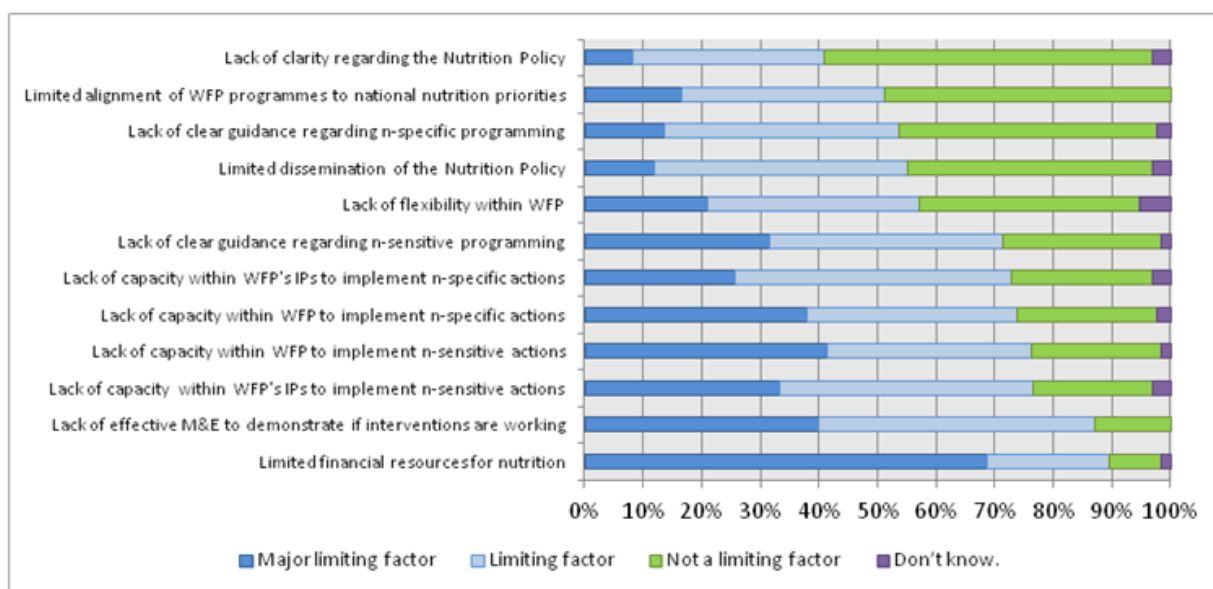
### Introduction and perceived challenges

135. This section seeks to explain the initial results identified in the previous section. It takes note of the opinions provided by interviewees and survey respondents as well as offering the evaluation team's own analysis of the evidence.

136. The e-survey asked respondents about what they saw as principal challenges to improving nutrition outcomes – see Figure 16 below. Specifically, they were asked to assess a list of factors that had been raised with the evaluation team in interviews, indicating whether they saw each one as a major limiting factor, a limiting factor, or not a limiting factor. There was one factor which the majority of respondents felt was

not limiting – namely concerning any lack of clarity regarding the NP. All other factors were confirmed to be obstacles, but to varying degrees. The most significant, where more than 75% respondents identified it as being a limiting factor or major limiting factor, were (in order of magnitude): limited financial resources, lack of effective monitoring and evaluation to demonstrate whether interventions are working, and lack of capacity (technical and/or personnel) within WFP itself and (to a lesser extent) its cooperating partners, to implement nutrition-sensitive actions. In the comments, the financial framework (being based on tonnage) and an overemphasis on SNFs over locally available nutritious foods were additionally identified as constraints.

**Figure 16 Principal challenges to improving the nutrition outcomes associated with WFP programmes**



Source: e-survey

### Consultation and ownership [EQ3.145]

137. It is clear from interviews and the e-survey that nutritionists (particularly those at HQ) have strong ownership and agreement on the policy. This is supported by considerable buy-in from senior management. There was an extensive period of consultation, including discussions with EB members, leading up to the adoption of the policy. However (as confirmed by the survey<sup>46</sup>) there was not considered to be much discussion of the policy at CO level prior to adoption. Other United Nations agencies felt that consultation with them was, in effect, rather late and superficial.

138. The twitter analysis in Annex H indicates that the key concepts of the NP have been increasingly reflected in WFP's messaging.

<sup>45</sup> Was there sufficient consultation and ownership in the development of the policy?

<sup>46</sup> Those respondents who had worked with WFP for 3 years or longer (n=128) were asked whether they had been consulted on the policy. Overall 14% answered that they had been, with slightly higher confirmation at RB level (20%) as compared to HQ (14%) or CO (13%).



## **Dissemination and guidance for implementation [EQ3.2<sup>47</sup>]**

### *Policy dissemination*

139. The CDSs found that most staff were made aware of the policy through the WFP intranet, but some nutritionists interviewed did attend meetings at regional level where the policy was presented. Dissemination to CO staff in non-nutrition technical units was ad hoc. It was difficult to find staff who had been in post at the time of the policy development but there was some consultation involving WFP RB and CO staff.

140. Generally, e-survey respondents did not consider dissemination of the NP significantly better or worse than for other policies in WFP (Figure L4). It should be noted that this is a comment on relative effectiveness and on its own gives no indication of absolute effectiveness. Some of the qualitative responses allude to this, with remarks such as “I don't think we are very good in general in disseminating policies” (CO, Nutritionist), “I don't think that WFP does a very good job of disseminating any policies at the operational level” (CO, Head of Programmes) and “policy dissemination is generally weak within WFP” (CO, Deputy Country Director). It was also noted that whilst policies tend to be known to the people working in the specific relevant technical field or sector (in this case nutrition) they are less likely to be known by colleagues working in other sectors.

141. As already noted, most respondents' knowledge of the policy came from reading the policy document itself. Respondents were asked whether or not they were aware of three specific WFP-authored nutrition-related publications.<sup>48</sup> As demonstrated in Figure L5 the 2012 Programming Guidelines For Nutrition-Specific Interventions were widely known (by 82% of respondents); but the e-learning modules and 2013 Strengthening the nutrition focus of Community-Based Participatory Planning guidance note were less so<sup>49</sup> (known by 54% and 35% of respondents, respectively). Those respondents who were aware of these documents consistently rated them “useful” (97%, 88% and 90% of respondents familiar with the programming guidelines, participatory planning guidance and e-learning modules, respectively).

142. Other useful internal guidance was identified, including: SNF Food Sheet (WFP 2013c) and Supply Chain Management Guidance (WFP 2013g), SRF Guidelines (WFP 2013e), Emergency Food Security Assessment Handbook (WFP 2009e), and the Food and Nutrition Handbook (WFP 2001) (but a number noted the need for an update). Some collaborative guidance was also listed, including UNHCR/WFP selective feeding guidelines (UNHCR & WFP 2011a) and Global Nutrition Cluster Toolkit on Management of MAM in Emergencies (GNC 2014); as well as documents relating to the SUN movement.

### *Quality of policy guidance*

143. The evaluation team reviewed a range of WFP nutrition guidance documentation to assess their consistency with the NP and with international best practice. The findings are presented in Annex M. Most of these documents are considered to be well aligned with the NP, and are oriented towards developing areas of the policy and supporting its practical implementation in the field. However,

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<sup>47</sup> How well was the policy disseminated, with guidelines for its implementation?

<sup>48</sup> Whilst more guidance is available, the evaluation team restricted this to question to guidance published in 2013 or earlier to enable enough potential time for dissemination.

<sup>49</sup> According to OSN this document has not been officially circulated at any point, while the e-learning modules have not been updated since the launch of the nutrition policy.

although the guidance is largely based on international guidance and best practice, it could be significantly improved in some areas. For example:

- a) MAM guidance (prevention and treatment) concentrates narrowly on SFPs; it does not address a fuller concept or the package advocated in GNC guidelines.
- b) Approaches for WFP's contribution to prevention of stunting are also framed quite narrowly, although there is acknowledgement that the evidence-base and international guidelines are not yet fully supportive.
- c) Approaches that focus on children aged 6–23 months do not mention the importance of continued breastfeeding alongside the use of products in this group, and WFP's alignment with the International Code of Marketing of Breast-milk Substitutes is never stated. (Its inclusion could help to reassure critics of WFP's engagement with the private sector and product focus.)
- d) The pillars tend to be considered in isolation; guidance could go further to describe how they fit together and how WFP can work more effectively in partnership with others and in multi-sectoral approaches.
- e) Finally, the double-burden of malnutrition and gender considerations are largely absent from the guidance so far.

144. Under the new decentralised arrangements, the RB nutrition advisers play a key role in relaying policy and guidance to CO level. OSN has been very active in developing guidance related to the policy (inter alia drawing on NCSP resources, see Annex I), but they acknowledge that there has been a trade-off between drafting of guidance and its dissemination. Overall, dissemination of the policy within WFP is seen as having been rather haphazard.

### **Resources for implementation [EQ3.3<sup>50</sup>]**

145. The Follow-up indicated that most resources for implementing the policy would come from adjustments to existing budgets and financing. This has clearly happened in relation to the changing food procurement patterns depicted in Figure 7 above. As noted in Table 5 and Table 6 above there has been some increase in nutrition staffing, especially at CO level. Nevertheless, as highlighted in Figure 16 above, finance and staffing are seen as the major constraints to implementation of the policy. Lack of resources is experienced as a constraint in implementing relevant M&E – see ¶85 and ¶90 above. Resource constraints are particularly relevant to the NP's ambition for scaling up WFP's preventive activities: support from WFP's donors has not been commensurate with the policy's level of ambition. For some donors this is explicitly because they see insufficient evidence to support WFP scaling up (interviews). At the same time, the dedicated resources through the NCSP (see Annex I) have been very useful in supporting OSN's policy roll-out activities.

### **Internal factors (positive and negative) [EQ3.4<sup>51</sup>]**

146. The internal environment within WFP has been supportive of the policy with some caveats. The main caveat – not unique to nutrition operations – is the difficulty

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<sup>50</sup> Were there sufficient (human and financial) resources for its implementation?

<sup>51</sup> What internal factors facilitated or obstructed implementation of the policy?

for WFP of adopting long-term strategic approaches (as implied by the policy's emphasis on prevention and on work to develop the capacity of governments and other partners) in the context of typically short-term funding cycles, and the external perception that WFP's comparative advantage lies in dealing with emergencies.

147. As already noted, there is strong management support for the policy, and recent organisational restructuring (creation of a single HQ nutrition unit, and decentralisation associated with the Fit for Purpose initiative and people strategy) is positive. However, disruption associated with introducing these and earlier changes was a constraint on systematic policy roll-out and implementation of the NCSP.<sup>52</sup>

### **External Factors (positive and negative) [EQ3.5<sup>53</sup>]**

148. The global prominence of nutrition (SUN, ICN2) etc creates a favourable climate for the NP, although, as noted in ¶127 above, the development of a common United Nations strategy and division of labour for nutrition has been slow, and is only now approaching the situation advocated at the time of the policy's adoption, in terms of a common agenda and stronger alignment among United Nations agencies.

149. The external factor that most limits the implementation of the policy is lack of finance for scaling up of WFP programmes that it envisages. This is linked to perceptions amongst several of WFP's key donors, concerning (a) WFP's perceived comparative advantage in emergency contexts (and/or in fragile and conflict affected states); (b) a perception that WFP is excessively oriented towards food products, to the exclusion of more broadly based interventions; linked to (c) concerns that some of the standard interventions advocated by the policy lack a sufficient evidence base (a point supported by the evaluation's analysis in section 2.1 above and Annex J).

150. The slow pace of progress towards a more coherent United Nations approach to nutrition was documented in detail in the SUN evaluation (Mokoro 2015a) and should be a reproach to all involved. Although the UNGNA may prove to be a valuable step forward, the paradigm of "division of labour" among UN agencies deserves to be questioned. The clearest example of such a division – the parcelling of responsibilities between WHO, UNICEF and WFP for different degrees of acute malnutrition – may be convenient for the agencies, but has little logic in terms of continuity of care for individuals. The accent rather should be on country-level collaboration behind nationally-owned policies and strategies for nutrition.

### **Feedback and learning [EQ3.6<sup>54</sup>]**

#### *Operational research*

151. Annex J includes a review of WFP's approach to academic partnering and operational research (OR) relevant to nutrition. The evaluation finds (as reflected in the policy itself) an admirable concern to strengthen the evidence base and recognition of the importance of academic partners for ensuring the quality and the credibility of research in which WFP is involved. There are some encouraging examples of OR.<sup>55</sup>

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<sup>52</sup> Policy and programme were separate until 2012. Then policy and programme were merged for all areas except for nutrition. At that point, the nutrition programme unit was removed from programme and put with VAM and some nutrition activities were included in the innovation unit. With the new division, policy, programme and innovation are combined, but separate from other programmes and policy.

<sup>53</sup> What external factors facilitated or obstructed implementation of the policy?

<sup>54</sup> Has there been effective feedback, learning and adaptation associated with the policy?

<sup>55</sup> The Bangladesh Transfer Modality Research Initiative is an example of WFP conducting operational research with research institutes to develop evidence for nutrition-sensitive approaches.

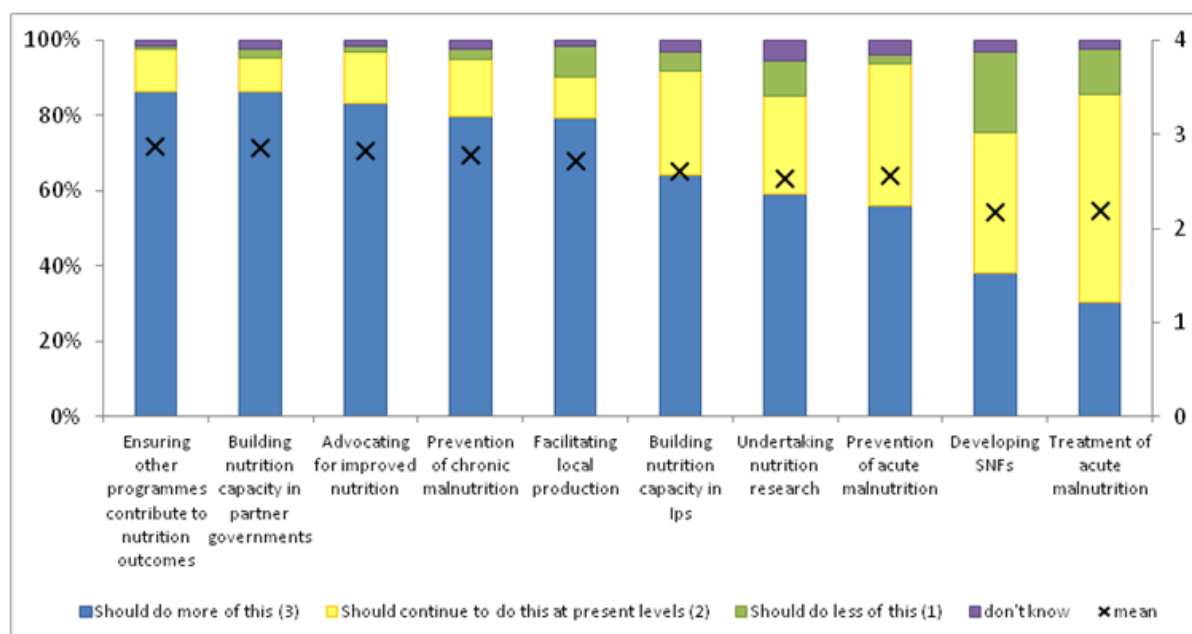
However, partly because of the relative autonomy of COs, but also because of general dependence on opportunistic financing, it has been difficult to develop a coherent research programme, and research efforts are often spread too thin to be most effective. The demonstration models proposed under the NCSP (see Annex I) exemplify this: there have been delays in getting them under way, and it is acknowledged that they are spread too thin and designed too loosely to yield rigorous and generalisable findings. However, OSN is beginning to articulate a more coherent research strategy and research agenda (see the draft internal guidance in Box J1).

152. The Programme and Innovations Service (OSZI) has also contributed towards drawing lessons from WFP's nutrition programming experience. As well as overseeing an experimental programme for scaling up stunting prevention at district level in Malawi (funded by CIFF – see Annex J, ¶33), OSZI, with support from the same funder, developed a series of case studies summarised in Annex N. These were prepared internally, and cover interventions that started well before the NP was adopted. Nevertheless they provide interesting pointers concerning constraints and success factors in nutrition programming (as summarised in Table N1 ), none of them inconsistent with the findings of the present evaluation.<sup>56</sup>

### *WFP staff's sense of direction*

153. In an effort to solicit opinions on the future agenda for WFP in nutrition (thus their opinion of appropriate lessons from experience) respondents were asked, with reference to a list of nutrition-related activities to indicate whether they felt WFP should do more, less, or continue at present levels. The list was informed by some opinions emerging from interviews and document research (see Figure 17 below).

**Figure 17 Staff perceptions of WFP's future nutrition agenda**



Source: e-survey

154. Not surprisingly, there was a tendency to advocate more of everything (as the question did not ask about priorities). However, there were some interesting nuances:

<sup>56</sup> These case studies did not come to the attention of the evaluation until very late in the evaluation process, which may suggest insufficient communication and coordination between OSZI and OSN.

treatment of acute malnutrition was the only activity where more people felt WFP should continue at present levels than felt it should increase; and development of SNFs was the activity for which the highest portion of respondents (21%) felt WFP should do less of it. Comments noted that WFP does not have to, and should not, pursue all these areas in isolation. Particular partners are well equipped to support different aspects; for example with regards to research, one respondent noted that WFP should “move towards identifying knowledge gaps and commission or advocate for specialized institutions to conduct research”. Others felt it would make sense to partner with UNICEF on capacity building within governments.

### **Sustainability [EQ3.7<sup>57</sup>]**

155. As already noted, it is early to judge the emerging results of the policy. It does appear sustainable in the sense that its analytical framework is durable and widely accepted, although more could be done to flesh out practical guidance and fill gaps in the issues that the policy addresses.

156. Two principal sustainability issues concern the strategy embodied in the NP:

- a) It is right to recognise the importance of national capacity development, but this is always difficult to put in practice. In the CDSs, many WFP staff reported that they are struggling with what technical assistance and advocacy with government means in practice and feel a lack of WFP guidance on this subject. Substantive handover strategies are rare. It was highlighted in interviews that the staff with the right profiles for this upstream work are largely missing;<sup>58</sup> good technical staff may not have strong policy and advocacy competence. Compared to UNICEF, WFP’s capacity in this area was felt to be lacking. Further, WFP still seems constrained by the perception that it is a humanitarian organisation; as such it struggles to win longer-term funding which is crucial for some interventions such as addressing stunting and supporting the government. Handovers are often rushed due to lack of funding or programmes simply stop (as was the case in Bangladesh).
- b) The product focus of the policy is also a weakness, since it is doubtful that national governments can afford the long-term procurement and distribution of SNFs that are central to WFP’s approach.<sup>59</sup> Long-term sustainability depends on the development of nationally-owned multi-sectoral strategies that address food systems as a whole.

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<sup>57</sup> How sustainable are the emerging results of the policy?

<sup>58</sup> WFP have tried to address this (e.g. senior officials seminar at IDS) but it remains an issue.

<sup>59</sup> WFP’s efforts in a few countries to promote local production of nutritious foods can be seen as an attempt to counterbalance this.

### 3. Conclusions and Recommendations

#### 3.1 Overall Assessment

##### *EQ 1 – Quality of the Policy*

157. The NP was timely, and provided a useful analytical framework for nutrition. It drew on available evidence and linked the discussion of nutrition within WFP with wider debates. It was written clearly and accessibly. It is generally coherent with WFP strategies and with other WFP policies (although there is ongoing scope to increase the cross-fertilisation between policies – e.g. between nutrition and cash and voucher policies).

158. However, it also had some weaknesses: some of its prescriptions and recommendations were not (and still are not) adequately supported by evidence. While there is good evidence about physiological nutrient gaps, evidence is lacking for the effectiveness (and cost-effectiveness) in practice of supplementary feeding programmes in preventing MAM and chronic undernutrition. The prominence of this approach in the policy understandably reinforced external (and internal) perceptions of WFP as too product-focused. Also, although the policy identified the importance of nutrition-sensitive interventions, follow-up guidance on nutrition-sensitive programming has been lacking, as has guidance on how WFP should work with governments to build nutrition governance capacity. Obesity/overweight is an increasingly important issue that was not mentioned. The treatment of gender in the policy was superficial, but this reflected a broader weakness in WFP's gender policy at the time. The policy was largely coherent with international standards, by focusing on the most nutritionally vulnerable, and by providing a broad enough menu of policy options to enable WFP to respond appropriately to needs in varying contexts.

159. In terms of coherence with other agencies' positioning, it gave a clear broad statement of WFP's envisioned role across different aspects of nutrition. This did involve a wider role for WFP, particularly in supporting the prevention of chronic undernutrition in developmental as well as emergency contexts. This was not intended to displace any other agency's role, but it has nevertheless been perceived as encroaching on other agencies' roles in some cases. There is a danger of double standards in such perceptions – with WFP liable to be criticised first for focusing too narrowly on food products, and then for straying beyond its mandate when it rightly places food products within a wider context.

160. As regards practicability: the policy had a practical orientation and envisaged relying mainly on adapting the use of existing resources. However, it was not realistic to expect preventive programmes to be funded on the scale implied, especially in view of uncertainties about the effectiveness of the interventions proposed for scaling up. Given the general scarcity of knowledge of what works in the nutrition-sensitive sphere, it is unsurprising that this element was not very fully specified.

##### *EQ 2 – Initial Results of the Policy*

161. The policy did not involve a sharp break with previous guidance and good practice and was adopted fairly recently: this makes it harder to be definitive about its results. However, the policy is reasonably well known and accepted across WFP. By its nature, such a policy needs to be followed up with more detailed practical guidance, but there has been more success in developing various elements of guidance than in systematically disseminating them and ensuring their use.

162. The approach to M&E reflected in the new SRF indicators is logical, but further work is required in rolling out their use and in supplementing them where necessary. Programme indicators are not sufficiently embedded in WFP systems and culture, and there needs to be more systematic emphasis on learning through operational research to complement regular M&E.

163. Precise conclusions about trends in the scale of WFP's nutrition activities are constrained by weaknesses in the data. However it appears that beneficiary numbers for MAM treatment (the largest proportion of nutrition-specific beneficiaries) have not grown since the policy's adoption, while beneficiaries for MAM prevention have shown a significant decline.<sup>60</sup> Activities for prevention of chronic undernutrition have grown rapidly, but from a very modest base and still fall far short of the scale implied by the policy's proposed intervention thresholds. There are no systematic data on the extent to which WFP's potentially nutrition-sensitive activities are nutrition-sensitive in practice, or whether they are becoming more so. There is however, both qualitative and quantitative evidence of programming changes that are in line with the policy, particularly in terms of deploying foods that are more nutritious across WFP interventions.

164. There are some examples of WFP incorporating gender analysis into the design, implementation and M&E of nutrition interventions, but there is not yet a sufficiently systematic, rigorous, and agency-wide approach to addressing gender issues related to nutrition.

165. The upward trend in WFP's deployment of nutritionists, and the strengthening of country-level nutrition capacity indicates a stronger corporate emphasis on nutrition, but there is still scope for strengthening WFP's nutrition capacity at all levels, particularly amongst non-nutritionists. The importance of nutrition-sensitive approaches seems insufficiently recognised among HQ staff.

166. WFP has invested considerable time and effort in maintaining global level nutrition partnerships, notably through its active engagement with GNC, REACH and SUN. However, progress on formalising a global level intra-United Nations nutrition framework (which depends on all parties, not just WFP) has been regrettably slow; it remains to be seen whether the imminent publication of a "United Nations Global Nutrition Agenda" will be a breakthrough in terms of the enhanced partnership and agreed division of labour among United Nations nutrition agencies that was envisaged in the follow-up document to the NP.

### *EQ 3 – Factors affecting the implementation and initial results of the policy*

167. Progress in rolling out and implementing the policy reflects generally good understanding of the policy supported by buy-in from senior management. Amongst WFP's nutritionists and senior management, ownership was supported by the extensive consultations, particularly with the EB, leading up to its adoption. However, consultation with CO level and with other United Nations agencies was less thorough. Dissemination of associated guidance has been rather haphazard.

168. The NP, like other aspects of WFP's work, is constrained by the emergency focus and short-term horizon within which WFP operates (which in turn reflects WFP funders' perceptions of the organisation's appropriate role). The reforms under fit-for-

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<sup>60</sup> Based on actual numbers of under-5 beneficiaries – sees Figure 9.

purpose have been positive, but, inevitably, adapting to them also disrupted the roll-out of the policy. The NCSP has provided useful support to the direct activities of policy roll-out, but both financing and staffing are major constraints to the fulfilment of the policy's ambitions. This is particularly true in relation to the policy's ambition for scaling up WFP's preventive activities, where support from WFP's donors has not been commensurate with the policy's level of ambition. This reflects the weakness of the evidence base for such scale-up, and the fact that, even if proven to be desirable, interventions on the scale implied by the policy's proposed intervention criteria and thresholds would be neither affordable nor sustainable.

169. The policy is sustainable in the sense that its analytical framework is robust and can be elaborated as necessary to fill gaps, adapt to changing contexts and emerging evidence, and adopt more realistic intervention criteria. However, as regards broader sustainability, the difficulties of supporting national capacity development are well known (and are accentuated by the WFP constraints already mentioned), and it is unlikely that product-focused interventions (even if effective) are sustainable by national governments in the long term; long-run progress must depend on nationally-owned, multi-sectoral strategies that address food systems as a whole.

### **3.2 Recommendations<sup>61</sup>**

170. Based on the evaluation's findings and conclusions, eight recommendations have been developed to improve the NP or its implementation. These are set out in the following table, which also gives the rationale and implications of each recommendation. The recommendations cover different aspects of implementing and strengthening the NP, and should be seen as a coherent set of proposals: accordingly, they are presented in a logical order and are all equally important.

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<sup>61</sup> Section 3.2 is optional (for noting wider lessons, if any) and not used in this case.



#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
1.	<b>Revision</b>	<p>The policy is based on a useful analytical framework and remains broadly applicable. Given the relatively short time since its adoption, the priority should be to focus on dissemination and detailed guidance to support the implementation of the policy.</p> <p>Annual progress reports to the EB can also be used to provide updates on recent evidence and, if necessary, record modifications and clarifications of the policy's detailed guidance, as well as reporting on its implementation.</p> <p>Revision of WFP's Strategic Plan will be an opportunity to further embed nutrition objectives in the SP.</p>	<p>Do not revise the Nutrition Policy at this time. Ensure nutrition objectives are embedded in the next Strategic Plan and consider a full revision of the nutrition policy during 2017, aligned with the new SP. Submit annual nutrition policy update to the Board in 2016 and 2017.</p>	<p>The Nutrition Policy Update (NPU) papers are primarily progress reports for the EB's information, to be submitted in 2016 and 2017. Each NPU should report on policy implementation, highlight relevant recent evidence and, if necessary, provide elaborations or modifications of the policy's detailed guidance.</p> <p>(See also proposed actions under Recommendation 2 below which concern medium-term work to address gaps in the policy.)</p>	<p>[Executive Board and Office of the Executive Director (OED) for decision-making; OSN to prepare annual updates]</p>
2.	<b>Development</b>	<p>A number of areas were omitted from or only lightly developed in the NP, including some where the evidence base has strengthened since the policy was adopted. These areas can best be strengthened by preparing separate position papers, which can help to build consensus within WFP, strengthen guidance for implementation of the policy, and identify relevant nutrition elements that can be incorporated in WFP's other policies and guidance.</p>	<p>Develop the policy further through subject papers to support improved guidance for policy implementation; include nutrition considerations in other WFP policies and guidelines. Subject papers should address such gaps as nutrition-sensitive programming and the “double burden”, and become building blocks for the policy’s revision after the new Strategic Plan is approved. This work should be undertaken in the framework of the United Nations Global Nutrition Agenda, collaborating with other United Nations agencies as much as possible.</p>	<p>Particular topics to be addressed include:</p> <ul style="list-style-type: none"> <li>• Double burden and overnutrition (paper to be driven by do no harm principle and should provide guidance on how analysis and implementation should reflect that principle) (2016–2017)</li> <li>• Nutrition-sensitive approaches: <ul style="list-style-type: none"> <li>○ review of the potentially nutrition-sensitive areas WFP are involved with operationally (e.g. social protection and cash programming) (2016, in time to inform preparation of the new SP);</li> <li>○ stocktake of extent to which nutrition is reflected in current guidance for non-nutrition programmes within WFP, and how this might be appropriately modified (2016);</li> <li>○ develop impact pathways for nutrition sensitive interventions (2017);</li> <li>○ Ensure nutrition policy considerations</li> </ul> </li> </ul>	<p>[OSN and other units involved with nutrition-sensitive approaches (2016–2017)]</p>

#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
				are reflected in all revisions of relevant policies and strategies in WFP (ongoing)	
3.	<b>Guidance for policy implementation</b>	<p>WFP has produced some guidance already (though it has not always been well disseminated, and there is also substantial work in progress), but there are still some gaps. In addition, as global evidence and experience has accumulated, there is a need both to update existing guidance and to provide new guidance about emerging issues.</p> <p>The mobility of staff within WFP means that both existing and revised policy guidance need to be continually disseminated to WFP staff.</p>	Strengthen practical and targeted guidance to WFP staff and management, taking in account international best practices and findings from this evaluation and WFP's operational research. New guidance should cover gender analysis and monitoring taking account of WFP's new gender policy. Ensure that guidance is disseminated to staff regularly and is easily accessible.	<p>Continuation of ongoing work through 2015/2016/2017.</p> <p>Begin with stocktake of current guidance and the different target audiences (nutrition and non-nutrition) and their requirements and prioritise additional work that is needed.<sup>78</sup></p> <p>Each annual NPU (Recommendation 1 above) to include a list of current guidance and supporting documents, as well as noting additional materials in preparation.</p> <p>Decide which guidance will be internal and which will be external-facing to benefit a wider stakeholder group. Develop guidance jointly with other agencies where appropriate. – for example with SUN/REACH on multisectoral approaches and with UNICEF on supporting governments.</p> <p>Examine the bottlenecks to effective dissemination of guidance within WFP and map and utilise the best channels to disseminate current, revised and new guidance to target audiences.</p> <p>Share guidance with external agencies.</p> <p>Establish a review panel to ensure quality.<sup>79</sup></p>	[OSN liaising with the Policy and Programme Division (OSZ), the Gender Office, regional bureaux and country offices (2015, 2016 and 2017)]
4.	<b>Monitoring and evaluation</b>	Need to address current weaknesses in M&E of WFP nutrition operations as one way of strengthening WFP learning in a dynamic policy environment. COs need more support in operationalising the nutrition indicators specified in the Strategic Results Framework 2014–2017. COs need to understand the	Strengthen M&E of WFP nutrition operations by supporting country offices in reporting on the Strategic Results Framework indicators. This will involve: i) providing guidance on methodology; ii) providing guidance on	Use revision of the SP and associated review of the SRF as an opportunity to strengthen WFP's M&E culture (2016). Ensure decision-makers fully understand the importance of programmatic indicators and the need for rigorous data collection and use and that the resource mechanisms are in place to enable this. Include accountability mechanisms to ensure	[OSN working with OSZ, the Performance Management and Monitoring Division (RMP) and regional bureaux (2016 onwards)]

<sup>78</sup> The list of potential topics is long. It is important to give COs useful guidance on situation analysis and context-specific programme design as a framework for selection and design of specific interventions that fit the priorities and the constraints of specific countries. Topics may include: causal analysis; nutrient gap analysis; capacity gap analysis; partnership analysis; data gap analysis and gender analysis – including understanding the roles and dynamics between men and women in the community and at household level). Needs to include guidance on multi-sector approaches, longer term programme planning and working effectively with government institutions.

<sup>79</sup> This could be the same panel that oversees operational research and knowledge management (see Recommendation 5).

#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
		positioning of WFP M&E systems within the wider national information framework and support national systems to generate and utilise meaningful data.	supporting national M&E systems; and iii) ensuring consistent prioritization of quality M&E and utilization of its results (Recommendation 8).	<p>that COs make programme adjustments or further analysis based on findings.</p> <p>Continue ongoing work, with aim of ensuring that SRF indicators are fully reported in the 2016 reporting cycle.</p> <p>Keep the new M&amp;E approach under review and identify any changes to indicators and/or to associated guidance that may be required. This will include:</p> <ul style="list-style-type: none"> <li>• Work with UN agencies to develop a joint UN methodology for the NCI (Nutrition Capacity Index) indicator and support COs to implement it.</li> <li>• Define the coverage survey methodology for Pillars 1, 2, 3 and 4 and support COs to implement it.</li> <li>• Elaborate indicators that are applicable to Pillar 5.</li> </ul> <p>Provide support (guidance, training and mentoring) to COs on supporting national M&amp;E systems to generate and utilise data to measure key output, outcome and impact indicators and on how data generated from WFP programmes can contribute.</p>	
5.	<b>Operational research and knowledge management</b>	Even in cases where there is a good scientific understanding of nutrition (e.g. the physiological efficacy of nutrition supplements for individuals), there are gaps in evidence about the effectiveness and optimal design of interventions in different contexts. WFP has an interest, and an important role, in strengthening the knowledge base that underpins its activities, and such knowledge is of global relevance. Present ad hoc approaches make it	Develop, disseminate and implement a comprehensive operational research strategy that supports effective design, delivery and use of research within WFP and assures its quality. Develop a research agenda that addresses gaps in knowledge required for effective programming. The operational research strategy should emphasize effective	<p>Develop OR strategy during 2016 (and include in the 2017 Nutrition Policy Update).<sup>80</sup></p> <p>During OR strategy development:</p> <ul style="list-style-type: none"> <li>• develop research agenda to fill gaps in current research portfolio such as operational and contextual barriers to programme effectiveness for treatment of MAM, better integrating approaches that aim to address SAM/MAM and acute/chronic, cost- effectiveness of a range of nutrition specific and sensitive</li> </ul>	[OSN and the Programme Innovation Service (2016)]

<sup>80</sup> Development of strategy should include detail on approach and mechanisms for: prioritising research actions at country level; partnerships in research; capacity development for national research institutions; funding research; assuring quality and rigor of research design and implementation (e.g. through establishment of a technical advisory group or review panel); use of programme data (e.g. from programme M&E) to fill knowledge gaps; documentation and dissemination of research outcomes; maximising uptake and use of research outputs for policy and programmes.

#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
		difficult to ensure the quality and maximise the benefits of WFP operational research.	partnering with international and national research bodies to guarantee quality and ensure the credibility of findings while strengthening national research capacity.	<p>approaches to address MAM and prevent chronic undernutrition, and better integration of micronutrient powder programmes with other nutrition and public health programmes;</p> <ul style="list-style-type: none"> <li>engage with academic partners and funding agencies on research prioritization and set up of partnerships for implementation (see footnote on strategy below).</li> </ul> <p>HQ leads development of strategy and agenda with collaboration from RBs and COs to ensure collective learning. Support RBs and COs to implement the strategy and agenda appropriately (2017 onwards).</p> <p>Establish a review panel to ensure quality. <sup>81</sup></p>	
6.	<b>Capacity development in WFP</b>	Whilst WFP needs staff with technical skills to implement nutrition programmes, there should also be the skills to work at a policy and advocacy levels. WFP has been described as ‘punching below its weight’ with this. Relevant capacity is required for nutritionists and non-nutritionists, and at all levels of the organisation.	Ensure an appropriate balance of competencies among country office and regional bureaux staff to ensure high-quality implementation of nutrition programmes and enable effective advocacy with external stakeholders – particularly governments – and effective support for national strategy and planning processes.	<p>Build on the Capacity Strategy for Nutrition at WFP and define what skills are required and develop job descriptions at the appropriate pay grade (i.e. finalise during 2015 and implement during 2016 the draft Career Framework for Nutrition at WFP).</p> <p>Ensure staff with the right competencies are in the right positions including developing the skills to work alongside and capacitate governments (and other partners). (Continuing – report progress in annual NPUs – see Recommendation 1.)</p> <p>Similarly, WFP needs institutional capacity across the organisation to understand nutrition and to enable nutrition (technical advisors) to contribute and participate in decision-making level, raising the profile and permeation of nutrition in the organisation.</p> <p>Continue to advocate for contracting modalities that enable longer-term contract commitments for staff where longevity/tenure is critical to strategy/outcomes (or, that is essential for</p>	[OSN, the Human Resources Division and senior management in Headquarters and regional bureaux (2015 onwards)]

<sup>81</sup> This could be the same panel that quality-assures new and revised guidance (see Recommendation 3).

#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
				strategic results) (e.g. a 3 year programme to reduce stunting needs a 3 year support post). (See also Recommendation 8.)	
7.	<b>Collaboration and multi-sector partnerships</b>	<p>Effective action on nutrition requires multi-sectoral approaches (in support of government-led national nutrition plans, wherever possible), and this in turn requires collaboration and partnerships. Playing an effective (not always leading) role in partnerships is the best way to address fears of "mission creep" and demonstrate WFP's added value.</p> <p>In its messages and in its behaviour, WFP needs to guard against external perceptions that its approach is excessively SNF-focused, and that its proposed intervention criteria are overambitious (at least in terms of what donors are prepared to finance, especially in relation to stunting prevention). WFP also needs to acknowledge and address the limitations of the existing evidence base for scaled-up prevention programmes (Recommendation 5), and to address scepticism about its legitimate role in non-emergency contexts –several main donors have emphasised that although they recognise WFP's legitimate pre -and post-emergency roles, they consider that WFP's comparative advantage is strongly in fragile and conflict affected states (FCAS).</p>	<p>WFP should continue to stress the importance of multi-sector partnerships in addressing undernutrition and supporting national nutrition policies and strategies. It should actively participate in these partnerships in emergency, transition and non-emergency contexts. It should also seek a cohesive United Nations nutrition strategy and actively participate in mechanisms such as SUN, the cluster system, REACH and the Committee on World Food Security. Its external communications strategy should make a measured case for WFP's added value in both emergency and development contexts.</p>	<p>Continue to participate actively in the UN nutrition network and other forums at HQ, regional and country levels. Continue to work with other UN agencies to develop a clear common nutrition agenda and division of labour among the four UN agencies involved with nutrition.</p> <p>Contextual analysis should guide design of a cohesive (coherent?) nutrition intervention combining the 5 pillars. Guidance, as per Recommendation 3, will enable COs to achieve this,</p> <p>Continue to strengthen partnerships with government and other stakeholders at international, national level and sub-national levels using mechanisms such as SUN, REACH, and the cluster system where applicable.</p> <p>WFP's communication with external stakeholders by nutrition proficient representatives should include</p> <ul style="list-style-type: none"> <li>- how WFP programmes are tailored to context;</li> <li>- how WFP complements other stakeholders and works in partnership to achieve nutrition objectives;</li> <li>- the role of WFP in long-term programmes – donors should be a particular target group for this messaging.</li> </ul>	<p>[Board, OED and OSN at the global level; regional bureaux and country offices for country and regional partnerships (with support from the Government Partnerships Division for donor relations); and the Rome-based Agencies Division, the Committee on World Food Security and the Private Sector Partnerships Division (2015 onwards)]</p>
8.	<b>Resourcing the implementation of the nutrition policy</b>	<p>The nutrition policy was adopted on the understanding that the costs of its implementation would be met primarily by prioritisation and reallocation within existing budgets. This has happened in some respects</p>	<p>Seek to mitigate the resource constraints hampering nutrition policy implementation by addressing their systemic causes. This implies: i) continuing</p>	<p>Factor these concerns into the drafting of the next Strategic Plan (2016).</p> <p>Also reflect these concerns in the design and of programmes and country strategies (ongoing)</p>	<p>Board and OED (strategy); senior management and RMP (implementation and monitoring);</p>

#	Issue	Rationale	Recommendation	Specific Actions and Timing	Responsible
		<p>(e.g. upgrading nutrition specification of commodities). But the evaluation also found significant resource constraints on the roll-out of the policy. These include human resource constraints (see Recommendation 6 on capacity) and constraints experienced in implementing required M&amp;E (Recommendation 4). More broadly WFP has not yet succeeded in attracting donor funds commensurate with the policy's ambition for "a significant scale-up" of its nutrition interventions. Difficulty in attracting donor funds is linked to scepticism about the legitimacy of WFP's role in non-emergency contexts, and to lack of strong evidence on cost-effectiveness.</p> <p>All these constraints have systemic elements: e.g. M&amp;E is hampered not by an absolute shortage of resource but by a failure to prioritise M&amp;E within available allocations, while prevention of stunting requires a longer-term vision than the majority of WFP's current programming /funding cycles.</p>	<p>implementation of the Financial Framework Review and other reforms that increase funding flexibility; ii) improving financial monitoring and cost-effectiveness analysis; and iii) continuing to advocate with donors for the longer-term funding required for prevention activities (while strengthening evidence-based advocacy for this support).</p>	<p>Use annual NPUs for documenting issues and any progress i mitigating resource constraints (annual).</p>	<p>Programme Review Committee (strategy and programme development); the Government Partnerships Division (donor relations); and OSN (through nutrition policy updates 2016 onwards)]</p>

## Annexes

### Annex A Terms of Reference

#### TERMS OF REFERENCE (TOR) WFP'S NUTRITION POLICY (2012): A POLICY EVALUATION

##### 1. Background

###### 1.1. Introduction

1. Policy Evaluations focus on a WFP policy, arrangements and activities for implementation. They evaluate the quality of the policy, its results, and seek to explain why and how these results occurred. The WFP' Nutrition Policy was approved in February 2012.
2. The TOR was prepared by the WFP Office of Evaluation (OEV) evaluation manager, Diane Prioux de Baudimont, based on a document review and consultations with key internal stakeholders.
3. The purpose of these TOR is to provide key information to stakeholders about the proposed evaluation, to guide the evaluation team and specify expectations that the evaluation team should fulfil. The TOR is structured as follows: Chapter 1 provides information on the context; Chapter 2 presents the rationale, objectives, stakeholders and main users of the evaluation; Chapter 3 presents an overview of WFP's policy and its programming implementation, and defines the scope of the evaluation; Chapter 4 spells out the evaluation questions, approach and methodology; Chapter 5 indicates how the evaluation will be organized.
4. The annexes provide additional information on the evaluation timeline, the Internal Reference Group's role, and references to background documentation.

###### 1.2. Context

5. Review of literature. Globally, 805 million people currently suffer from hunger.<sup>82</sup> In 2012, 162 million children under the age of five were stunted, 51 million were wasted and 17 million severely wasted<sup>83</sup>. The resulting mortality, morbidity and loss of productivity impedes social and economic development worldwide. At a national level, undernutrition is estimated to reduce Gross Domestic Product by 2-3% on average.<sup>84</sup>
6. Malnutrition is often associated with poverty. Globally, undernutrition is more common when households income is low and is associated with chronic food shortage, insufficient dietary diversity, high rates of infectious diseases and inappropriate infant feeding and care<sup>85</sup>. Even if there is no food shortage, undernutrition is related to the lack of access to adequate nutrients.
7. There is strong evidence showing that eliminating malnutrition in young children has multiple benefits<sup>86</sup>. For example it can boost gross national product by 11% in Africa and Asia, break the inter-generational cycle of poverty, and save lives, as

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<sup>82</sup> FAO,WFP,IFAD. State of food Insecurity in the World, 2014. It represents 12 % of the world's population.

<sup>83</sup> Joint UNICEF/WHO/World Bank Child Malnutrition Database, new estimates for 2012. September 2013

<sup>84</sup> Fundraising-Development Service-Strategic Consulting (CCS), Strengthening Global Nutrition Investment, 2011

<sup>85</sup> [www.worldbank.org/nutrition](http://www.worldbank.org/nutrition)

<sup>86</sup> Child Growth = Sustainable Economic Growth : Why we should invest in nutrition. Hadded L, May 2013

malnutrition is currently the underlying cause of 45% of deaths every year among children under 5.

8. There is growing body of evidence regarding Maternal and child under nutrition<sup>87</sup>. The highly respected medical journal, *The Lancet*, published a series of papers in 2008<sup>88</sup>, which reinvigorated global dialogue on the issue. The series identified the need to focus on the crucial period from conception to 2-years old – the “1,000 days” or “window of opportunity” – in which good nutrition and healthy growth have lasting benefits throughout life.

9. Poor nutrition during this period leads to irreversible consequences such as stunted growth and impaired cognitive development. Improving nutrition is a precondition to achieving goals of eradicating poverty and hunger, reducing child mortality, improving maternal health and combating disease - which all contribute to a stronger future for communities and nations.

10. The 2008 Lancet series found however that nutrition was regarded for the most part as an afterthought in development priorities and that it has been underemphasized by donors and developing countries.

11. The follow up 2013 Lancet Maternal and Child Nutrition series re-evaluated the problems of maternal and child undernutrition and also examined the growing problems of overweight. The nutrition landscape has shifted significantly since 2008 as the evidence has continued to grow and the enabling environment has benefited from action galvanized by stakeholders such as the Scaling Up Nutrition (SUN) movement (see paragraph 21). Many countries have made advances in building multi-stakeholder platforms across sectors, aligning nutrition- relevant programmes within a common results framework. Nutrition is now more prominent on the agendas of the UN, the G8 and G20, and supporting civil societies.

12. The series recommends 10 evidence-based nutrition interventions that, if scaled up to 90% coverage can reduce by 15 % the current deaths of children younger than 5. The series concludes that the World Health Assembly (WHA) targets for reducing stunting, wasting, low birthweight, anaemia, overweight, and exclusive breastfeeding in the first 6 months of life can be achieved by 2025 with sufficient support. An enabling environment is central to this scaled-up support to build commitment and ensure it is translated into outcomes.

13. Drawing on the findings of the 2008 Lancet’s series, DFID published in 2010 a paper<sup>89</sup> providing a comprehensive literature review on the causes, consequences and potential actions to resolve maternal and child undernutrition. The paper highlights that delivering an effective multi-sectoral response requires strong coordination and leadership at national and international levels.

14. The 2011 evaluation report of FAO’s role and work in Nutrition concludes that the agency “falls short of the expectations of key stakeholders in addressing increased nutrition concerns worldwide from the perspective of agriculture and food-based interventions.” As a result, nutrition has been mainstreamed in the work of the Organization<sup>90</sup>.

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<sup>87</sup> Consisting of stunting, wasting and deficiencies of essential vitamins and minerals.

<sup>88</sup> The Lancet, maternal and child undernutrition, January 2008.

<sup>89</sup> The neglected crisis of undernutrition: DFID’s Strategy, 2009. DFID updated its paper in October 2012.

<sup>90</sup> Follow-up to the evaluation of FAO’s role and work in Nutrition, FAO, November 2013



15. The 2014 UNICEF meta-analysis of 49 individual evaluations<sup>91</sup> found that the programme addressing micronutrient deficiencies were mostly evaluated (36 cases), while nutrition in emergencies is least (9 cases). The nutrition programmes were found as effective in 62 % of the cases. In the less effective programmes, the constraints included unrealistic timeframes, gaps in programme design and insufficient quality personnel.
16. The WHO Global Nutrition Policy Review<sup>92</sup>, based on a survey conducted during 2009-2010 found that the 54 countries that responded to the survey had policies and programmes that are addressing key nutrition issues. However, the review identified gaps in the design, content and implementation of these policies and programmes.
17. The private sector has substantial potential to contribute to acceleration of improvements in nutrition. But there are still too few rigorous assessments of the effectiveness of involvement of the commercial sector in nutrition, and distrust of the private sector – especially the food industry – remains high<sup>93</sup>.
18. Global architecture and international initiatives. Nutrition is linked to several Millennium Development Goals<sup>94</sup> (MDGs), which are themselves interlinked. The Post-2015 Agenda will define UN priorities for the next 10-15 years and there is evidence to support the importance of food security and nutrition.
19. The Open Working Group on Sustainable Development Goals (SDG) in their final draft<sup>95</sup>, proposed Hunger, Food security and Nutrition as a stand-alone goal<sup>96</sup>. WFP, FAO and IFAD have been leading the technical review of this goal, and their contributions have been inspired by the Zero Hunger Challenge (ZCH).
20. The ZHC is a global initiative aiming to build support around the goal of achieving Zero Hunger. It was launched in 2012 by the UN Secretary General Ban Ki-Moon. It provides a framework for a goal on Food Security and Nutrition. The ZHC is based on five pillars that highlight the interconnected nature of the challenge: 1. Zero stunted children less than 2 years; 2. 100% access to adequate food all year round; 3. All food systems are sustainable; 4. 100% increase in smallholder productivity and income; 5. Zero loss or waste of food.
21. The Scaling Up Nutrition (SUN) framework was developed in 2009/2010. SUN is a movement stimulated and reinforced by political interest in nutrition among leaders of national governments and development partners. It is a global push for action and investment to improve maternal and child nutrition. The SUN movement recognizes that no one single sector can scale up nutrition alone. The heart of the SUN movement is to support country efforts to address malnutrition and, reflecting a new level of engagement, 54 countries (as of September 2014) have become members.
22. A large number of actors participate in SUN through five global networks: Countries, Donors, Business, Civil societies and UN agencies. Current initiating members of the SUN UN network are FAO, IFAD<sup>97</sup>, UNICEF, WHO and WFP. The UN

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<sup>91</sup> Learning from Nutrition Programme Evaluations: A thematic Evaluation Synthesis Report, UNICEF, June 2014.

<sup>92</sup> Global nutrition policy review, WHO, 2013

<sup>93</sup> The Lancet Maternal and child Nutrition Series, 2013

<sup>94</sup> Nutrition is directly linked to MDG 1 (Eradicating extreme poverty and hunger), but also to other MDGs such as 4, 5 and 6.

<sup>95</sup> Post-2015 WFP Taskforce newsletter, July 2014

<sup>96</sup> Goal 2. End Hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

<sup>97</sup> IFAD has joined in an advisory capacity.

network of SUN is co-facilitated at the global level by the REACH Partnership and the Standing Committee on Nutrition (SCN).

23. REACH – a partnership for ending child hunger - was established in 2008 by FAO, UNICEF, WHO and WFP to facilitate a country-led process of comprehensive needs assessments, advocacy, action planning and coordination among stakeholders.

24. The mandate of the SCN is to promote cooperation among UN agencies and partner organizations in support of community, national, regional, and international efforts to end malnutrition in all of its forms.

25. At the time of this TOR, an independent evaluation of the SUN commissioned by the SUN Lead Group is being carried out, and is expected to report in December 2014. A joint REACH evaluation will also be carried out in 2015. In addition a series of impact evaluations on MAM, commissioned by OEV, is being planned.

26. WFP mission and Strategic Plan (SP). WFP’s mission is to end global hunger. Its Mission Statement requires that policies governing the use of WFP food aid must be oriented towards the objective of eradicating hunger and poverty<sup>98</sup>. The 2014-2017 SP<sup>99</sup> sets out what WFP will do to contribute to the broader global goals of reducing risk and vulnerability to shocks, breaking the cycle of hunger and achieving sustainable food security and nutrition, in line with the ZHC. The SP consolidates the shift from food aid to food assistance introduced by the previous SP<sup>100</sup> (2008-2013) – which overarching goal was to support governmental and global efforts to ensure long term solutions to the hunger challenge.

27. For every operation undertaken by WFP, the type and quantity of food people need must be established. The food assistance supplied by WFP to its beneficiaries depends on the needs of the groups covered and the objectives of the project, rather than the operation’s category.

28. The nutrition policy indicates that, in line with its 2009 gender policy and strategy, WFP will continue to integrate gender into food and nutrition activities, and will continue to create an enabling environment for gender equity by targeting women, girls and men in appropriate activities.

29. WFP played an advisory role in the 2013 update of the series on Maternal and Child nutrition in the *Lancet*. WFP co-chairs the SUN business network. The organization also co-leads the stunting pillar in the Zero Hunger Challenge with WHO, and the access pillar with FAO.

## **2. Reasons for the Evaluation**

### **2.1. Rationale**

30. The Executive Board has approved three nutrition policies in 2004<sup>101</sup>. In light of new scientific knowledge, particularly the *Lancet* 2008 special series, and in line

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<sup>98</sup> WFP Mission statement, adopted in December 1994 by WFP’s governing body

<sup>99</sup> The relevant 2014-2017 Strategic Objectives (SO) are : SO1- Save lives and protect livelihoods in emergencies; SO2 - Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies, and SO4; Reduce undernutrition and break the intergenerational cycle of hunger.

<sup>100</sup> The relevant 2008-2013 SOs are: SO1- identical as in the 2014-2017 SP; SO3- Restore and rebuild lives and livelihoods in post conflict, post disaster or transition situations; and SO4- Reduce chronic hunger and undernutrition.

<sup>101</sup> “Food for Nutrition: Mainstreaming Nutrition in WFP” (WFP/EB.A/2004/5-A/1); “Micronutrient Fortification: WFP Experiences and Ways Forward” (WFP/EB.A/2004/5-A/2); and “Nutrition and Emergencies: WFP Experiences and Challenges” (WFP/EB.A/2004/5-A/3).

with WFP’s shift from food aid to food assistance, the latest Nutrition Policy was approved by the Board in February 2012, replacing the previous policies. In June 2012, the Board requested update on WFP’s nutrition policy at alternate Annual Sessions, the first one in June 2013.

31. At the time of approval, the Board requested an evaluation of this Policy in 2015. This is earlier than the normal timing embedded in the WFP Policy Formulation EB.A/2011/5-B document, which states that any policy will be evaluated within 4-6 years of its approval.

32. By agreement with the Board, the evaluation will be presented to the November 2015 Board Session. It will provide evidence-based information on the quality and implementation status of the 2012 nutrition policy. It will also be forward-looking towards the organisation’s future policy and related guidance, taking into account of the highly dynamic context for nutrition, rich in ongoing initiatives and processes at the global level, such as the drafting of the SDGs and the SUN evaluation.

## 2.2. Objectives

33. Evaluations serve the dual objectives of accountability and learning. As such, the evaluation will:

- Assess and report on the quality and results of the nutrition policy and associated operations and activities to implement the policy (accountability); and
- Determine the reasons why certain changes occurred or not to draw lessons for policy formulation and implementation (learning). Given that the evaluation takes place earlier than the embedded timing for a policy Evaluation, the accent will be on the learning objective.

## 2.3. Stakeholders and Users of the Evaluation

34. A preliminary list of key internal and external stakeholders is provided in Table 1 below. The evaluation team will conduct a more thorough stakeholder analysis during the inception stage of the evaluation.

**Table 1. Preliminary list of key stakeholder groups**

Internal	External
WFP senior management at HQ and at Regional Bureaux levels The Nutrition Advisory Office (OSN) WFP Policy, Programme & Innovation division (PPI), including the Nutrition unit (OSZAN) Other WFP HQ units involved in nutrition implementation, reporting and advocacy including gender, food procurement, food quality & safety, performance management, partnership & governance WFP Field (Head of Prog. and Regional Nutrition Adv, at COs and RBx levels) WFP Executive Board	National government partners NGOs partners including Micronutrient Initiative, GAIN and CHAI <sup>102</sup> Other UN agencies: FAO, UNICEF and WHO WFP donors, including private sector partners such as DSM <sup>103</sup> , Pepsi Co, Ajinomoto, Coca Cola IASC, Food Security and Nutrition Clusters Relevant global nutrition initiatives such as SUN, including UN and Business networks Academic partners such as Tufts, Epicentre/MSF, Wageningen University, George Washington University, Johns Hopkins University, Aga Khan University. The press, including Lancet

<sup>102</sup> GAIN: Global Alliance for Improved Nutrition. CHAI: Clinton Health Access Initiative.

<sup>103</sup> The partnership with DSM started in January 2011. See the Private Sector documents related to partnerships with a nutrition component in Annex 5.

35. An Internal Reference Group (IRG) will be involved throughout the evaluation process. Composed of representatives from internal stakeholder groups, the IRG will provide input at key stages during the evaluation process, as detailed in Annex 3. In particular, OSZAN and OSN<sup>104</sup> units will be key members and potentially main users, responsible for follow up to the evaluation. WFP Executive Board will have the opportunity to review and discuss the evaluation conclusions and recommendations as well as the corresponding Management Response.

### 3. Subject of the Evaluation

#### 3.1. WFP's Nutrition Policy

36. The 2012 policy presents WFP's vision for its contribution to the global movement on nutrition and defines a policy framework for doing so<sup>105</sup>. It sets out WFP's work with partners including national governments, the United Nations, civil society, academia and the private sector to support governments in defining and implementing nutrition policies and strategies.

37. Through both specific or direct interventions, and sensitive or indirect interventions (See Annex 1 – Mind-Map); the **policy framework focuses on five areas:**

1. Treating moderate acute malnutrition (MAM) (wasting);
2. Preventing acute malnutrition (wasting);
3. Preventing chronic malnutrition (stunting);
4. Addressing micronutrient deficiencies among vulnerable people; and
5. Strengthening the focus on nutrition in programmes without a primary nutrition objective.

38. The beneficiary groups of these five priority areas highlighted in the nutrition policy are - for the first four areas directly related to nutrition activities - targeting vulnerable groups including young children, pregnant and lactating women<sup>106</sup>, and people living with HIV & TB patients<sup>107</sup>. The fifth area is to ensure that other WFP activities (nutrition-sensitive activities e.g. General Food Distribution, School Feeding, safety nets, FFA, etc.) contribute to improved nutrition outcomes. This area targets vulnerable and food insecure women, men, school children, etc.

39. Logic models for the four nutrition-specific interventions (the first four areas) are presented in the WFP programming guide published in December 2012<sup>108</sup>. The guide develops a logical pathway and indicator frameworks measuring each step in the

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<sup>104</sup> OSZAN is the WFP's nutrition unit. OSN provides advocacy and technical assistance on nutrition and on food, both within and outside WFP.

<sup>105</sup> WFP's mission is to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age-appropriate diet for those who lack it, and to support households and communities in utilizing food adequately. WFP ensures access to the right food, at the right place, at the right time. (Paragraph 16, WFP Nutrition Policy, EB.1/2012)

<sup>106</sup> The 2013 Lancet Series has emphasized the importance of nutrition during pregnancy, starting at conception, and hence of adolescent girls just before pregnancy, for the prevention of stunting.

<sup>107</sup> There is a separate HIV Policy. The evaluation of the Nutrition Policy will focus on the children and PLW (and adolescent girls) vulnerable groups.

<sup>108</sup> Programming for Nutrition-Specific interventions, Monitoring & Evaluation – Logic Models, December 2012. (Currently under revision).

logical pathway for Treating and Preventing Acute Malnutrition, for Preventing Chronic Malnutrition, and for Home Fortification.

40. In 2013 WFP reached 8.5 million children aged 6-59 months and 3.3 million pregnant and lactating women (PLW) with specific nutrition programming. In 36 of the 59 countries where WFP has nutrition specific activities, specialized nutritious foods were being used<sup>109</sup>. Specialized nutritious foods are being used<sup>110</sup> for Treatment and for Prevention of malnutrition in children 6-59 months of age. For Treatment, these includes Super Cereal Plus and large quantity Lipid-based Nutrient Supplements (LNS) such as Plumpy'Sup and Acha Mum for children. For Prevention, these includes Super Cereal Plus or small/medium quantity LNS such as Plumpy's Doz and Wawa mum. Super Cereal is the appropriate food for the PLW target group.

41. Building on the evidence from the second Lancet series on Maternal and Child Nutrition published in June 2013, WFP has recently aligned by focusing its nutrition-specific interventions in four key areas: a) addressing micronutrient deficiencies, including among adolescent girls; b) ensuring nutrition and food support for women particularly during the last trimester of pregnancy & during the first six months of lactation; c) making available good quality nutritious complementary foods for children 6-24 months<sup>111</sup>; and d) programmes and activities for treating Moderate Acute Malnutrition (MAM) and preventing acute malnutrition. This focus applies both to WFP's activities as well as to WFP's technical advice and advocacy to enable others to work better in these areas.

42. The 2008-2013 WFP Strategic Results Framework (SRF)<sup>112</sup> sets the corporate outcome malnutrition indicators as the follows:

- Under Strategic Objective 1: Acute malnutrition among children < 5 (WfH), Low mid-upper arm circumference (MUAC) among children <5, and four supplementary feeding performance indicators.
- Under Strategic Objective 3: Acute malnutrition among children <5 (WfH), Low MUAC among children <5, four supplementary feeding performance rates, and prevalence of stunting among children <2 (HfA).
- Under Strategic Objective 4: Prevalence of stunting among targeted children under 2 (HfA), and prevalence of iron deficiency anaemia (IDA) in women and children.

43. The SRF was updated in 2014 under the new Strategic Plan, with six programme performance outcome indicators for nutrition programmes - five of which are new, and it no longer contains an indicator to track stunting prevalence among WFP beneficiaries: 1. Moderate Acute Malnutrition (MAM) Treatment Programme Performance, 2. Programme Coverage, 3. Beneficiary Participation, 4. Minimum Acceptable Diet (MAD), 5. Diet Diversity in School Feeding Programmes, and 6. National Capacity Index (NCI) for Nutrition. These six indicators aim to establish an

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<sup>109</sup> Update on the Nutrition Policy. EB.A/2013. Updated with last available figure received from OSZAN.

<sup>110</sup> Some countries have not yet switched to the right product and still use Super Cereal for treatment of MAM and for Prevention of acute malnutrition.

<sup>111</sup> Good quality nutritious complementary foods for children 6-24 months include special fortified blended food such as Super Cereal Plus or adding home-fortification products to home-prepared complementary foods, such as 20g of lipid-based nutrient supplements or micronutrient powder.

<sup>112</sup> See also the new 2014-2017 WFP Strategic Results Framework (based on the 2014-2017 Strategic Plan), for recent changes in the M&E indicators.

understanding of WFP's direct contribution to programme outcomes, based on the timing and geographical breadth of WFP's nutrition intervention.

### **3.2. Overview of WFP Activities for Policy Implementation**

44. The Policy states that WFP's mission in nutrition is focused on its comparative strengths related to food. WFP strives to accomplish this mission by designing and supporting the implementation of programmes in the five areas covered by its policy framework; the four WFP nutrition-specific areas and the WFP nutrition-sensitive area.

**Area 1- Treating MAM.** Targeted Supplementary Feeding Programmes (TSFP) is WFP's programming approach to treat moderate acute malnutrition. In particular among children aged 6-59 months, pregnant and lactating women (PLW).

**Area 2- Preventing acute malnutrition.** Blanket Supplementary Feeding Programmes (BSFP) is WFP's programming approach to prevent acute malnutrition. In particular among children aged 6-23 months (sometimes 6-36 or 6-59 months in sudden-onset emergencies), and PLW.

**Area 3- Preventing chronic malnutrition.** Complementary feeding through the provision of specialized fortified foods is WFP's programming approach to prevent chronic malnutrition among children aged 6-23 months, as well as programmes to support PLW. The Policy sets out that WFP's role in this intervention also includes elements such as strengthening the capacity of national governments to design and monitor intersectoral programming to prevent stunting, and the promotion of activities that can impact nutrition indirectly.

**Area 4- Micronutrient deficiencies.** Home fortification with Micronutrient Powder or small quantity Lipid-based Nutrient Supplement (LNS) is WFP's response to addressing Micronutrient Deficiencies (MNDs) as a stand-alone objective. Home fortification is particularly important to reduce the risk of mortality during emergencies among vulnerable people – children aged 6-59 months and PLW. WFP also distributes fortified foods for prevention of micronutrient deficiencies, such as fortified flour, fortified rice (starting), fortified vegetable oil, iodized salt and fortified blended foods (Super Cereal), i.e. not just home fortification.

**Area 5- Nutrition – sensitive** interventions where improvement of nutritional status is not a primary objective. It includes general food distributions, school feeding programmes, and food-for-work/food-for-assets/food-for-training activities. Those interventions provide food, vouchers or cash to enable beneficiaries to mitigate household food insecurity and to meet their nutrient need, especially in areas with high undernutrition.

45. WFP engages in the treatment and prevention of acute malnutrition as wasting is a major risk factor for child mortality. A child with moderate acute malnutrition is three to four times as likely to die as a well-nourished child. WFP engages in the prevention of stunting as it accounts for 15 % of child mortality. In addition, stunting is associated with reduced physical and cognitive capacity for life, and its effects are irreversible and intergenerational. Micronutrients (vitamins and minerals) are essential for ensuring people's life and health. Micronutrient deficiencies affect two billion people and because it may not show specific signs of deficiency, is often referred

as the “hidden hunger”<sup>113</sup>. Micronutrient deficiency is addressed in all WFP nutrition-specific interventions.

46. As illustrated in Annex 7, nutrition-specific interventions are covered by all six WFP regions and by all types of operations. In 2013, of the total of 96 operations with nutrition interventions, emergency operations (EMOPs) represent 21.6 % compared to the non-emergency operations (totalling 78.3%). 32 countries cover at least two nutrition-specific areas. Distributed among all WFP regions except in the Latin America Bureau (OMP), six countries cover all three interventions with specialized nutritious foods (areas 1, 2 and 3): Senegal, Iraq, Myanmar, Lesotho, Tanzania and Kenya. Among these 6 countries, Senegal, Myanmar, Lesotho and Kenya are members of the SUN movement. Tanzania is part of both the SUN movement and the REACH partnership. Area 1 covers 48 countries, area 2 covers 34 countries, area 3 covers 13 countries and area 4 – as a stand-alone activity - covers 1 country.

47. The Policy presents broad guiding principles for its implementation and indicates that the nutritional problems and their causes will be assessed and analysed in each situation. The results will be used for identifying the most appropriate nutrition response.

48. WFP will continue to treat and prevent undernutrition in emergency, transition and development contexts. Table 2 below presents the linkages between nutrition-specific interventions, programme categories and WFP Strategic Objectives (SOs) from the 2008-2013 Strategic Plan. The nutrition-specific interventions are linked to SO 1, 2, and 4 in the 2014-2017 Strategic Plan.

**Table 2: Link between strategic objectives, programme categories and nutrition programme areas**

WFP Strategic Objectives (2008-2013)	Programme Category	Programme Areas
<b>SO1:</b> Save lives and protect livelihoods in emergencies.	EMOP PRRO	<ul style="list-style-type: none"> <li>• Treatment of moderate acute malnutrition</li> <li>• Prevention of acute malnutrition</li> <li>• Addressing micronutrient deficiencies</li> </ul>
<b>SO3:</b> Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations.	PRRO DEV or CP	<ul style="list-style-type: none"> <li>• Treatment of moderate acute malnutrition</li> <li>• Prevention of acute malnutrition</li> <li>• Prevention of chronic malnutrition</li> <li>• Addressing micronutrient deficiencies</li> </ul>
<b>SO4:</b> Reduce chronic hunger and undernutrition	DEV or CP	<ul style="list-style-type: none"> <li>• Prevention of acute malnutrition</li> <li>• Prevention of chronic malnutrition</li> <li>• Addressing micronutrient deficiencies</li> </ul>

### 3.3. Scope of the Evaluation

49. The evaluation will assess the 2012 WFP Nutrition Policy (EB.1/2012). The Follow up to WFP Nutrition Policy (EB.A/2102) and the Update on the Nutrition Policy (EB.A/2013) will also be included in the assessment.

<sup>113</sup> Programming for WFP Nutrition-Specific interventions, December 2012

50. The period covered by this evaluation is 2012-2014. Reference to earlier years and policies may be made for the purpose of comparisons and policy development.

51. Nutrition is a multi-causal issue and requires the engagement of multiple actors. The evaluation will take into account the enabling environment and dynamic context. The primary focus will be on the WFP nutrition-specific interventions i.e. the first four areas. The evaluation will however also consider whether the Policy has influenced approaches to the WFP activities without a primary nutrition objective i.e. area 5.

## 4. Evaluation Questions, Approach and Methodology

### 4.1 Evaluation Questions

52. The Policy Evaluation will address three key questions, which will be detailed further in an evaluation matrix to be developed by the evaluation team during the inception phase.

53. **Question 1: What is the quality of the policy?** The evaluation will assess the policy, as articulated, against international good practice for design coherence with policies in comparator organizations, and relevance to context.

Areas for analysis will include the extent to which the Policy:

- 1.1 Was well grounded in international evidence<sup>114</sup> (and well formulated to deliver intended results)?
- 1.2 Is relevant to WFP organizational needs, priorities, and formal /informal practices of nutrition intervention implementation?
- 1.3 Is coherent with WFP Strategic Plan and other WFP policies?
- 1.4 Is coherent with other nutrition's agencies' strategic positioning? (Benchmark with international good practice for policy design in comparator organizations such as UNICEF, WHO and FAO<sup>115</sup>)
- 1.5 Is coherent with the international architecture, global initiatives and corresponding partnerships?
- 1.6 and its implementation, demonstrates focus on beneficiaries needs including gender sensitivity<sup>116</sup>?
- 1.7 Set appropriate priorities, and enabling arrangements to support implementation?
- 1.8 Was clearly and accurately understood by those to whom it is addressed?

54. **Question 2: What are the initial results of the Policy?** The evaluation will collect information and data on the initial results that can plausibly be associated with the policy statement and mechanisms to implement it. By implication, national programme alignments and results will not be captured.

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<sup>114</sup> See the reports cited in the TOR "Context" section.

<sup>115</sup> There is no FAO or UNICEF "Nutrition Policy" document *per se*. However, FAO and UNICEF have a document related to a nutrition strategy: "Strategy and vision for FAO's work in nutrition" presented at FAO's session in November 2012. And "UNICEF joint health and nutrition strategy for 2006-2015", developed in 2005. The UNICEF strategy focuses on policy actions to leverage large scale coverage with proven "high impact nutrition interventions".

<sup>116</sup> Is informed by a gender analysis, and have included appropriate responses to address the gender inequalities underlying malnutrition.



Specific areas of analysis are likely to focus on the extent to which:

- 2.1 There is evidence of changes in portfolio programming, design, and implementation resourcing, plausibly associated with the Policy?
- 2.2 At corporate level, WFP has adapted to the strategic and partnership shifts implied by the global nutrition initiatives associated with the Policy?
- 2.3 WFP monitoring, evaluation and reporting systems capture results appropriate to the Policy?

55. **Question 3: What were the factors that affected the implementation and initial results of the Policy?** Why and how the Policy produced the initial results that have been observed?

The inquiry is likely to focus on:

- 3.1 Policy development process.
- 3.2 Internal enabling environment, including funding levels, accountability, incentive structures, guidance and standards to implement the Policy, etc.
- 3.3 External enabling environment, including operational contexts, relationships with governments and other partners, etc.
- 3.4 Organizational capacity, including leadership and governance, human resource and financial management.

#### 4.2 Overview of Evaluation Approach

56. The evaluation will be theory-based, and use a mixed methods design. Due to the scope, timeline and resourcing of the evaluation, it will be primarily reliant on independently collected qualitative data and desk analyses of secondary quantitative data.

57. The evaluation design and methods developed by the evaluation team (during the inception phase) shall address the evaluation questions in such a way to build upon existing data, and ensure credibility of the evidence used for analysis, conclusions and recommendations.

#### 4.3 Evaluability Assessment

**Evaluability** is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. It necessitates that a policy, intervention or operation provides: (a) a clear description of the situation before or at its start that can be used as reference point to determine or measure change; (b) a clear statement of intended outcomes, i.e. the desired changes that should be observable once implementation is under way or completed; (c) a set of clearly defined and appropriate indicators with which to measure changes; and (d) a defined timeframe by which outcomes should be occurring.

58. An early policy evaluation can be of practical value, however timing presents challenges for managing and conducting an evaluation on the 2012 WFP's Nutrition Policy. There has not been a formal evaluability assessment of the 2012 Nutrition policy, but a preliminary analysis indicates that the 2012 policy can be evaluated against question 1, despite the precocity of the evaluation. Answering questions 2 and 3, will be limited to the findings on the initial results of the policy – as available.

59. Despite that most of the evaluation reference period occurs under the 2008-2013 SRF, the evaluation will need to take into account the implications of the

indicator changes in the 2014-2017 SRF. The changes are significant and there is a plausible substantial challenge with regards to collecting the new data, communicating and reporting, especially at field level.

60. The evaluation will draw on the evidence and information accumulated by WFP's Policy Division and the nutrition unit since 2012.

61. Findings on nutrition activities in recent Country Portfolio Evaluations and Operations Evaluations<sup>117</sup> are available to the evaluation as evidence sources. Findings of Strategic and Policy WFP's evaluations<sup>118</sup> will also inform this evaluation, such as the Strategic Evaluation on WFP's role in Ending Long-Term Hunger. The evaluation concluded that long-term hunger cannot be tackled in isolation, and WFP should approach hunger holistically. It was also found that, at beneficiary level, the factors causing short-term shocks and those causing long-term hunger are interconnected.

62. The policy evaluation will benefit from the review made in 2013 by the Institute of Health Policy Analysis (IHPA)<sup>119</sup>. In order to inform new staff in the OMJ region and contribute to a strategic planning exercise, IHPA was asked to review WFP's nutrition operations and their alignment with corporate policy in nine of the 11 countries in the region. As the Nutrition Policy was approved in 2012, it was agreed that a complete review of nutrition activities would not be possible and efforts focused on current capacity as well as key challenges and opportunities for implementing the Policy moving forward.

63. In 2013 a formal evaluability assessment on MAM interventions took place. The evaluation can benefit from those findings, keeping in mind the assessment was carried out for *Impact Evaluations*. It was found that although a considerable number of data points were specified in WFP monitoring reports, data availability from programmes in the field are incomplete. The report also raised concern on the quality of data<sup>120</sup>.

#### 4.4 Methodology

64. The methodology will be refined at the inception phase and presented in the Inception Report. It will demonstrate impartiality and lack of bias by relying on a cross-section of information sources, and using a mixed methods approach to enable triangulation of information. The evaluation will use relevant internationally agreed evaluation criteria<sup>121</sup> (DAC and ALNAP) and ensure that relevant gender issues are incorporated in the evaluation design, process and reporting.

65. The evaluation team will elaborate the evaluation matrix, addressing the key evaluation questions as per section 4.1 above, and will refine the set of sub-questions

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<sup>117</sup> Among the 12 OpEv from 2013, Ethiopia PRRO has the largest nutrition component. The Cambodia CP includes innovative nutrition activities, such as operational research for local production of fortified food.

<sup>118</sup> WFP's Role in Ending Long-Term Hunger, a Strategic Evaluation – EB.1/2012  
WFP's Private Sector Partnership and Fundraising Strategy, a Policy Evaluation – EB.2/2012  
2008 Cash & Voucher Policy Evaluation – planned for EB.1/2015.

<sup>119</sup> WFP HIV & Nutrition Policy Implementation review in the OMJ Region, 2010-2013. IHPA, 2013, commissioned by WFP. The final report provides fourteen programmatic findings, and six high-level findings and recommendations.

<sup>120</sup> As MAM interventions has grown significantly, both as treatment and prevention programmes, OEV planned a series of *Impact Evaluations* on MAM. As a preparatory step for these Impact Evaluations, the *Oxford Policy Management* produced an evaluability assessment report (see January 2014 report).

<sup>121</sup> A selection of evaluation criteria, appropriate for this Nutrition Policy Evaluation, will be identified by the team during the Inception Phase, and specified in the Inception Report. A preliminary analysis indicates the following fundamental criteria: *relevance, coherence, effectiveness, sustainability*. In relation to the quality of the policy, the team will consider its *clarity and practicability*.

with data sources, data collection instruments and further details. This will serve as the organising framework for the evaluation.

66. The evaluation will use a variety of tools such as a document and data review including the three 2004 policies as a comparison point. It also includes the following: a review and benchmarking of relevant policy documents from comparator organizations, an assessment of relevant WFP and non-WFP evaluations, a review of the collaborations with the major international initiatives such as the SUN movement, key stakeholder interviews at Headquarter levels, interviews with the Regional Bureaux and their regional nutrition advisors, and interviews with FAO, UNICEF and WHO on their policy and strategy for nutrition. An internet-based survey of targeted WFP staff, such as heads of Programme and Nutritionists at CO level, might also be carried out by the evaluation team.

67. Interviews will be the main form of primary data collection. Relevant documentary analysis will be undertaken prior the interviews. Some early results of the Policy are visible in WFP documents<sup>122</sup>, in changes to the design of WFP activities, and of the way WFP interacts with other agencies and partners. However, in order to fully understand the policy's intention, the team will develop a well-articulated Theory of Change (ToC).

68. It is expected that the Inception Mission, scheduled in January 2015 in Rome, will go beyond a "team's briefing". The team, based on its documentation review in Nov/Dec 2014, will carry out initial key interviews that will allow them to discuss and finalise the reconstruction of the ToC<sup>123</sup>. The TOC is expected to be validated by the targeted IRG before the end of the inception phase.

69. In depth country case studies<sup>124</sup> will also be undertaken by the evaluation team to understand the roll-out of the policy and its early influence on country level programming and partnerships.

70. The country case study selection will be done with objectively verifiable criteria. A detailed mapping of the nutrition interventions can be found in Annex 7 and will form the basis for further country shortlisting and selection. The "nutrition universe mapping" includes 59 pre-selected countries having WFP's nutrition activities, and all six WFP regions are represented. Anticipated selection criteria include geographic representation, nutrition-specific interventions coverage, members of the SUN movement (45) combination of SUN and REACH countries (12), and mix of programme categories.

71. As outlined in the WFP EQAS, the Inception Report will detail the methodology, Theory of Change, stakeholder analysis, and the selection criteria with the final list of the 4-8 countries<sup>125</sup> impartially selected for the in depth desk studies. The selected countries will be initially contacted by OEV during the inception phase and followed up by the evaluation team.

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<sup>122</sup> Programming for WFP Nutrition-specific interventions, Monitoring & Evaluations Logic Models. Dec 2012

<sup>123</sup> This tool - elaborating the intended policy logic and helping to select the evaluation sub questions - will be proposed and agreed during the Inception Mission, and will be in the Inception Report.

<sup>124</sup> Given the early timing, country visits are not scheduled. However, the Inception Report will indicate if in depth desk studies will be sufficient or not.

<sup>125</sup> Alternative countries will also be identified by the team, in case one or some initially selected country (ies) has to be replaced.

## 4.5 Quality Assurance

72. WFP's evaluation quality assurance system (EQAS) is based on the UNEG norms and standards and good practice of the international evaluation community (ALNAP and DAC). It sets out processes with in-built steps for quality assurance and templates for evaluation products. It also includes quality assurance of evaluation reports (inception, full and summary reports) based on standardised checklists. EQAS will be systematically applied during the course of this evaluation and relevant documents provided to the evaluation team. The evaluation manager will conduct the first level quality assurance, while the OEV Director will conduct the second level review. This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

73. The evaluation team, with the support of the recruited consulting company, will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases, and the quality of the report to EQAS requirements.

74. An external nutrition expert might be identified and requested to advise on the three nutrition related evaluations being carried out by OEV in 2015 and 2016 (tbc).

## 5. Organization of the Evaluation

### Phases and Deliverables

Table 3 presents a tentative 2015 timetable for the evaluation process. In order to exchange on the evaluation results and way forward, a findings-recommendations workshop could be organized on top of the debriefing. In order to meet the EB.2/2015 deadline, the reviewed and finalized evaluation report must be approved by the OEV Director by early August 2015.

**Table 3: Timeline summary of the key evaluation milestones**

Main Phases	Timeline	Tasks and Deliverables
1.Preparatory	Summer 2014 End 2014	Evaluation Team and company's selection Last draft and Final TOR. Team's preparation/Documentation review
2. Inception	Jan 2015 Feb 2015	Inception Mission at HQ/Briefing & TOC discussion and initial interviews. Draft and Final Inception Reports. Initial desk review & analysis
3. Desk Review/Evaluation	March 2015 April 2015	In depth desk reviews, interviews, data analysis Presentation of initial findings & recommendations at HQ, Debriefing/workshop (tbc). Aide Memoire
4.Reporting/ Reviews	May/July 2015  <u>Deadline: 10 Aug 2015</u>	Draft Evaluation Reports/Matrix of comments/ Reviews/ Final Evaluation Report  Final and approved Evaluation Report (SER & ER)
5. EB follow up For EB.2/2015	Aug/Oct 2015  9 Nov 2015	Summary Evaluation Report Editing & Evaluation Report Formatting. Evaluation Brief drafting Evaluation Recommendations & Mgt Response

## **5.2. Evaluation skills and expertise required**

75. The evaluation will be conducted by an external team, composed of 3 to 4 evaluators and be supported by a research coordinator. The team will be multidisciplinary with a strong evaluation background, particularly in the humanitarian field, and expertise with WFP nutrition advocacy and nutrition programming, as well as with the Global Nutrition's Partnership environment (in particular the SUN movement and other public and private partnerships). Understanding of WFP's role in relation to other UN agencies with nutrition mandates is also important. The team will be competent in evaluation of gender and its composition will be gender balanced.

76. The Team Leader (TL) is responsible for overall design, implementation, quality reporting and timely delivery of the evaluation products. The TL will have excellent communication and reporting skills, significant experience in leading complex policy evaluations, and be familiar with the nutrition topic and its various actors.

77. Company's quality support. Based on adequate expertise for this evaluation, the recruited consulting company will provide support to the team on evaluation methodology, on perspectives on the various global nutrition movements and initiatives, and on reviewing internally the draft reports.

## **5.3. Roles and Responsibilities**

78. This evaluation is managed by the Office of Evaluation (OEV) and Diane Prioux de Baudimont has been appointed as Evaluation Manager (EM). The EM has not worked on issues associated with the subject of evaluation in the past. She is responsible for undertaking initial research, drafting the Concept Note and the TOR; selecting the evaluation team and recruiting the consulting company; managing the budget; setting up the review group; facilitating the organization of the team's briefing in HQ; conducting the first level quality assurance of the evaluation products and consolidating comments from stakeholders on the draft evaluation report. She will also be the main interlocutor between the evaluation team, represented by the team leader, and WFP counterparts to ensure a smooth implementation process.

79. WFP stakeholders at CO, RB and HQ levels are expected to be available to the evaluation team to discuss the policy, its implementation and initial results; provide relevant documentation; facilitate the evaluation team's contacts with internal and external stakeholders whenever relevant; take part on initiatives from the evaluation team in line with the methodology (for example, to reply to an internet-based survey); and timely comment on the draft evaluation report. A detailed consultation/interview schedule will be presented by the evaluation team in the Inception Report and WFP stakeholders will be informed accordingly.

80. The evaluation team, with the contracted company providing support and quality control, will timely produce reports that are of very high standard and evidence-based. While the final evaluation is the responsibility of the independent evaluation team, it will be approved by the OEV Director, on satisfactory meeting of OEV's quality standards.

81. To ensure the independence of the evaluation, WFP staff will not be part of the evaluation team or participate in meetings where their presence could bias the responses of the stakeholders.

## 5.4 Communication

*It is important that Evaluation Reports are accessible to a wide audience, as foreseen in the Evaluation Policy, to ensure the credibility of WFP – through transparent reporting – and the usefulness of evaluations. The dissemination strategy will consider from the stakeholder analysis who to disseminate to, involve and identify the users of the evaluation, duty bearers, implementers, beneficiaries, including gender perspectives.*

82. It is expected to receive full cooperation from WFP stakeholders to meet with the team and to suggest key reference documents and contacts. An Internal Reference Group (IRG) will include WFP stakeholders from various HQ's divisions and units, and will also include the regional nutrition advisors in the six RBs. The Internal Reference Group will be invited to provide feedback on the draft TOR and on the draft evaluation report (see annexes 3 and 4 for details on IRG and the communication plan). The *targeted* IRG, composed of OSN and OSZAN, were invited to, and did, provide feedback to the draft Concept Note.

83. Based on the team's initial analysis, draft evaluation findings and recommendations will be shared with WFP stakeholders (the IRG) during a debriefing<sup>126</sup>/workshop. This verbal presentation and feedback gives WFP the opportunity to clarify issues and ensures a transparent process.

84. The Summary Evaluation report (SER), along with the Management Response to the evaluation recommendations will be presented to the WFP Executive Board in November 2015. The Results Management and Performance division (RMP) will be responsible for coordinating the Management Response and concerned stakeholders will be required to provide input.

## 5.5. Budget

85. The evaluation will be financed from OEV's Programme Support and Administrative budget. The budget is based on the evaluation schedule presented in section 5.1 and the team composition presented in section 5.2.

### **Annexes (not reproduced here)**

Annex 1: WFP Nutrition Strategy Mind-Mapping  
Annex 2: Detailed Evaluation Timeline  
Annex 3: Internal Reference Group (IRG)  
Annex 4: Evaluation Communication Plan  
Annex 5: Nutrition Terminology  
Annex 6: Background documentation  
Annex 7: Mapping of the WFP nutrition intervention universe, 2013

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<sup>126</sup> The debriefing will take place in Rome. Due to the time difference, some, not all 6 Regional Nutrition Advisors, will be able to attend the debriefing via teleconference.

## **Annex B      Methodology**

1. This annex summarises the approach adopted in this policy evaluation, the main methods and tools employed, and, with the aim of ensuring clarity, definitions of the terminology adopted. It draws on the Inception Report (Mokoro 2015b).

### **Methodological Approach**

2. Given that this evaluation concerned a policy, it was necessary to adopt an approach that was framed in the broader context of a continuing policy process, with due consideration made of the 2012 policy's antecedents, the subsequent updates, and the process of implementation.

3. A methodological challenge arises in the fact that this evaluation is taking place significantly earlier in the lifecycle of the policy than would usually be the case.<sup>127</sup> This meant it was too soon to expect significant impact of the policy, and as such the evaluation emphasised reviewing intermediate results of policy implementation and the potential impact of the types of intervention advocated by the policy. It also meant the accent of the evaluation was on the learning objective, that is determining why certain changes occurred or not as a means of drawing lessons for policy formulation and implementation – more than assessing the results.

4. At the outset, the evaluation team sought to elucidate the policy's theory of change (ToC), which is at the heart of the evaluation methodology. Presented in summarised form in Annex D, the ToC identifies the key internal causal/contributory links on which the policy is based, and sets out the underlying assumptions for the evaluation to investigate.

5. The ToC and associated list of assumptions formed the basis of the elaborated evaluation matrix, which is presented in Annex E. The evaluation matrix provided an integrating framework for the evaluation, showing how the various tools and methods described below were to be deployed and triangulated to address key questions and sub-questions.

### **Data collection methods**

6. The evaluation employed a combination of the following methods to respond to the questions of the evaluation matrix: HQ level document review; HQ level data review; stakeholder interviews; country desk studies (CDSs); comparison of changes in programme design in a sub-set of countries; e-survey; and gender analysis. Each is briefly described below.

#### *HQ Level Document Review*

7. An e-library of over 450 documents was amassed during the course of the evaluation and systematically reviewed. Broadly, these related to:

- WFP's work in nutrition, including the policy and related consultation material and updates; guidance, hand books, and training materials; nutrition analyses, research and academic studies; OSN reports; and the NCSP report.

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<sup>127</sup> The WFP Policy Formulation EB.A/2011/5-B document states that policies should be evaluated within 4-6 years of their implementation, presumably meaning 4-6 years from the commencement of implementation.

- WFP corporate documents; including other policies, SRF and strategic plan, MOUs with agencies and Fit for Purpose strategy.
- Nutrition documents related to other donors, UN agencies and international nutrition initiatives.
- WFP reviews and evaluations.
- Academic literature.

8. Most of the required documentation was found to be very forthcoming, and stakeholders were on the whole willing to share both publically available material, and confidential material (for non-citation purposes). However in some instances it proved challenging to keep abreast of the ongoing changes to the dynamic nutrition architecture (for example, with respect to the latest developments in the UN nutrition network).

#### *HQ Level Data Review*

9. Aggregate data related to number of different topics, were provided by WFP Rome and subsequently analysed:

- Beneficiary numbers for the evaluation universe<sup>128</sup> (2013). This data set was extended to cover 2010–2014.
- Procurement data, concerning the purchases of SNFs from 2010-2014.
- Data on WFP nutrition staffing
- WFP twitter archive.

10. Whilst the above data sets were largely made available (see analysis in Annex H); a number of gaps were identified. The primary gap related to expenditure data; as noted in the Inception Report, analysis of the scale of WFP's nutrition operations is hampered by the absence of sufficiently disaggregated expenditure data. Changes in the way beneficiaries are categorised between years also complicated the analysis of programme scale. The data on nutrition staffing only covered international staff; systematic data on the number of national nutrition staff were not yet available (OSN were in the process of collecting the information, but it wasn't yet ready; in its absence they provided estimates). Access of twitter archive was also a more complex process than initially envisaged, requiring a request to be made to twitter from the account holder, and as such whilst the evaluation team were able to access the main account archive (@WFP), the @WFPmedia account was not available in time (the archive was provided on 1<sup>st</sup> May, after the first draft report was submitted on 29<sup>th</sup> April), and thus the @WFPmedia data are not included in this report. However, we have no reason to believe it would have shown dramatically divergent trends from the (larger) @WFP archive.

#### *Stakeholder interviews*

11. Interviews, with external as well as internal stakeholders, formed a major set of data generated by this evaluation. The targeting strategy was based on the stakeholder analysis which categorised various stakeholder groups (including various WFP units

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<sup>128</sup> The initial "evaluation universe", as identified in the Terms of Reference, comprised the 59 countries where nutrition operations were active in 2013.



at HQ level, RBs and COs), the Executive Board, beneficiaries,<sup>129</sup> core nutrition partners (UN and multi-stakeholder forums such as SUN), and other nutrition partners (including cooperating partners, donors, private sector partners and academic partners)), setting out their respective roles in WFPs nutrition operations, and in the evaluation, and implications for the evaluation. The list of 130 people consulted is at Annex C.

12. All interviews were conducted on confidential terms, to facilitate candid responses, and predominantly over the phone. The evaluation provided a guideline for interview questions, selected in advance according to the particular perspectives sought from each interviewee. The evaluation team adopted a protocol and standard format for writing up interview notes which were then consolidated into a compendium for sharing between team members (in confidence), which enabled systematic searches by theme to draw responses from across the full set of interviews.

13. Not unusually, there were a few specific individuals whom the evaluation team would have liked to have spoken to but who, for a number of reasons, were not reached. However, given that all the main categories of stakeholders are adequately covered, these gaps are unlikely to undermine the findings.

### *Country Desk Studies*

14. Given the importance of understanding the relevance and influence of nutrition policy in the different contexts where WFP operates, five country desk studies<sup>130</sup> enabled an examination of how well the policy was disseminated, is understood, and has influenced decision making in terms of programme design. The countries were selected to offer a varied spread of country contexts (as opposed to being statistically representative).<sup>131</sup> The studies involved a series of phone interviews with in-country stakeholders (arranged in collaboration with WFP CO focal point, based on the stakeholder matrix presented in the Inception Report), and a review of programmatic documents and data, as well as national policies and other relevant reviews and evaluations. The country reports were written up according to a standard template structured around the Evaluation Questions. Whilst these reports are not stand-alone deliverables under the evaluation, they were shared with Country Offices, and revised in the light of CO comments; a summary of findings is presented in Annex K.

15. The approach taken to the CDSs proved advantageous in a number of respects. Firstly, the selection of countries proved strong, with a wide range of contexts covered and issues showcased. Also, conducting the studies as desk-based work enabled the evaluation team to cover five countries in a relatively short calendar period, which wouldn't have been possible if field visits were to have been factored in. That considered, there is a limit to the depth of understanding that can be achieved through phone interviews as compared to face-to-face interaction, particularly when the quality of phone lines is poor. Additionally, despite strong support from CO focal points, some interviewees were not available or failed to make agreed appointments. It was also noted that many of the WFP country stakeholders were not in the country in question at the time when the policy was introduced, as a consequence of WFP's rotation policy, whilst some were able to talk about issues such as policy consultation and dissemination from their experiences in other countries, this fed into the broader

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<sup>129</sup> Given the absence of in-country travel, beneficiary views were taken into account via existing secondary sources.

<sup>130</sup> Bangladesh, Burkina Faso, Colombia, Lesotho and South Sudan.

<sup>131</sup> in terms of the following selection considerations: geographic region, operation types, income status, CO size, population, pillars of the Nutrition Policy in country portfolio, REACH presence, SUN membership, nutrition profile, procurement sources.

evaluation, but not the desk studies. Field visits would have allowed much more scope for assessing the perspectives of non-WFP stakeholders in each country.

### *Comparison of changes in programme design in a sub-set of countries*

16. Programme information for 38 operations in a sub-set of 15 countries<sup>132</sup> was examined to understand how the policy influenced programme design, drawing from project documents, SPRs, and documentation from the Programme Review Committee (in particular comments on project documents), to see if and how the nutrition policy is being reflected in programme design through that particular mechanism. A standard excel template was developed and information extracted related to:

- evidence base (looking at the types of nutrition-related indicators cited, and for examples of operational research conducted);
- partnerships (identifying examples of stated comparative advantages of WFP vis-à-vis other UN agencies, descriptions of division of labour between UN agencies and references to cooperation frameworks, discussions of partnerships with Government, civil society and private sector, and references to SUN/REACH);
- commodities used (identifying which commodities are used, and summarising any discussion on how the food basket has been tailored to the context);
- procurement sources (including MT of local purchases, and a summary of any discussion on choice of local or international food purchase, and reasons of decision);
- alignment with national policies (noting any cited government nutrition related policies and how the operation is reported to be aligned to it, as well as examples of efforts to build national capacity for nutrition);
- the nature and targeting of nutrition specific components (including references to “chronic” malnutrition/undernutrition, or “stunting”, or “prevention”, and identification of target groups); and
- the objectives, products used and indicators associated with nutrition-sensitive components.

17. This element drew on the consultants' previous experience with the WFP school feeding policy evaluation, but the exercise in this case did not yield clear "before and after policy" comparisons. This was not so much a reflection of a weakness in the evaluation instrument, but rather a finding in itself, and evidence of the nature of the policy (see ¶98 of the main text). For the present evaluation, the most revealing documents were the records of Programme Review Committee discussion and comments (see ¶98 of the main text, and ¶19ff of Annex H).

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132 This subset consisted of the five desk study countries plus Bolivia, DRC, Guinea Bissau, Indonesia, Iraq, Nepal, Pakistan, Syria, Uganda, and Yemen. These countries were selected to offer a varied spread of country contexts in terms of the following selection considerations: geographic region, operation types, income status, CO size, population, pillars of the Nutrition Policy in country portfolio, REACH presence, SUN membership, nutrition profile, procurement sources. The 38 operations were all operations in those countries with a nutrition-specific component in 2013 (although documentation from the 2010 – 2013 period was reviewed).

### *e-Survey*

18. An e-survey provided an opportunity to test the wider relevance and comprehensiveness of the findings emerging from the country desk studies and interviews. It consulted a broad range of WFP staff, including staff from the 59 COs in the evaluation universe<sup>133</sup> (namely, the Country Directors, Deputy Country Directors, Nutritionists (where present) and Heads of Programmes); all regional bureaus (Regional Nutrition Advisors and Programme Advisors); in addition to staff from relevant units at HQ level. Questions covered five areas; namely (i) awareness of the policy; (ii) influence of the nutrition policy on WFP's nutrition analysis, programming and implementation; (iii) M&E; (iv) gender; and (v) WFP's future nutrition agenda. The results are presented and analysed in Annex L.

19. The survey proved a valuable instrument for triangulating evidence from other sources, and for highlighting divergent opinions originating from staff working at the different levels of WFP (HQ, RBs and COs), and between nutritionists and non-nutritionists. Whilst the response rate was fairly high by normal survey standards (47%), on reflection it potentially could have been greater if the survey had been shorter. On average it took respondents more than 30 minutes to complete the survey, however this is in part a reflection of the high levels of engagement offered, in providing thoughtful answers and elaborating in comment boxes.

### *Gender analysis*

20. Gender analysis was integrated into the evaluation to investigate where and how the principle of gender equality has been included in both the policy document and its formulation process, as well as in the design and implementation of nutrition programmes, in particular focusing on the roles that men and women, girls and boys, have played in programming.

21. This involved mainstreaming gender into the questions of the evaluation matrix which fed through to systematically inform the issues raised in stakeholder interviews, the country desk studies, and the e-survey. The evaluation team also ensured that the range of stakeholders selected for interview included both men and women, as well as gender specialists. CDSs also analysed gender-disaggregated data, and made an assessment of the extent to which the views and interests of men, women and vulnerable groups have been incorporated into contextual assessment, programme design, implementation and M&E.

22. As with the CDSs, it was more challenging to discuss gender issues in depth with stakeholders in the absence of field visits and direct beneficiary contact. It was also felt that many CO and global interviewees could not comment on gender issues in any great detail, so perhaps on reflection interviewing more stakeholders with specific gender expertise might have been more fruitful than trying to systematically integrate gender into all interviews. The evaluation team were however fortunate to be able to draw on the recently published Gender Policy Evaluation (WFP 2013j) which echoed many of the gender related findings from the CDSs and e-survey.

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<sup>133</sup> The initial "evaluation universe", as identified in the Terms of Reference, comprised the countries where nutrition operations were active in 2013.

## Terminology Adopted

### Nutrition Terminology

<b>Malnutrition</b>	A condition resulting when a person's diet does not provide adequate nutrients for growth and maintenance or when a person is not able to adequately utilize the food consumed due to illness. Malnutrition encompasses both undernutrition (too thin, too short, micronutrient deficiencies) and 'overnutrition' (overweight and obesity), which should actually be considered 'unbalanced nutrition' as it often co-occurs with micronutrient deficiencies.
<b>Undernutrition</b>	The consequence of an insufficient intake of energy, protein and/or micronutrients, poor absorption or rapid loss of nutrients due to illness or increased energy expenditure. Undernutrition encompasses low birth weight, stunting, wasting, underweight and micronutrient deficiencies.
<b>Micronutrient deficiency</b>	A lack or shortage of a micronutrient (vitamins or minerals) that is essential in small amounts for proper growth and metabolism. People are often said to suffer from "hidden hunger" when they consume enough calories, but suffer from micronutrient deficiencies. This form of hunger may not be visibly apparent in an individual, but it increases morbidity and mortality and also has negative impacts on other aspects of health, cognitive development and economic development. Hidden hunger affects over 2 billion people worldwide.
<b>Moderate acute malnutrition (MAM)</b>	Represents the proportion of children 6-59 months in the population who are classified with WFH $\geq -3$ and $< -2$ (Z-score).
<b>Severe acute malnutrition (SAM)</b>	Represents the proportion of children 6-59 months in the population who are classified WFH $< -3$ (Z-score) and/or presence of nutritional oedema.
<b>Chronic malnutrition</b>	Chronic malnutrition is also referred to as stunting, is identified by comparing the height-for-age of a child with the WHO international growth reference. Compared to wasting (or acute malnutrition), which can develop over a short period and is reversible, the development of stunting is a gradual and cumulative process during the 1,000 days window from conception through the first two years of a child's life. Stunting develops as a result of sustained poor dietary intake or repeated infections or a combination of both. It has severe, irreversible consequences, beyond the shortness of stature, including for physical health (immediate and long-term morbidity and mortality) and cognitive functioning, which last a lifetime. Globally, about one in four children under-five are stunted, and a greater proportion of school-age children, adolescent and adults experience the results of having been stunted during their early childhood.

<b>Nutrition-specific interventions</b>	The evaluation employs The Lancet 2013 definition of nutrition-specific interventions (“interventions or programmes that address the immediate determinants of foetal and child nutrition and development—adequate food and nutrient intake, feeding, care-giving and parenting practices, and low burden of infectious diseases” )
<b>Nutrition-sensitive interventions</b>	The evaluation employs The Lancet 2013 definition of nutrition-sensitive interventions (“interventions or programmes that address the underlying determinants of foetal and child nutrition and development—food security; adequate care-giving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions”).

Sources: WFP’s Hunger Glossary [cited in the NPE TOR Annex 5], Lancet 2013.

### *Terminology in the Nutrition Policy*

23. “WFP ensures access to the right food, at the right place, at the right time” (NP ¶16):

The “right food” is food that provides the nutrients required by the target group. The “right place” refers to the geographic areas where vulnerable groups are located, and the locations and settings where food assistance is best delivered. The “right time” includes the time of life, such as early childhood, when the opportunity for making a lasting investment in future health and development is greatest, and the moments when needs are greatest, such as during emergencies, recovery and rehabilitation. (Nutrition Policy, footnote 7)

### *Evaluation terminology*

24. As regards “**impact**” and “**results**”, the evaluation follows the EQAS preferred usage in which:

- “result” and “effect” are practically synonyms, and results can be at the output, outcome and/or impact levels, while
- “impact” refers to lasting and significant effects at the goal and outcomes level of the logical framework (results-chain).

25. As regards **efficiency** and **effectiveness** the evaluation follows the technical guidance note (Renard & Lister 2013) which adopts the DAC definition of effectiveness as a measure of the extent to which an aid activity attains its objectives (the relationship between subsequent levels in logical framework: activities, outputs, outcomes, and impact), and a broad definition of efficiency as a measure of the relationship between inputs and results (outputs, outcomes, and impact).

26. The evaluation judges **aid effectiveness** according to the criteria of harmonisation, alignment, government ownership, mutual accountability and results orientation described in the Paris, Accra and Busan declarations.

27. In addition to the standard DAC/ALNAP criteria of *relevance*, *coherence*, *effectiveness*, *sustainability* cited in the NPE TOR the evaluation refers to:

- the **clarity** of the policy: is it easily and accurately understood by those to whom it is addressed?
- the **practicability** of the policy: is it feasible to implement on the anticipated timescale and with the resources likely to be available? Is it consistent with WFP management procedures and systems? Are its cost implications realistic?
- **connectedness**: ensuring that activities of a short-term emergency nature are carried out in a context which takes longer-term interconnected problems into account.

## Limitations

28. Some limitations of the evaluation are worth briefly noting, the first to note that the evaluation has taken place significantly earlier in the lifecycle of the policy than would usually be the case. This meant it was too soon to expect significant impact from policy implementation, and the evaluation therefore emphasised reviewing intermediate results of policy implementation and the potential impact of the types of intervention advocated by the policy. It also meant the accent of the evaluation was on the learning objective, more than accountability. Given this emphasis, country-level analysis – where one would normally focus the search for results – was based instead on desk studies, with no field visits either to COs or RBs. This placed a premium on the quality of remote communication, and in some cases the evaluation team found limits to the depth of understanding that could be achieved through phone interviews as compared to face-to-face interaction, particularly when the quality of phone lines was poor. It severely limited the evaluators' ability to gather non-WFP perspectives from country level.

29. Another methodological challenge, which was by no means unique to this evaluation, concerned the rotation of WFP country stakeholders, which meant many of those currently in post, were not in the country in question at the time when the policy was introduced. Moreover, whilst most of the required documentation was found to be very forthcoming, in some instances it proved challenging to keep abreast of the ongoing changes to the dynamic nutrition architecture (for example, with respect to the latest developments in the UN nutrition network).

30. Finally, the evaluation was constrained by the significant WFP data limitations described in the introduction to Annex H.

31. The evaluators have been careful not to place more weight on the available evidence that it can reasonably bear. Nevertheless, the findings and conclusions of the evaluation, as set out in this report, are considered robust, reflecting systematic triangulation across sources of evidence, reinforced by a strong quality assurance system.

## Annex C List of People Consulted

Name	Position	Organisation
<b>Inception Mission, Rome, 13–16 January 2015</b>		
Natalie Aldern	Programme Officer, OSZAN	WFP
Jay Aldous	Director Private Sector & Partnership, PGP	WFP
Monique Beun	Regional Nutrition Advisor, RBJ	WFP
Elise Benoit	Evaluation Officer (OpEv)	WFP
Martin Bloem	Chief, OSN	WFP
Volli Carucci	Resilience and Prevention Unit, Chief OSZPR	WFP
Alexis Crespel	EB Secretariat, PGB	WFP
Kenn Crossley	Programme Innovations Service	WFP
Michele Doura	Regional Nutrition Advisor, RBC	WFP
Corinne Fleischer	Director, OSP	WFP
Cecilia Garzon	Regional Nutrition advisor	WFP
Katrien Ghoois	Regional Nutrition Advisor, RBB	WFP
Arif Husain	Director, OSZA	WFP
Jo Jacobsen	Nutritionist consultant	WFP
Erika Joergensen	Director & Secretary to the EB	WFP
Lynnda Kiess	Chief, OSZAN	WFP
Rebecca Lamade	Programme Officer Monitoring Unit, RMPM	WFP
Olivia Lange	Consultant, OSN	WFP
Ramiro Lopes Da Silva	Assistant Executive Director, OS	WFP
Anne-Claire Luzot	Policy Evaluation Coordinator (OEV)	WFP
Isabelle Mballa	Programme Officer, OSPFQ	WFP
John McHarris	VAM Senior Programme Adviser	WFP
Zlatan Milisic	Programme Guidance & Policy Service, Deputy Director, OSZP	WFP
Patrick Mullen	Government Partnership	WFP
Allison Oman	Regional Nutrition Advisor (RBN)	WFP
Kartini Oppusunggu	Regional Advisor HIV, RBD	WFP
Shane Prigge	Food Technologist, OSPFQ	WFP
Diane Prioux de Baudimont	Evaluation officer, OEV	WFP
Veronique Saint Luce	Programme Adviser, GEN	WFP
Kinday Samba	Regional Nutrition Advisor, RBD	WFP
Stanlake Samkange	Director, OSZ	WFP
Serena Succhi	Data Research Analyst, OEV	WFP
Julie Thoulouzan	Evaluation Officer (OpEv)	WFP
Victor Tsang	Programme Officer, GEN	WFP
Helen Wedgwood	Director, OEV	WFP

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Marian Yun	Programme officer, OS	WFP
<b>Evaluation Phase</b>		
Sam Beever	Alternate Permanent Representative to WFP, Rome	Government of Australia
Francesco Branca	Director, Department of Nutrition for Health and Development,	WHO
Trish Chang	Senior Programme Officer	Canadian mission
Catherine Chazaly	Food Assistance and Nutrition Policy Officer (Brussels)	DG ECHO, European Commission
Georgina Fekete	Director of Nutrition	Children's Investment Fund Foundation
Michael Gort	Permanent Representative to WFP, Rome	Canadian mission
Andrzej Halasiewicz	Permanent Representative of the Republic of Poland to FAO, Rome	Government of the Republic of Poland
Zia Hyder	Sr Nutrition Specialist	World Bank
Marc Jurgens	Permanent Representative to WFP, Rome	Government of South Africa
Lynnda Kiess	Head of Nutrition Branch	WFP
Yuji Kozaki	Alternate Permanent Representative to FAO & WFP	Embassy of Japan, Rome
Milla McLachlan	Work on governance of SCN	Independent consultant
Julien Morel	Nutrition Security and Social Protection Senior Advisor, Paris	ACF
Ellen Muehlhoff	Senior Nutrition Officer	FAO, Rome
Menno Mulder-Sibanda	Sr Nutrition Specialist	World Bank
David Nabarro	Coordinator	SUN [currently diverted to coordination of UN Ebola response]
Hang Nguyen	Areas of focus include nutrition	USAID Rome
Nigel Nicholson	Member of the EU Nutrition Advisory Service	Independent consultant
Merijn Noppers	Permanent Representative of the Netherlands to WFP, FAO, IFAD, Rome	Government of The Netherlands
Marieta Okenkova	Permanent Representative to FAO and WFP, Rome	Government of the Slovak Republic
Sylvie Pedneault	Development Officer	Canadian mission
Saskia de Pee	Senior Nutrition Advisor	WFP
Abigail Perry	Nutrition team	DFID
Victoria Quinn	Senior Vice President of Programs	Helen Keller International
Werner Schultink	Chief, Nutrition; Associate Director, Programme Division	UNICEF
Meera Shekar	Lead Nutrition Expert	World Bank



<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Christopher Shepherd-Pratt	Humanitarian Development Counsellor, Principal on WFP for mission	USAID Rome
Jeremy Shoham	Technical Director	Emergency Nutrition Network
Pauline Van der Aa	Senior Policy Advisor	Ministry of Foreign Affairs, Netherlands
Candice Vianna	Alternate Permanent Representative to FAO, IFAD and WFP, Rome	Government of Brazil
Nancy Walters	Global Coordinator	REACH
Marie-Sophie Whitney	Global Nutrition Expert (Senegal)	DG ECHO, European Commission
Marzella Wüstefeld	Technical Officer	SCN
Noel Marie Zagre	Regional Nutrition Adviser in Eastern and Southern Africa Region (ESARO)	UNICEF
<b>Country Desk Studies</b>		
<b>Bangladesh</b>		
Akther Ahmed	Country Director/Bangladesh	IFPRI
Marie-Jeanne Hautbois	Country Director/Bangladesh	Terre des Hommes (TdH)
Damien Joud	Head of FSL and DRR	ACF
Kayenat Kabir	Senior VAM Officer	WFP
Rezaul Karim	Programme Officer (Rice Fortification/ School Feeding/ Resilience)	WFP
Bikash Kishore Das	Joint Secretary	Min. of Women & Children Affairs (VGD-related)
Herma Majoor	Senior Consultant (Safety Net Reform and Strengthening)	WFP
Monira Parveen	Programme Officer (IMCN)	WFP
Noreen Prendiville	(Former) Chief of Nutrition/Bangladesh	UNICEF
Jimi Richardson	Head of Programme	WFP
Edwyn Schiell		Former REACH
Jessica Staskiewicz	Head of Sub-Office/Programme Officer (Refugee Food Card)	WFP
<b>Burkina Faso</b>		
Diane Ashley	Nutritionist	WFP
Estelle Bambara	Head of Nutrition Surveillance and Management of acute malnutrition, Directorate of Nutrition	MOH
Dr Fousséni Dao	Head of Programmes, Child and Adolescent Health/ Nutrition Focal Point	WHO
Maimouna Doudou Halidou	International Facilitator	REACH
Claire Kabore	Representative	Groupe de Recherche et d'Echanges Technologiques (GRET)

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Olga Ninon	National Nutrition Programme Officer	WFP
Télesphore Ouedraogo	VAM/ M&E Programme Officer	WFP
S. Prosper Sawadogo	Nutrition Focal Point	FAO
Jonas Soubeiga	Programme Officer Resilience/cash transfer	WFP
Bernadette Tapsoba	Head of Programme	WFP
Sylvestre Tapsoba	Nutritionist	UNICEF
Tahirou Traore	Nutrition Manager	GRET
Kerstin Vaessen	Deuxième secrétaire / Attachée de presse et de la coopération	German Embassy
<b>Colombia</b>		
Ana Maria Angel	Nutrition Director	Instituto Colombiano de Bienestar Familiar (ICBF)
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Deborah Hines	Country Director	WFP Colombia
German Jaramillo	CEO	Fundación Éxito
Riaz Lodhi	Deputy Country Director	WFP Colombia
Maria Paula Martinez	Development Officer	Canadian Ministry of Foreign Affairs
Tommaso Mignani	Grants Officer	PLAN
Thea Village	Programme Officer	USAID
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Mrs Libuseng Bereng	Chief Nutrition Officer	Ministry of Agriculture and Food Security
Mpaki Makara	Nutrition Officer	WFP Lesotho
Puseletso Makhema	M&E Officer	WFP Lesotho
Likeleli Makhotla	VAM Officer	WFP Lesotho
Arduino Mangoni	Deputy Country Director	WFP Lesotho
Makhauta Mokhethi	Nutrition Officer	WFP Lesotho
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Mary Njoroge	Country Director	WFP Lesotho
Napo Ntlou	School Feeding Officer	WFP Lesotho
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<b>Name</b>	<b>Position</b>	<b>Organisation</b>
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Joyce Luma	Country Director	WFP South Sudan
Mumtaz Mia	Strategic Interventions Advisor	UNAIDS South Sudan
Florence Njoroge	Nutrition Technical Advisor	Save The Children South Sudan
Tom Oguta	Nutrition Officer	FAO South Sudan
Allison Oman	Nutrition Advisor	WFP Regional Bureaux (OMN)
Darline Raphael	Head of Nutrition	WFP South Sudan
Mella Taban	National Nutrition Officer	WFP South Sudan
Vilma Qahoush Tyler	Chief of Nutrition	UNICEF South Sudan

## **Annex D Reconstructed Theory of Change for the WFP Nutrition Policy**

1. At the outset, the evaluation team sought to elucidate the policy's theory of change (ToC); this is at the heart of the evaluation methodology and forms the basis for the Evaluation Matrix (see Annex E). The ToC was prepared iteratively by the evaluation team in consultation with OEV and the WFP nutrition units, with whom it was a focus of discussion during the inception mission. The process included:

- identifying relevant existing theories of change and logical framework diagrams (illustrations were appended to the relevant annex of the Inception Report);
- preparing a skeletal draft of the ToC diagram alongside extracts of key statements from the nutrition policy which indicated its main intentions and underlying assumptions;
- elaborating the diagram and the associated list of key assumptions based on the inception mission consultations with WFP. (Table D1 below shows the final list of key assumptions.)

2. The resulting ToC diagram (Figure D1) is, inevitably a simplification; for example, it cannot capture all the detailed causal assumptions for each of the pillars of the nutrition policy. However it does highlight:

- the key links in the logic, both in terms of the internal causal/contributory links;
- that the policy has ramifications at both global and country level;
- the extent to which the achievement of outcomes and impacts depends on the combined effects of WFP and non-WFP inputs, activities and outputs, and hence the importance of collaboration and partnerships;
- the different characteristics of nutrition-specific and (potentially) nutrition-sensitive interventions;
- key assumptions for the evaluation to investigate (and where in the causal chain, these assumptions are made – hence the location of the numbers in Figure D1). These assumptions are interrogated in Annex O, which summarises the evaluation's findings against each one.

3. The nutrition policy's authors agreed that the reconstructed ToC captures the key assumptions and intentions of the policy.

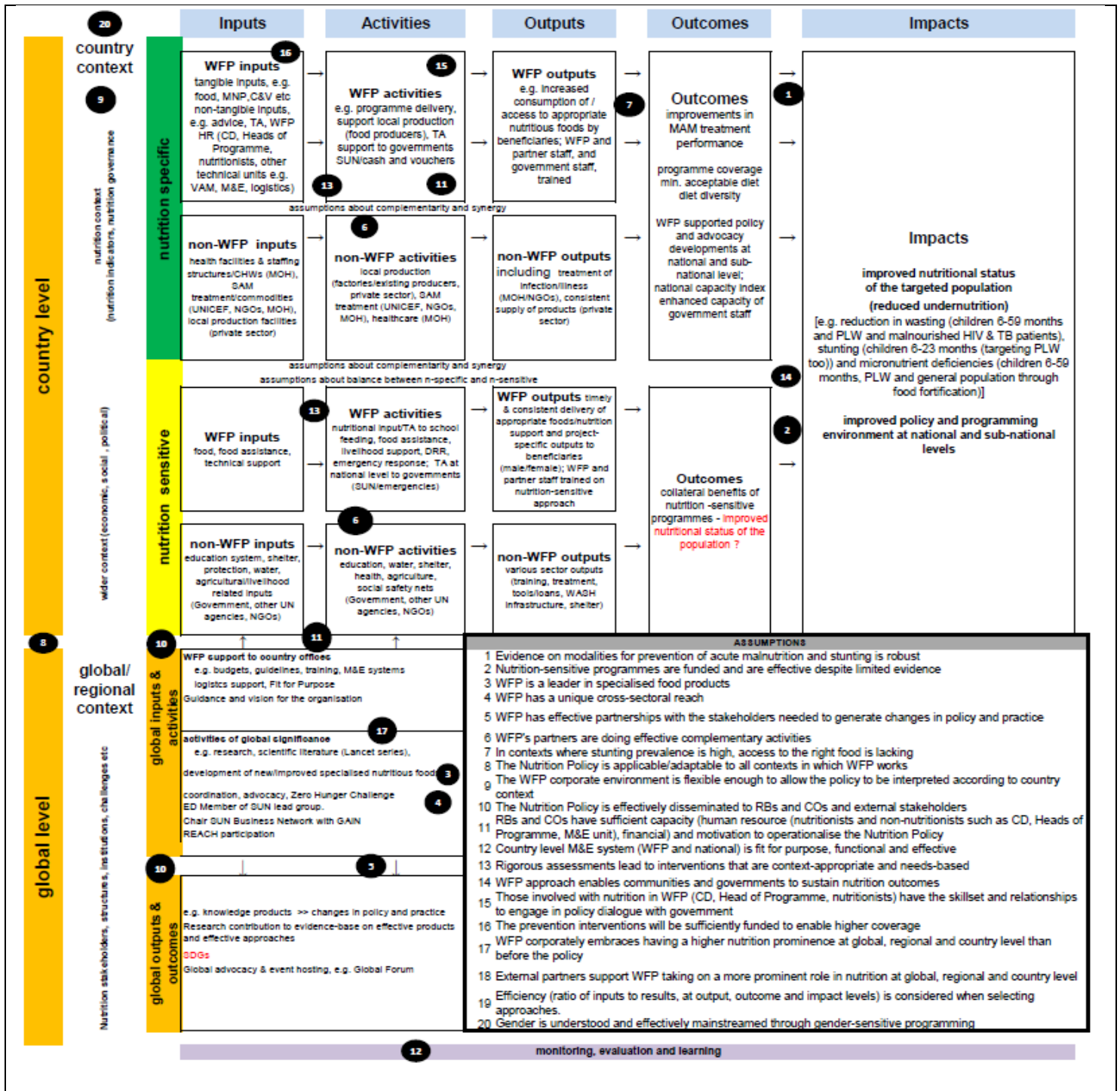
**Table D1 Theory of Change – Key Assumptions**

1	Evidence on modalities for prevention of acute malnutrition and stunting is robust.
2	Nutrition-sensitive programmes are funded and are effective despite limited evidence.
3	WFP is a leader in specialised food products.
4	WFP has a unique cross-sectoral reach.
5	WFP has effective partnerships with the stakeholders needed to generate changes in policy and practice.
6	WFP's partners are doing effective complementary activities.
7	In contexts where stunting prevalence is high, access to the right food is lacking.
8	The Nutrition Policy is applicable/adaptable to all contexts in which WFP works.
9	The WFP corporate environment is flexible enough to allow the policy to be interpreted according to country context.
10	The Nutrition Policy is effectively disseminated to RBs and COs and external stakeholders.
11	RBs and COs have sufficient capacity including human resource (nutritionists and non-nutritionists such as CD, Heads of Programme, M&E unit), financial) and motivation to operationalise the Nutrition Policy.
12	Country level M&E system (WFP and national) is fit for purpose, functional and effective.
13	Rigorous assessments lead to interventions that are context appropriate and needs-based.
14	WFP approach enables communities and governments to sustain nutrition outcomes.
15	Those involved with nutrition in WFP (CD, Head of Programme, nutritionists) have the skill set and relationships to engage in policy dialogue with government.
16	The prevention interventions will be sufficiently funded to enable higher coverage. <sup>134</sup>
17	WFP corporately embraces having a higher nutrition prominence at global, regional and country level than before the policy.
18	External partners support WFP taking on a more prominent role in nutrition at global, regional and country level.
19	Efficiency (ratio of inputs to results, at output, outcome and impact levels) is considered when selecting approaches.
20	Gender is understood and effectively mainstreamed through gender-sensitive programming.

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<sup>134</sup> "Coverage" was used here to indicate the scale of interventions. This really refers to prevention of stunting & 1,000 days: higher coverage of beneficiaries is implied (a much higher caseload to cover ALL children 6-23 or 6-59 months), as prior to this policy WFP largely focused on treatment of children with MAM (much smaller caseload).

**Figure D1 Reconstructed Theory of Change**



**Table D2 Mapping theory of change assumptions to evaluation questions**

Evaluation questions	Relevant ToC assumptions
<b>EQ1. What is the quality of the policy?</b>	
1.1 How relevant is the policy? are its objectives appropriate and is it soundly based on evidence?	
a) relevance to WFP's mandate	
b)relevance to international context	
c) extent to which policy is supported by credible evidence	<p>{1} Evidence on modalities for prevention of acute malnutrition and stunting is robust</p> <ul style="list-style-type: none"> <li>• Review policy alignment with evidence at the time of policy formulation</li> </ul> <p>{2} Nutrition-sensitive programmes are funded and effective despite limited evidence</p> <ul style="list-style-type: none"> <li>• It is known that nutrition-specific interventions can only partially resolve problems of undernutrition and that nutrition-sensitive interventions are correspondingly important; but knowledge about effective design and implementation of nutrition-sensitive programmes is limited. To investigate (lightly) how well WFP guidance and practice reflects the state of knowledge (bearing in mind that there is often no funding when evidence is limited).</li> </ul> <p>{7} In contexts where stunting prevalence is high, access to the right food is lacking.</p> <ul style="list-style-type: none"> <li>• Review general evidence on this, and hence extent to which food-based solutions are relevant, appropriate and/or sufficient</li> </ul>
1.2 Is the policy sufficiently focused on beneficiary needs, including relevant gender and equity dimensions?	<p>{8} The Nutrition Policy is applicable/adaptable to all contexts in which WFP works</p> <ul style="list-style-type: none"> <li>• Assumption to be tested in principle and in practice for global and for country levels</li> </ul>
a) does the policy focus on the most important beneficiary needs?	
b) is it based on a sufficient analysis of the gender dimensions of nutrition?	<p>{20} Gender is understood and effectively mainstreamed through gender-sensitive programming</p>
c) does it provide an adequate basis for the targeting of interventions?	<ul style="list-style-type: none"> <li>• Gender is mentioned but not emphasised in the nutrition policy. See Annex I for the evaluation's approach to considering gender and equity dimensions throughout the evaluation.</li> </ul>

Evaluation questions	Relevant ToC assumptions
1.3 Is the policy clear and internally consistent?	
a) how clearly stated and accessible is the policy?	
b) is there a shared (explicit or implicit) theory of change for the policy?	
c) how credible is the policy's theory of change?	
1.4 Is the policy coherent with WFP's strategic plan and other relevant policies?	
a) consistency with WFP strategic planning	
b) consistency with other relevant policies	
c) consistency between emergency and development considerations	
d) consistency between global and country-level orientations	
e) building on WFP strengths and comparative advantage	<p>{3} WFP is a leader in specialised food products:</p> <ul style="list-style-type: none"> <li>• To check if WFP self-perception is echoed by other stakeholders...</li> <li>• ... and extent to which this is seen as generating undue bias towards food- and product-based solutions</li> </ul>
1.5 Is the policy coherent with the international architecture, global initiatives and corresponding partnerships?	<p>{4} WFP has a unique cross-sectoral reach</p> <ul style="list-style-type: none"> <li>• To check WFP vs. external perceptions</li> <li>• To check extent to which cross-sector approach features implicitly or explicitly in project documents and, especially, in case study countries</li> </ul>
a) are the policy's objectives and approaches consistent with relevant international strategies, partnerships and initiatives?	
b) is it coherent with relevant international standards?	<p>{5} WFP has effective partnerships with the stakeholders needed to generate changes in policy and practice</p>
1.6 Is the policy coherent with other nutrition agencies' strategic positioning?	
a) positioning vis-à-vis other core members of the SUN UN system network	<ul style="list-style-type: none"> <li>• To investigate WFP role in nutrition partnerships at global and at country level</li> <li>• To investigate whether WFP has formed effective and strategic partnerships</li> </ul>
b) positioning more broadly among UN agencies	<p>{6} WFP's partners are doing effective complementary activities</p>
c) positioning vis-à-vis other agencies (multilateral and bilateral agencies and non-UN nutrition specific agencies)	<ul style="list-style-type: none"> <li>• To consider extent to which WFP assumptions about the effectiveness of its nutrition programmes depend on effective complementary activities, and the plausibility of those assumptions.</li> </ul>
1.7 How practicable is the policy?	
a) does it provide an adequate guidance framework for implementation?	



Evaluation questions	Relevant ToC assumptions
b) Is it realistic as to timescale, demands for resources and required changes in behaviour?	
c) is implementation proving to be practicable at country level?	
<b>EQ2. What are the initial results of the policy?</b>	
<ul style="list-style-type: none"> <li>Is the policy clearly and accurately understood by those to whom it is addressed?</li> </ul>	
a) how was the policy disseminated to different stakeholders?	
b) how well is the policy understood?	{10} The Nutrition Policy is effectively disseminated to RBs and COs and external stakeholders <ul style="list-style-type: none"> <li>To check awareness of the policy, the concepts on which it is based and the interpretation of corresponding roles for WFP</li> </ul>
c) Are WFP staff committed to its implementation?	
<ul style="list-style-type: none"> <li>Do WFP monitoring, evaluation and reporting systems capture results appropriate to the policy?</li> </ul>	
a) at global level	
b) at country level	{12} Country level M&E system (WFP and national) is fit for purpose, functional and effective <ul style="list-style-type: none"> <li>To check whether M&amp;E systems focus (successfully) on appropriate indicators</li> <li>To investigate how WFP M&amp;E system is coherent with national system and how national system informs WFP programme given changes in latest SRF based on the assumption that anthropometric data is collected by others</li> </ul>

Evaluation questions	Relevant ToC assumptions
<ul style="list-style-type: none"> <li>• Is there evidence of changes in portfolio programming, design and implementation resourcing plausibly associated with the policy?</li> </ul> <p>a) changes in composition and design of WFP projects and programmes</p> <p>b) changes in actual or proposed positioning of WFP at country level</p> <p>c) changes in actual or proposed alignment with government plans and priorities (for both nutrition-specific and nutrition-sensitive elements)</p>	<p>{13} Rigorous assessments lead to interventions that are context appropriate and needs-based</p> <ul style="list-style-type: none"> <li>• To check quality of programming process and programme documents particularly for examples where assessments have led to context-specific programming</li> <li>• Also to check whether WFP corporate environment (assumption 9 above) and funding sources support decisions based on rigorous assessment (cf. assumption 16 below)</li> </ul> <p>{19} Efficiency (ratio of inputs to results, at output, outcome and impact levels) is considered when selecting approaches.</p> <ul style="list-style-type: none"> <li>• Check there is adequate consideration of efficiency in the choice and design of interventions (cf. assumption 13 on rigorous assessment).</li> </ul>
<ul style="list-style-type: none"> <li>• At corporate level, has WFP adapted to the strategic and partnership shifts implied by the policy?</li> </ul> <p>a) Development of new partnerships/ways of working</p> <p>b) Adaptations in financial and administrative model</p>	<p>{15} Those involved with nutrition in WFP (CD, Head of Programme, nutritionists) have the skill set and relationships to engage in policy dialogue with government</p> <ul style="list-style-type: none"> <li>• To check internal and external perspectives (background comparison with equivalent capacities of other agencies)</li> </ul> <p>{17} WFP corporately embraces having a higher nutrition prominence at global, regional and country level than before the policy</p> <ul style="list-style-type: none"> <li>• To review attitudes, particularly through interviews and e-survey</li> </ul>
<p><b>EQ3. What were the factors that affected the implementation and initial results of the policy?</b></p>	
<p>3. 1 Was there sufficient consultation and ownership in the development of the policy?</p>	
<p>a) with other agencies</p>	
<p>b) within WFP</p>	
<p>3. 2 How well was the policy disseminated, with guidelines for its implementation?</p>	<p>{10} The Nutrition Policy is effectively disseminated to RBs and COs and external stakeholders</p>
<p>a) quality of the guidelines</p>	<ul style="list-style-type: none"> <li>• To check awareness of the policy, the concepts on which it is based and the interpretation of corresponding roles for WFP</li> </ul>
<p>b) process of dissemination</p>	

Evaluation questions	Relevant ToC assumptions
3. 3 Were there sufficient (human and financial) resources for its implementation?	<p>{11} RBs and COs have sufficient capacity (human resource (nutritionists and non-nutritionists such as CD, Heads of Programme, M&amp;E unit), financial) and motivation to operationalise the Nutrition Policy</p> <ul style="list-style-type: none"> <li>To investigate changes in capacity and activities to increase capacity within WFP (including but not limited to NCSP) and perceptions on capacity</li> </ul> <p>{16} The prevention interventions will be sufficiently funded to enable higher coverage</p> <ul style="list-style-type: none"> <li>Links to internal financial framework and external donor perceptions and practice.</li> </ul>
a) resources for dissemination and support to the policy?	
b) resources for substantive implementation of the policy?	
3. 4 What internal factors facilitated or obstructed implementation of the policy?	<p>{9} The WFP corporate environment is flexible enough to allow the policy to be interpreted according to country context</p> <ul style="list-style-type: none"> <li>To be tested especially through country studies, but also general review of programming documents</li> </ul>
a) effective support for the policy within WFP	
b) facilitation / obstruction by WFP financial and administrative systems	
3. 5 What external factors facilitated or obstructed implementation of the policy?	<p>{18} External partners support WFP taking on a more prominent role in nutrition at global, regional and country level</p> <ul style="list-style-type: none"> <li>To review financing patterns for WFP nutrition activities and donors perceptions and practices in financing nutrition at WFP (cf. assumption 16)</li> <li>Review attitudes of external stakeholders</li> </ul>
a) relevant changes in WFP's external environment	
b) relevant changes in relationships with partners, partners' behaviour and partners' perceptions of WFP	
3. 6 Has there been effective feedback, learning and adaptation associated with the policy?	<p>cf. {1} and {2}:</p> <ul style="list-style-type: none"> <li>Review WFP contribution to relevant research on nutrition-specific and nutrition-sensitive interventions</li> </ul>
a) is WFP able to adequately measure and learn from the implementation of the policy (at HQ, RB and country levels)	
b) is there evidence of adaptation resulting from learning?	

Evaluation questions	Relevant ToC assumptions
3.7 How sustainable are the emerging results of the policy?	{14} WFP approach enables communities and governments to sustain nutrition outcomes <ul style="list-style-type: none"> <li>• Links to capacity development and support for country-owned solutions</li> <li>• Evidence of exit strategies</li> </ul>
a) what were the main threats to sustainability?	
b) are these threats being addressed by WFP and/or other stakeholders?	

## Annex E Evaluation Matrix

1. The evaluation matrix shown in Table E2 below was developed drawing on the questions posed in the Terms of Reference, together with the reconstructed theory of change shown in Annex D above.
2. A full mapping of theory of change assumptions onto the evaluation matrix is provided in Table D2 above.
3. The main evaluation questions and subquestions are summarised in Table E1.

**Table E1 Main evaluation questions and subquestions**

<b>EQ1 What is the quality of the policy?</b>
1.1 How relevant is the policy? Are its objectives appropriate and is it soundly based on evidence?
1.2 Is the policy sufficiently focused on beneficiary needs, including relevant gender and equity dimensions?
1.3 Is the policy clear and internally consistent?
1.4 Is the policy coherent with WFP's strategic plan and other relevant policies?
1.5 Is the policy coherent with the international architecture, global initiatives and corresponding partnerships?
1.6 Is the policy coherent with other nutrition agencies' strategic positioning?
1.7 How practicable is the policy?
<b>EQ2 What are the initial results of the policy?</b>
2.1 Is the policy clearly and accurately understood by those to whom it is addressed?
2.2 Do WFP monitoring, evaluation and reporting systems capture results appropriate to the policy?
2.3 Is there evidence of changes in portfolio programming, design and implementation resourcing plausibly associated with the policy?
2.4 At corporate level, has WFP adapted to the strategic and partnership shifts implied by the policy?
<b>EQ3 What were the factors that affected the implementation and initial results of the policy?</b>
3.1 Was there sufficient consultation and ownership in the development of the policy?
3.2 How well was the policy disseminated, with guidelines for its implementation?
3.3 Were there sufficient (human and financial) resources for its implementation?
3.4 What internal factors facilitated or obstructed implementation of the policy?
3.5 What external factors facilitated or obstructed implementation of the policy?
3.6 Has there been effective feedback, learning and adaptation associated with the policy?
3.7 How sustainable are the emerging results of the policy?

**Table E2 Evaluation Matrix**

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<b>EQ1 What is the quality of the policy?</b> <i>(relevance, coherence, clarity, practicability )</i>		
<p>1.1 How relevant is the policy? Are its objectives appropriate and is it soundly based on evidence?</p> <p>a) Relevance to WFP's mandate</p> <p>b) Relevance to international context</p> <p>c) Extent to which policy is supported by credible evidence <i>{links to ToC assumptions 1, 2, 7}</i></p>	<p><i>relevance</i></p> <ul style="list-style-type: none"> <li>• evidence of the policy addressing WFP mandate</li> <li>• consistency with MDGs, international targets for health and nutrition, international architecture and initiatives on nutrition</li> <li>• validity of inferences from evidence available when policy was prepared</li> <li>• consistency of policy with evidence that has since become available</li> <li>• to include attention to evidence on cost-effectiveness of nutrition interventions in different contexts</li> <li>• balance between nutrition-specific and nutrition-sensitive elements</li> </ul>	<ul style="list-style-type: none"> <li>• nutrition policy, WFP strategic plans and supporting documentation</li> <li>• international agreements involving UN and WFP, including SUN movement etc</li> <li>• review of key documents on which the policy was explicitly based</li> <li>• review of other generally available literature</li> <li>• review of subsequent evidence (internal and external to WFP)</li> </ul>
<p>1.2 Is the policy sufficiently focused on beneficiary needs, including relevant gender and equity dimensions? <i>{links to ToC assumptions 8, 20}</i></p> <p>a) does the policy focus on the most important beneficiary needs, in relation to nutrition?</p>	<p><i>relevance</i></p> <ul style="list-style-type: none"> <li>• balance between stunting, wasting and other dimensions of malnutrition?</li> <li>• focus on appropriate stages in the life course of beneficiaries?</li> <li>• balance between nutrition-specific and nutrition-sensitive approaches?</li> <li>• taking into account beneficiary needs in relation to context ...</li> <li>• ... including context of government priorities and provision and that by other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• national surveys, context assessments, needs assessments, evaluations</li> <li>• country desk studies</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>b) is it based on a sufficient analysis of the gender dimensions of nutrition?</p> <p>c) does it provide an adequate basis for targeting of interventions?</p>	<ul style="list-style-type: none"> <li>• does the policy (along with associated guidance) go beyond identification of women as beneficiaries and address deeper issues of how gender relations affect nutrition at individual, household and societal level?</li> <li>• does the policy (along with associated guidance) provide adequate guidance for the targeting of interventions along such dimensions as: <ul style="list-style-type: none"> <li>○ nutritional status</li> <li>○ age and gender</li> <li>○ equity and social status</li> <li>○ geographical targeting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• literature on nutrition and gender</li> <li>• programme design documents</li> <li>• interviews (at global, regional and country level)</li> <li>• country desk studies</li> <li>• programme design documents, nutrition and food security surveys</li> <li>• interviews (RB and CO staff)</li> </ul>
<p>1.3 Is the policy clear and internally consistent?</p> <p>a) How clearly stated and accessible is the policy?</p> <p>b) Is there a shared (explicit or implicit) theory of change for the policy?</p> <p>c) How credible is the policy's theory of change?</p>	<p style="text-align: center;"><i>relevance, coherence, clarity</i></p> <ul style="list-style-type: none"> <li>• clarity and accessibility compared with similar WFP and non-WFP documents</li> <li>• perceptions of intended users</li> <li>• consensus among policy protagonists around implicit ToC developed at inception stage of the evaluation</li> <li>• other actors in WFP concur (explicitly or implicitly) with this ToC</li> <li>• consistency of the internal logic of the theory of change</li> <li>• plausibility of the main assumptions of the theory of change</li> </ul>	<ul style="list-style-type: none"> <li>• policy document (in context of discussion and evolution that led up to the final version); comparator documents</li> <li>• interviews and e-survey</li> <li>• interviews, consultation with key stakeholders around proposed theory of change</li> <li>• document analysis and interviews linked to formulation of the theory of change</li> <li>• key assumptions of theory of change to be investigated under relevant EQs (see mapping provided in Table D2 above)</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
1.4 Is the policy coherent with WFP's strategic plan and other relevant policies?	<i>internal coherence, connectedness</i>	
a) consistency with WFP strategic planning	<ul style="list-style-type: none"> <li>consistency with (evolving) WFP strategy</li> </ul>	<ul style="list-style-type: none"> <li>successive strategic plans, other corporate strategy documents such as fit for purpose and the people strategy</li> <li>key stakeholder interviews (especially senior management and EB members)</li> <li>perceptions of external stakeholders (especially those with whom WFP has a partnership MOU)</li> </ul>
b) consistency with other relevant policies  c) consistency between emergency and development considerations  d) consistency between global and country-level orientations	<ul style="list-style-type: none"> <li>consistency with gender policy</li> <li>consistency with other policies relevant to both nutrition-specific and nutrition-sensitive elements of the nutrition policy</li> <li>consistency with capacity development policy and strategies</li> <li>is the policy applicable to both emergency and development contexts?</li> <li>is there evidence of the policy being adapted to different contexts?</li> <li>is there sufficient attention to connectedness in the policy and in guidelines for its implementation?</li> <li>is there an appropriate balance between focus on country level implementation of the policy and its orientation towards regional and global activities including research and advocacy?</li> </ul>	<ul style="list-style-type: none"> <li>policy documents</li> <li>stakeholder interviews (including external perceptions of WFP consistency)</li> <li>e-survey</li> <li>SPRs, evaluations and reviews,</li> <li>Interviews, e-survey</li> <li>country desk studies</li> <li>interviews (internal and external)</li> <li>NCS reports</li> <li>country desk studies</li> </ul>
e) building on WFP strengths and comparative advantage <i>{links to ToC assumption 3}</i>	<ul style="list-style-type: none"> <li>how well does it draw on WFP's previous experience?</li> <li>does it correctly identify WFP's areas of comparative advantage?</li> </ul>	<ul style="list-style-type: none"> <li>policy documents, reviews , evaluations (including those of other agencies)</li> <li>interviews, including external perspectives</li> </ul>



Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>1.5 Is the policy coherent with the international architecture, global initiatives and corresponding partnerships? <i>{links to ToC assumptions 4, 5, 6}</i></p> <p>a) are the policy's objectives and approaches consistent with relevant international strategies, partnerships and initiatives</p> <p>b) is it coherent with relevant international standards?</p>	<p><i>external coherence, aid effectiveness</i></p> <ul style="list-style-type: none"> <li>• consistency with international discourse on aid effectiveness</li> <li>• consistency with major initiatives such as SUN, Zero Hunger Challenge, ICN2, REACH etc</li>   <li>• Sphere, WHO, IYCF guidelines, gender and human rights standards, etc</li> </ul>	<ul style="list-style-type: none"> <li>• aid effectiveness standards (including, Busan, UN reforms, SDGs etc)</li> <li>• prepare brief inventory of key nutrition-relevant initiatives and partnerships in which WFP is engaged</li> <li>• progress reports etc from key initiatives</li> <li>• perceptions of internal and external stakeholders</li>   <li>• nutrition policy and related programming guidelines etc</li> <li>• documentation of relevant international standards</li> </ul>
<p>1.6 Is the policy coherent with other nutrition agencies' strategic positioning? <i>{links to ToC assumptions 4, 5, 6}</i></p> <p>a) positioning vis-à-vis other core members of the SUN UN system network</p> <p>b) positioning more broadly among UN agencies</p>	<p><i>coherence, aid effectiveness</i></p> <ul style="list-style-type: none"> <li>• positioning of WFP and others to be viewed in context of alignment and consistency with national government plans</li> <li>• consistency vis-à-vis the policies and strategies of WHO, FAO, UNICEF, IFAD concerning food and nutrition security (identify main points of consistency and divergence – are they substantive or superficial)</li>   <li>• consistency with UNDAF, One UN etc</li> <li>• positioning vis-à-vis other UN agencies including UNAIDS, UN women etc</li> </ul>	<ul style="list-style-type: none"> <li>• relevant policies, strategies of these UN organisations, plus relevant evaluations of their nutrition and food security approaches</li> <li>• relevant MOUs etc</li> <li>• interviews with stakeholders in WFP and the agencies concerned</li> <li>• external perceptions for WFP positioning (interviews and document review)</li>   <li>• document review</li> <li>• country desk studies</li> <li>• perceptions of interviewees</li> <li>• e-survey for WFP staff perceptions</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>c) positioning vis-à-vis other agencies (multilateral and bilateral agencies and non-UN nutrition specific agencies )</p>	<ul style="list-style-type: none"> <li>• positioning vis-à-vis such agencies as:               <ul style="list-style-type: none"> <li>○ World Bank and other MDBs</li> <li>○ aid agencies with special interest in nutrition – e.g. EC (both emergency and development arms), Canada, UK</li> <li>○ nutrition-specific agencies including GAIN, MNI</li> <li>○ other NGOs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• key policy documents of the agencies</li> <li>• interviews with internal and external stakeholders</li> <li>• mapping of agency positioning in desk study countries</li> </ul>
<p>1.7 How practicable is the policy??</p> <p>a) Does it provide an adequate guidance framework for implementation? Are intended results well articulated?</p>	<p style="text-align: center;"><i>practicability, effectiveness</i></p> <ul style="list-style-type: none"> <li>• Clear implementation strategy for the policy</li> <li>• Quality, consistency and clarity of guidance materials</li> <li>• Understanding of potential trade-offs between objectives</li> <li>• Valid and logical performance indicators for relevant policy element(s).</li> <li>• Cost tools to assist country offices and partners</li> <li>• Enables flexibility of implementation depending on context</li> <li>• Accurate capture of implementation costs in design and ability to adjust based on experience</li> <li>• Clear and convincing statement and assessment of potential and risks for WFP and other stakeholders.</li> <li>• Level of capacity development required for WFP staff and partners</li> </ul> <p>(where possible, benchmark against other WFP policy roll-outs)</p>	<ul style="list-style-type: none"> <li>• nutrition policy and related guidance materials</li> <li>• Nutrition Capacity Strengthening Plan (NCSP)</li> <li>• correlate with changes in resourcing (subquestion 3. 3 above)</li> <li>• interviews (with special attention to regional level and country desk studies)</li> <li>• e-survey</li> </ul>
<p>b) Is it realistic as to timescale, demands for resources and required changes in behaviour?</p>		<ul style="list-style-type: none"> <li>• country desk studies</li> <li>• interviews with regional staff</li> <li>• e-survey</li> </ul>
<p>c) is implementation proving to be practicable at (regional and) country level?</p>		

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<b>EQ2 What are the initial results of the Policy?</b> <i>(effectiveness)</i>		
<p>2.1 Is the policy clearly and accurately understood by those to whom it is addressed? <i>{links to ToC assumption 10}</i></p> <p>a) How was the policy disseminated to different stakeholders</p> <p>b) How well is the policy understood?</p> <p>c) Are WFP staff committed to its implementation?</p>	<p><i>clarity, effectiveness, relevance</i></p> <ul style="list-style-type: none"> <li>• Policy roll-out experience (globally and in study countries) <ul style="list-style-type: none"> <li>○ Effectiveness of information transmission to regional and field offices, and to partners</li> <li>○ Levels of awareness and demonstrated actions following from awareness</li> <li>○ Quality and frequency of staffing and training in relation to new skill-set</li> </ul> </li> <li>• understanding by nutrition specialists and other WFP staff at all levels</li> <li>• understanding of nutrition-specific and nutrition-sensitive dimensions</li> <li>• statements of commitment linked to relevant actions</li> </ul>	<ul style="list-style-type: none"> <li>• Documents – produced at country level and HQ whether they show evidence of understanding of the policy and indicate degree of implementation e.g. country strategy, project and programme design documents, internal evaluations/ reviews, internal guidelines</li> <li>• interviews: all levels internal to WFP and external interviews to triangulate data gained</li> <li>• country desk studies</li> <li>• e-survey</li> </ul>
<p>2.2 Do WFP monitoring, evaluation and reporting systems capture results appropriate to the policy?</p> <p>a) at global level</p>	<p><i>effectiveness, connectedness</i></p> <ul style="list-style-type: none"> <li>• capture of relevant gender disaggregated nutrition-specific indicators</li> </ul>	<ul style="list-style-type: none"> <li>• SRFs, SPRs, WINGS, etc</li> </ul>
<p>b) at country level <i>{links to ToC assumption 12}</i></p>	<ul style="list-style-type: none"> <li>• capture of relevant gender-disaggregated nutrition-sensitive indicators</li> <li>• other relevant indicators, e.g. NCI</li> <li>• NB indicators should be relevant to all levels of the theory of change</li> </ul>	<ul style="list-style-type: none"> <li>• country desk studies</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>2.3 Is there evidence of changes in portfolio programming, design and implementation resourcing plausibly associated with the policy? <i>{links to ToC assumptions 13, 19}</i></p>	<p><i>effectiveness, connectedness</i></p>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>a) changes in composition and design of WFP projects and programmes</p>	<ul style="list-style-type: none"> <li>• to consider changes in: <ul style="list-style-type: none"> <li>○ WFP's global portfolio</li> <li>○ changes at the level of country strategies and country portfolios</li> <li>○ changes at the level of specific operations</li> </ul> </li> <li>• evidence of nutrition-specific interventions following nutrition policy guidelines</li> <li>• extent to which nutrition is considered in programmatic approach of other sectors (livelihoods, resilience, emergency )</li> </ul>	<ul style="list-style-type: none"> <li>• analysis of overall WFP portfolio data (to the extent available)</li> <li>• "before and after" review of programming documents for a subset of countries</li> <li>• detailed country desk studies</li> </ul>
<p>b) changes in actual or proposed positioning of WFP at country level</p> <p>c) changes in actual or proposed alignment with government plans and priorities (for both nutrition-specific and nutrition-sensitive elements)</p> <p>d) is there early evidence of outcomes being achieved?</p>	<ul style="list-style-type: none"> <li>• scope of WFP engagement in nutrition activities at country level</li> <li>• changes (in principle or in practice) in division of labour between WFP and other agencies</li> <li>• extent to which WFP: <ul style="list-style-type: none"> <li>○ aligns with government priorities and programmes (nutrition-specific)</li> <li>○ aligns with government priorities and programmes (nutrition-sensitive)</li> </ul> </li> <li>• programme performance data, coverage of programmes, etc (to the extent that relevant data and pre-policy benchmarks may be available)</li> </ul>	<ul style="list-style-type: none"> <li>• RB and country level interviews</li> <li>• country desk studies</li> <li>• review of strategy and programming documents</li> <li>• perceptions of external stakeholders</li> <li>• country desk studies</li> <li>• review of strategy and programming documents</li> <li>• perceptions of external stakeholders</li> <li>• country desk studies</li> <li>• review of available monitoring data</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>2.4 At corporate level, has WFP adapted to the strategic and partnership shifts implied by the policy? <i>{links to ToC assumptions 15, 17}</i></p> <p>a) Development of new partnerships/ways of working</p> <p>b) Adaptations in financial and administrative model</p>	<p><i>effectiveness, internal coherence, aid effectiveness</i></p> <ul style="list-style-type: none"> <li>• changes in WFP's role in international debate</li> <li>• changes in public and private sector partnerships in scale or number</li> <li>• changes in staffing profiles</li> <li>• changes in financial and monitoring mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Review of programming and strategy documents</li> <li>• WFP participation in key forums and networks</li> <li>• Interviews (internal and external stakeholders)</li> </ul>
<p><b>EQ3 What were the factors that affected the implementation and initial results of the policy? (Why and how did the policy produce the initial results that have been observed?)</b> <i>(effectiveness, coherence, efficiency , sustainability)</i></p>		
<p>3.1 Was there sufficient consultation and ownership in the development of the policy?</p> <p>a) with other agencies</p> <p>b) within WFP?</p>	<p><i>relevance, effectiveness</i></p> <ul style="list-style-type: none"> <li>• Which agencies involved? Appropriate agencies involved?</li> <li>• Nature of consultation and perceptions of participants</li> <li>• Which units within WFP involved?</li> <li>• Adequate communication with regional and country offices?</li> <li>• Adequate peer review and challenge of the policy as it was developed?</li> </ul>	<ul style="list-style-type: none"> <li>• documentary record of policy preparation</li> <li>• interviews with internal and external stakeholders</li> <li>• e-survey</li> </ul>
<p>3.2 How well was the policy disseminated, with guidelines for its implementation? <i>{links to ToC assumption 10}</i></p> <p>a) quality of the guidelines</p>	<p><i>effectiveness, efficiency, clarity</i></p> <ul style="list-style-type: none"> <li>• Clarity, credibility, accuracy</li> <li>• Responsiveness to users' needs</li> </ul>	

Key Questions/sub-questions	Analysis/indicators	Sources of Information
b) process of dissemination	<ul style="list-style-type: none"> <li>• Timeliness, appropriate targeting and follow-up</li> <li>• Nature of consultation and perceptions of participants in the consultation process</li> </ul>	<ul style="list-style-type: none"> <li>• review of guidelines</li> <li>• records of dissemination events</li> <li>• interviews – WFP staff particularly those at country level; also other agencies' knowledge and understanding of the policy</li> <li>• country desk studies</li> <li>• e-survey</li> </ul>
3.3 Were there sufficient (human and financial) resources for its implementation? <i>{links to ToC assumptions 11, 16}</i>  a) Resources for dissemination and support to the policy?  b) Resources for substantive implementation of the policy?	<p style="text-align: center;"><i>effectiveness, efficiency</i></p> <ul style="list-style-type: none"> <li>• Have WFP resourcing flows changed and can they be attributed to the new policy? (Resources from donors and governments to support WFP engagement with nutrition)</li> <li>• Budget allocation: in relation to non-nutrition programmes and amongst nutrition objectives</li> </ul>	<ul style="list-style-type: none"> <li>• documents/financial records</li> <li>• NCSP reports</li> <li>• interviews – WFP staff</li> <li>• e-survey</li> <li>• country case studies?</li> </ul>
3.4 What internal factors facilitated or obstructed implementation of the policy? <i>{links to ToC assumption 9}</i>	<p style="text-align: center;"><i>effectiveness, efficiency, connectedness</i></p>	
a) Effective support for the policy within WFP	<ul style="list-style-type: none"> <li>• Does senior management demonstrate an understanding of and commitment to the new policy?</li> <li>• Has adequate internal capacity been built, are adequate staff in place? Do staff have:               <ul style="list-style-type: none"> <li>○ New and appropriate skills and knowledge specific to nutrition</li> <li>○ Are new skills reflected in hiring and performance management practices?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• review of NCSP etc at all levels of WFP</li> <li>• staffing records</li> <li>• country desk studies</li> <li>• e-survey</li> </ul>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>b) Facilitation/obstruction by WFP financial and administrative systems</p>	<ul style="list-style-type: none"> <li>• Are changes in WFP financial framework and other management systems providing the flexibility for effective implementation of the policy?</li> </ul>	<ul style="list-style-type: none"> <li>• documentation of changing systems (including financial framework, Fit for Purpose, People Strategy/talent pool<sup>135</sup>, CIFF pilot etc)</li> <li>• interviews</li> <li>• country desk studies</li> <li>• e-survey</li> </ul>
<p>3.5 What external factors facilitated or obstructed implementation of the policy?</p> <p>a) Relevant changes in WFP's external environment</p> <p>b) Relevant changes in relationships with partners, partners' behaviour and partners' perceptions of WFP</p> <p><i>{links to ToC assumption 18}</i></p>	<p><i>effectiveness, efficiency, aid effectiveness</i></p> <ul style="list-style-type: none"> <li>• Impact of emergencies, local or international economic trends, political events, etc. on de facto priorities for WFP and/or on the salience of nutrition</li> <li>• dynamics of international architecture with special reference to nutrition</li> <li>• priorities and perceptions of WFP donors</li> <li>• relationships with key partners</li> </ul>	<ul style="list-style-type: none"> <li>• Documents published since the policy concerning relationships with partners, e.g. MOUs, joint project documentation, evaluations or comment from external actors, including those relevant to SUN, REACH and other relevant partnerships)</li> <li>• interviews – WFP staff, donors, core WFP partners,</li> <li>• country desk studies</li> </ul>
<p>3.6 Has there been effective feedback, learning and adaptation associated with the policy?</p> <p>a) Is WFP able to adequately measure and learn from the implementation of the policy? (at HQ, RB and country levels)</p> <p><i>{links to ToC assumptions 1, 2}</i></p> <p>b) Is there evidence of adaption resulting from learning? (at HQ, RB and country levels)</p>	<p><i>sustainability, efficiency</i></p> <ul style="list-style-type: none"> <li>• What M&amp;E is in place? (cf. EQ22.2 above)</li> <li>• Are suitable indicators being used to measure results?</li> <li>• Is there an appropriate research agenda?</li> <li>• Is there a process for lesson learning and is it being used? Does it draw on other partners' experience and research as well as WFP's?</li> <li>• How has implementation influenced practice – is there a link/feedback loop? Degree of connectedness?</li> <li>• Evidence of adaptation from emerging international evidence/ research</li> </ul>	<ul style="list-style-type: none"> <li>• Documents – details on M&amp;E processes, indicators used in project documents, M&amp;E process and documentation related to policy implementation, evidence of lesson learning in WFP staff outputs and HQ review processes</li> <li>• interviews: what M&amp;E procedures are in place? examples where feedback issues have arisen, and what actions resulted?</li> <li>• country desk studies – evidence of M&amp;E feeding into lesson learning and changes in practice</li> <li>• e-survey</li> </ul>

<sup>135</sup> <https://www.wfp.org/careers/talent-pool>

Key Questions/sub-questions	Analysis/indicators	Sources of Information
<p>3.7 How sustainable are the emerging results of the policy?  <i>{links to ToC assumption 14}</i></p> <p>a) What are the main threats to sustainability?</p> <p>b) Are these threats being addressed by WFP and/or other stakeholders?</p>	<p><i>sustainability</i></p> <ul style="list-style-type: none"> <li>• record of similar operations/initiatives in the past</li> <li>• likely effects of factors and risks identified under previous EQs</li> <li>• implications of changing international context</li> <li>• evidence of government partnering/engagement with WFP in implementation</li> <li>• WFP's role in capacity development of national actors</li> <li>• evidence of appropriate exit strategy development</li> </ul>	<ul style="list-style-type: none"> <li>• Documents – review of project/ programme documentation: is sustainability being considered in project design and review?</li> <li>• interviews – all stakeholders</li> <li>• country case studies</li> <li>• e-survey</li> </ul>

**Note: findings under EQ1 (quality of the policy) will also be relevant in explaining its results or lack of results. Questions 3.6 and 3.7 are also relevant to EQ2 (results of the policy), but require judgements that will draw on the questions which precede them.**



## Annex F Chronology

1. Table F1 and Table F2 below reproduce some longer perspective chronologies. Table F3 below provides a more detailed chronology linked to the WFP nutrition policy itself.

**Table F1 Phases in nutrition policy and planning since the 1970s**

Evolution of nutrition policy and politics					
From the protein era to multi-sectoral planning	From multi-sectorality to nutrition isolationism	Micronutrient era	From obscurity to global priority	Increasing momentum	
1970	1980	1990	2000	2010	2014
International Conference on Nutrition, National Development and Planning (1971)	Sen on entitlements (1981)	UNICEF conceptual framework (1990)	MDG 1 (underweight target)	SUN Movement (2010 onwards)	
Berg: <i>"The Nutrition Factor"</i> (1973)	Iringa Programme (Tanzania, 1985)	World Summit for Children (1990)	World Bank-UNICEF collaborations (Gillespie et al 2003)	Mainstreaming Nutrition Initiative (2011)	
McLaren: <i>"The Great Protein Fiasco"</i> (1974)	Field (1987)	International Conference on Nutrition (1992)	Capacity focus (Heaver 2005)	Nutrition4Growth Summit (2013)	
World Food Conference (1975)	Focus on micronutrient supplementation and breastfeeding	Micronutrient Initiative formed (1993)	Lancet Nutrition Series (2008)	Lancet Nutrition Series (2013)	
1976 World Bank study			Food price spikes (07-08)		
Nutrition planning cells (mandate without power)			Copenhagen Consensus (2008)		
			Increased focus on the "double burden"		

Source: reproduced from Figure 3 in Nisbett et al 2014.

**Table F2 Milestones in the Evolution of Nutrition Concerns in Emergencies**  
*Updated from WFP's 2004 policy paper on nutrition in emergencies*

1960S	<ul style="list-style-type: none"> <li>➤ Food responses based on commodities available.</li> <li>➤ Foods donated determined more by availability than nutritional adequacy.</li> <li>➤ Limited recognition of relevance of nutritional content of rations.</li> </ul>
1970S	<ul style="list-style-type: none"> <li>➤ Focus on protein deficiency in protein-energy malnutrition.</li> <li>➤ More variety in food basket, including beans and vegetable oil.</li> <li>➤ Fortified blended foods (FBFs) used only in supplementary feeding.</li> </ul>
1980S	<ul style="list-style-type: none"> <li>➤ Major agencies raise ration planning figure from 1,500 to 1,900 kcal per person per day.</li> <li>➤ FBFs included in most rations for completely food aid dependent populations.</li> <li>➤ Food basket increasingly based on six core commodities: cereals, pulses, oil, sugar, salt and FBFs.</li> </ul>
1990S	<ul style="list-style-type: none"> <li>➤ Some agencies, including WFP, increase ration planning figure for fully food aid dependent populations from 1,900 to 2,100 kcal.</li> <li>➤ Advances in science lead to production of therapeutic foods for treating acute malnutrition, for example F100 and F75.</li> <li>➤ Stricter limitations on use of milk products and infant formula in crises.</li> <li>➤ Development of United Nations agencies' policies and guidelines on common approaches to malnutrition in emergencies.</li> <li>➤ Requirement that internationally procured oil, salt and flour be fortified.</li> <li>➤ Local production of FBFs expands in some developing countries.</li> <li>➤ BP5 and high-energy protein fortified (HEP) biscuits in wide use</li> </ul>
2000S	<ul style="list-style-type: none"> <li>➤ Nutrition as a separate 'sector' in the CAP (Consolidated Appeal Process), on par with education, health and water. This led to greater resource allocation.</li> <li>➤ Greater use of local milling and fortification of cereals for relief distribution.</li> <li>➤ Local/regional procurement of FBFs in developing countries for use in third countries.</li> <li>➤ Development of ready-to-use therapeutic foods (RUTF) for the treatment of acute malnutrition and of the community-based platform for their delivery.</li> <li>➤ More attention to links between treatment of acute malnutrition and prevention of chronic malnutrition.</li> <li>➤ Greater focus on quality and delivery of foods that can explicitly contribute to a nutrition agenda—particularly when micro- (as well as macro-) nutrient deficiencies play such a significant role in crisis-driven mortality.</li> <li>➤ A greater focus on measurement of the nutritional outcomes of food assistance.</li> </ul>
2010S	<ul style="list-style-type: none"> <li>➤ Food aid to food assistance: a growing acceptance of an expansion of the food assistance 'toolbox' to include food subsidies, cash transfers and vouchers</li> <li>➤ A move towards dealing comprehensively with nutrition problems rather than piecemeal. The concept of an 'essential' or minimum package of inputs/services needed to resolve and/or prevent nutritional deficiencies in crises gains traction.</li> </ul>

*Source:* updated by the evaluation team from the version which appears in WFP 2004c, which itself was described as "adapted from Toole, M. 1998. *An Overview of Nutrition in Emergencies*. Presentation to the Working Group on Nutrition in Emergencies, April 11, Geneva; Mason, 2002."

**Table F3 Nutrition Policy Evaluation – Chronology of Key Events related to the evaluation**

Year	Developments in the Global Nutrition environment	WFP developments (general)	Nutrition developments in WFP	Nutrition developments in other UN agencies
2004			EB approves <b>three Nutrition Policies</b> : “Food for Nutrition: Mainstreaming Nutrition in WFP” “Micronutrient Fortification: WFP Experiences and Ways Forward” ; and “Nutrition and Emergencies: WFP Experiences and Challenges”.	
2006	Global Humanitarian Reform process brings about the establishment of the cluster system, including the <b>Global Nutrition Cluster</b> (led by UNICEF)			<b>UNICEF</b> Joint Health and Nutrition Strategy (2006 – 2015) launched.  <b>WFP &amp; UNICEF</b> launch Ending Child Hunger Initiative.
2008	<b>The Lancet Series on Maternal and Child Nutrition</b> published, providing systematic evidence of the impact of undernutrition on infant and child mortality and drawing attention to the 1,000 day “window of opportunity” from minus 9 to 24 months for high impact in reducing death and disease and avoiding irreversible harm.	<b>WFP Strategic Plan 2008 – 2013</b> marks a shift from food aid to food assistance  <b>SRF 2008 – 2013</b> launched at the same time, includes a set of nutrition indicators at input, outcome and impact level.		Renewed Efforts Against Child Hunger and Undernutrition ( <b>REACH</b> ) established by FAO, WHO, UNICEF and WFP to facilitate joint UN country level support for nutrition.
2009		<b>Gender Policy</b> launched.	<b>Nutrition Improvement Strategy</b> launched.	<b>UNSCN</b> meeting exposed disagreements on the existing UN nutrition architecture.

Year	Developments in the Global Nutrition environment	WFP developments (general)	Nutrition developments in WFP	Nutrition developments in other UN agencies
2010	<p><b>SUN</b> framework endorsed at the World Bank Spring Meetings, providing an outline of the underlying framework of key principles and priorities for action to address undernutrition as the basis of the SUN Movement.</p> <p>Launch of <b>1,000 days partnership</b> led by Governments of Ireland and USA, to accelerate global action and investment to address the crisis of maternal and child undernutrition.</p>			<p><b>UNSCN</b> meeting led to discussion on the reform of the SCN.</p>
2011			<p><b>Right Food at the Right Place at the Right time</b> concept introduced.</p>	<p>Evaluation report of <b>FAO's</b> role and work in nutrition concludes that the agency “falls short of the expectations of key stakeholders in addressing increased nutrition concerns worldwide from the perspective of agriculture and food-based interventions” (FAO, 2011)</p>
2012	<p>Secretary-General Ban Ki-moon launches the ‘<b>Zero Hunger Challenge</b>’ at Rio + 20 conference on Sustainable Development.</p> <p><b>SUN Movement Strategy (2012–2015)</b> approved and</p>	<p><b>Fit For Purpose and Framework For Action</b> launched, outlining WFP’s New Organizational Design, including empowerment of COs and RBs.</p>	<p><b>2012 WFP Nutrition Policy</b> approved by the EB (February), alongside a request for a policy evaluation in 2015</p>	<p><b>FAO</b> Strategy and vision for work in nutrition launched.</p> <p><b>WHO</b> Global Nutrition Policy Review published, providing an analysis of nutrition policies and programmes across 54 countries.</p>

Year	Developments in the Global Nutrition environment	WFP developments (general)	Nutrition developments in WFP	Nutrition developments in other UN agencies
	<p>Revised Road Map is launched. <b>SUN Business Network</b> launched.</p> <p><b>WHA</b> endorsed a set of 6 global nutrition targets for 2025</p>		<p><b>EB requests a Follow up to WFP Nutrition Policy</b> at alternate annual sessions (June)</p> <p>WFP co-leads the <b>ZHC stunting</b> pillar with WHO and access pillar with FAO.</p> <p>WFP appointed <b>co-chair of the SUN Business Network.</b></p> <p>Guide for Nutrition-specific Programming published.</p>	
2013	<p>New series of papers was launched by <b>The Lancet on Maternal and Child Nutrition</b> containing the strongest evidence to date on the extent of undernutrition and successful interventions to address it. Highlights the importance of nutrition-sensitive interventions as well as nutrition-specific, and finds that the first 270 days (within the 1,000 days) most critical for stunting prevention</p> <p>High-level meeting on <b>Nutrition for Growth (N4G)</b>: took place in London. World leaders come together to sign a Global Nutrition for Growth Compact that will aim to prevent at least 20m children</p>		<p><b>Update on the WFP Nutrition Policy</b> presented to EB.</p> <p>WFP has an Advisory role on 2013 <b>Lancet series.</b></p> <p>WFP guide for <b>Managing the Supply Chain of Specialized Nutritious Foods.</b></p>	<p><b>SUN UN System Network</b> formally established: endorsement of the work plan by the heads of FAO, WHO, WFP, UNICEF and IFAD.</p>

Year	Developments in the Global Nutrition environment	WFP developments (general)	Nutrition developments in WFP	Nutrition developments in other UN agencies
	from being stunted and save at least 1.7m lives by 2020.			
2014	<p>Open working Group on the <b>SDGs</b> propose Hunger, Food Security &amp; Nutrition as a stand-alone goal.</p> <p>First <b>Global Nutrition Report</b> published.</p> <p><b>2<sup>nd</sup> SUN Movement Global Gathering</b> held, hosted by WFP in Rome.</p> <p><b>Second International Conference on Nutrition:</b> 21 years after the first ICN, adopted the Rome Declaration on Nutrition and a Framework for Action on Nutrition.</p>	<p><b>2014 – 2017 Strategic Plan</b> launched, which sets out what WFP will do to contribute to the broader global goals of reducing risk and vulnerability to shocks, breaking the cycle of hunger and achieving sustainable food security and nutrition.</p> <p><b>SRF 2014 – 2017</b> launched, with 6 new nutrition indicators, focused on programme performance at input, output, and outcome level (impact indicators dropped).</p>	<p>TOR for the WFP Nutrition Policy Evaluation published.</p> <p>WFP policy evaluation of the Nutrition Policy launched.</p>	<p><b>UNICEF</b> meta-analysis of 49 individual evaluations found that nutrition programmes were effective in 62 % of the cases, with constraints identified including unrealistic timeframes, gaps in programme design and insufficient quality personnel.</p>

## Annex G Proposed thresholds/triggers for WFP nutrition-specific interventions

The 2012 Nutrition Policy (WFP 2012a) proposed the following triggers/thresholds for interventions.

Policy area	Intervention criteria
Treating MAM	<p>WFP will focus its MAM programming on areas with high levels of global acute malnutrition (GAM). In countries, provinces or districts where GAM prevalence is at least 10 percent among children aged 6–59 months – or where it is 5–9 percent, but aggravating factors exist – WFP will work with governments to strengthen and expand programmes for treating children aged 6–59 months with MAM and reducing undernutrition among pregnant and lactating women.</p>
Preventing MAM	<p>The prevention of acute malnutrition – wasting – targets vulnerable groups who without assistance are likely to experience deteriorating nutrition status within a short time. This applies in emergency settings or when wasting increases seasonally and predictably, usually during the agricultural lean season. Programmes provide a nutritious food supplement to all young children and pregnant and lactating women who are at risk. Targeting is geographic rather than anthropometric because the objective is to prevent a predictable deterioration in nutrition status.</p> <p>This policy identifies the prevention of acute malnutrition as a major focus area for WFP. In emergency settings, WFP will play a leading role in defining nutrition responses for treating and preventing MAM, in collaboration with the nutrition and food security clusters and other clusters that contribute to better programmes.</p> <p>When requested by governments, WFP will take an active role in implementing these programmes, targeting young children aged 6–23 months – or 6–59 months in some sudden-onset emergencies – and pregnant and lactating women.</p>
Preventing chronic undernutrition	<p>WFP has worked with governments to establish programmes for preventing stunting in a few countries, but there is much scope for it to help increase the number of people reached and to advocate with more countries to prevent stunting among their most at-risk populations. These programmes typically target geographically, based on current stunting rates.</p> <p>Prevention of stunting needs to become an additional objective in all of WFP’s emergency and protracted relief operations.</p> <p>In countries, provinces, districts or communities where stunting prevalence is at least 30 percent – or at a lower threshold established in national policies – or in high-risk situations, WFP recommends that all children aged 6–23 months and all pregnant and lactating women in affected areas receive a nutritious dietary supplement to meet their required nutrient needs for optimal growth and development.</p>

<b>Policy area</b>	<b>Intervention criteria</b>
Addressing micronutrient deficiencies	<p>Activities for treating and preventing MAM and preventing chronic malnutrition are designed to provide children and pregnant and lactating women who are affected or at risk with all necessary micronutrients, in addition to required macronutrients. This excludes the children and pregnant and lactating women who are not at risk of or suffering from wasting, or who are beyond the age at which stunting can be prevented – 24 months. This group requires an adequate micronutrient intake to ensure a strong immune system, thereby preventing disease and reducing mortality.</p> <p>WFP advocates for a food-based approach to support this group.</p>



## Annex H Data on Nutrition at WFP

1. This annex presents some of the data which was used to inform the findings in the main body of the report. It is by no means exhaustive, nor is it accompanied by a detailed narrative, but rather is intended to serve as an aid to which the main report refers. The data presented here cover the following broad areas:

- a) The scale of nutrition programmes at WFP
- b) Procurement of specialised nutritious foods (SNF)
- c) Summary of findings from the comparison of changes in programme design in a sub-set of countries
- d) Nutrition staff at WFP
- e) Analysis of WFP's twitter archive as it relates to nutrition.

### The scale of nutrition programmes at WFP

2. As noted in the Inception Report, analysis of the scale of WFP's nutrition operations is hampered by the absence of sufficiently disaggregated expenditure data (the internal financial management system (WINGS<sup>136</sup>) records budgeting and expenditure at the project level, and does not allow disaggregation by specific programme type (such as nutrition)). As alternative indicators of scale of WFP's nutrition interventions, the evaluation has looked at the number of operations with nutrition programmes, and at beneficiary numbers.

3. The data problems are compounded by limitations in the way in which WFP records beneficiaries by pillar of the Nutrition Policy. In particular:

- Pillar 4: Addressing micro-nutrient deficiencies typically forms a part of all of WFP's nutrition specific interventions, and is therefore embedded within pillars 1–3.
- Pillar 5: Whilst the reporting system can pull out programmes which are *potentially* nutrition-sensitive (i.e. the large number of programmes outside of the nutrition-specific sphere, including GFD, SF, FFW, FFA and HIV/AIDS and TB beneficiaries), it has no means of identifying which ones are *actually* nutrition-sensitive (meeting the evaluation team's definition, which is that they have an explicit nutrition objective and indicator(s) – see Box 1 in the main text).
- DACOTA<sup>137</sup> data may not capture nutrition programmes that have been integrated into government safety nets (where WFP procures, distributes and monitors the nutrition component within a broader social protection programme). This sort of support to Government programmes, and strengthening nutrition governance, is considered by some to be of growing importance in WFP's future role in nutrition, but current beneficiaries measures do not adequately capture this support.

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<sup>136</sup> WINGS stands for WFP Information Network and Global System.

<sup>137</sup> DACOTA is the data collection tool for WFP reporting.

- Pregnant and lactating women: Prior to 2013, all nutrition programmes for PLW were reported into one category, meaning disaggregating them by pillar of the policy is not possible for 2010–2012.

4. Given these limitations, the analysis that follows draws on a restricted universe<sup>138</sup> which considers operations and beneficiary numbers for interventions in pillars 1-3 only. Furthermore, in instances where the evaluation team has sought to disaggregate by pillar of the Nutrition Policy, PLW are not included in the analysis, so as to make 2013 and 2014 comparable to earlier years. The pillars and beneficiary groups included are specified each time in the title of each table or graph.

5. Table H1 and Figure H1 show the total number of nutrition-specific operations has been fairly constant between 2010 and 2013. It shows that treatment of moderate malnutrition interventions<sup>139</sup> (area 1 of the Nutrition Policy) occur most frequently, and that the number of operations that address this pillar has remained fairly constant between 2010 and 2013. Relatively fewer operations are addressing prevention of acute malnutrition interventions<sup>140</sup> (area 2), and this number has also remained constant. There are significantly fewer operations involving interventions under area 3 – stunting prevention,<sup>141</sup> but this has seen some growth between 2011 and 2012. Notably, in 2010, all prevention activities were reported as “boys & girls given food under blanket supplementary feeding \*(prevention)” i.e. pillars 2 and 3 were not disaggregated.

**Table H1 Nutrition Operations targeting children under 5, by Pillar of the Nutrition Policy (2010–2014)**

Pillar of the Nutrition Policy	No. Operations in universe				
	2010	2011	2012	2013	2014
Total (universe)*	98	92	97	94	80
...of which include treatment of moderate malnutrition activities (area 1)	80	74	75	73	67
...of which include prevention of acute malnutrition activities (area 2)	39	39	44	43	37
...of which include prevention of stunting activities (area 3)		8	17	14	25

*Source:* data from DACOTA and SPRs. \* Universe is restricted universe (pillars 1-3 only, and excludes operations targeting exclusively PLW).

*Note:* A large portion of the operations will include more than one of the three pillars; for example of the total universe in 2014 (80 operations), 28 operations covered pillars 1 and 2, 12 operations covered pillars 1 and 3, and 1 operation covered pillars 2 and 3.

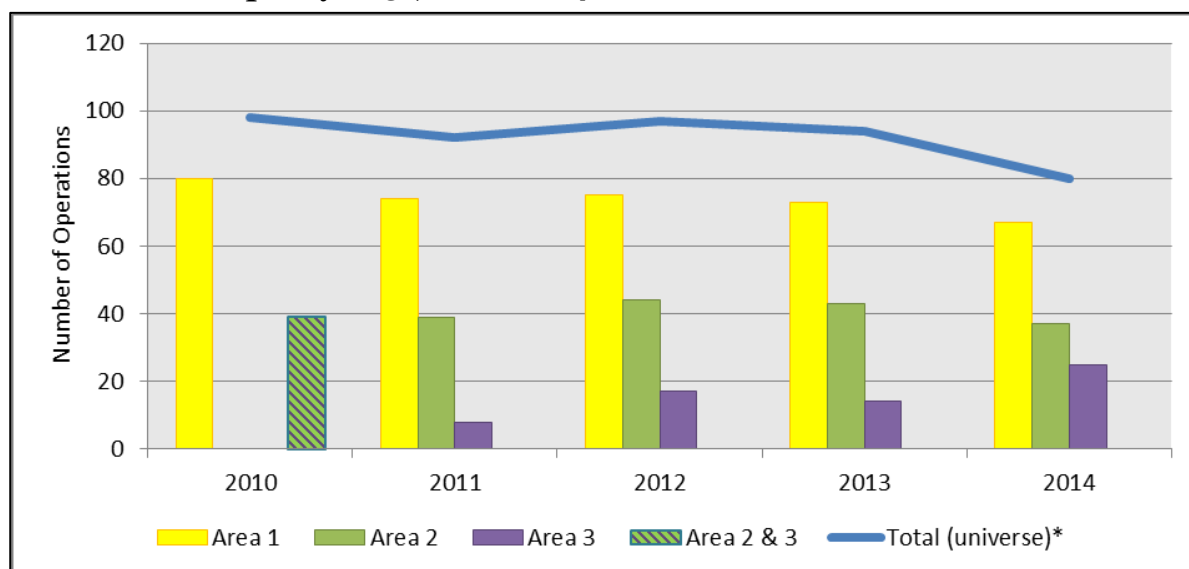
<sup>138</sup> The original full universe consisted of the 59 countries and 95 operations which had nutrition-specific components in 2013. This was later expanded to cover 2010, 2011, 2012 and 2014 for the same countries.

<sup>139</sup> That is, boys & girls 6 to 23 months given food under supplementary feeding for treatment of MAM; and/or boys & girls 24 to 59 months given food under supplementary feeding for treatment of MAM. When more than one of these occurs under a single operation, the operation is counted only once.

<sup>140</sup> That is, boys & girls 6 to 23 months given food under blanket supplementary feeding for the prevention of acute malnutrition, and/or boys & girls 24 to 59 months given food under blanket supplementary feeding for the prevention of acute malnutrition). When more than one of these occurs under a single operation, the operation is counted only once.

<sup>141</sup> That is, boys & girls 6 to 23 months given food under blanket supplementary feeding for the prevention of stunting.

**Figure H1 Number of nutrition operations targeting children under 5, by pillar of the nutrition policy (1-3), 2010-2014**



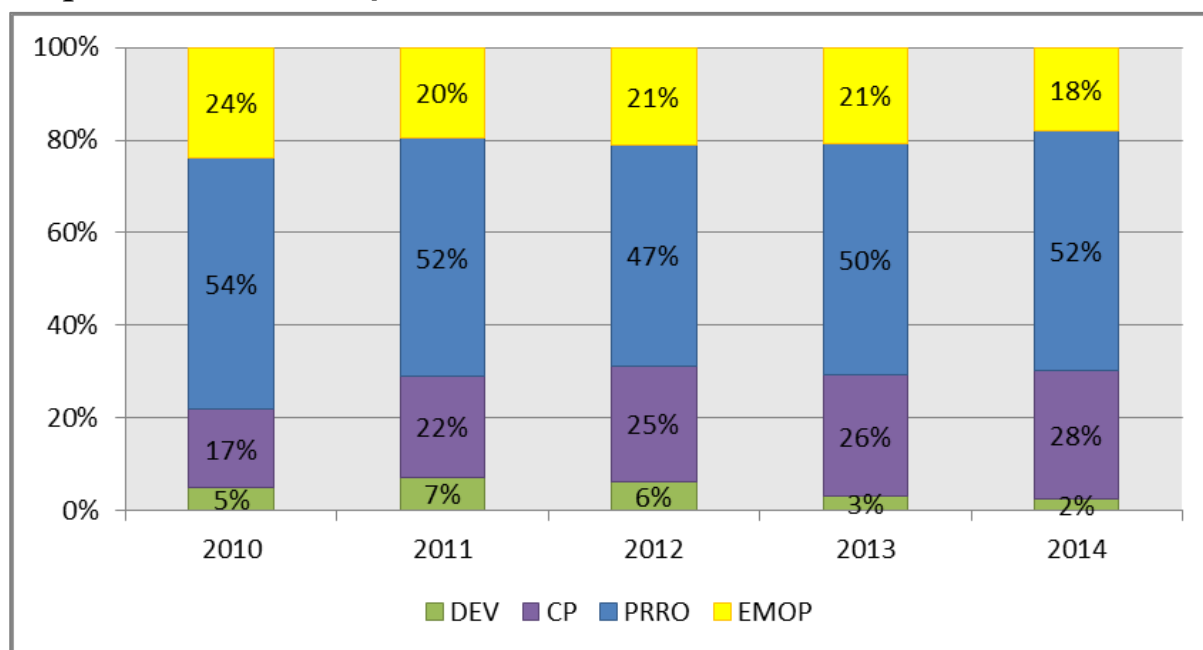
6. Table H2 and Figure H2 present a breakdown of the different types of operations that included nutrition specific components between 2010 and 2014. It shows that the majority of these programmes are delivered as part of Protracted Relief and Recovery Operations (PRROs) (which tend to be shorter in duration), but that over the period there has been growth in the importance of Country Programmes (CPs) in delivering nutrition specific interventions (CPs tend to be longer in duration).

**Table H2 Nutrition Operations targeting children under 5 and PLW, by type of operation (2010–2014)**

Type of Operation	No. Operations in universe				
	2010	2011	2012	2013	2014
Total (universe)*	101	97	99	96	83
Country Programme	17	21	25	25	23
Development Project	5	7	6	3	2
Protracted Relief and Recovery Operation	55	50	47	48	43
Emergency Operation	24	19	21	20	15

Source: data from DACOTA and SPRs. \* Full universe (pillars 1-4, PLW and under 5, hence why total number of operations exceed figures in Table H1).

**Figure H2 Nutrition Operations targeting children under 5 and PLW, by type of operation (2010–2014)**



7. Since the size of operations can vary substantially, the number of beneficiaries is a more meaningful proxy for the scale of WFP nutrition programmes than number of operations. Table H3 and Figure H3 present under-five beneficiaries for pillars 1–3 for the 2010-2014 period. Notably, it presents no clear indication of a significant scale-up of activities in these areas. Specifically:

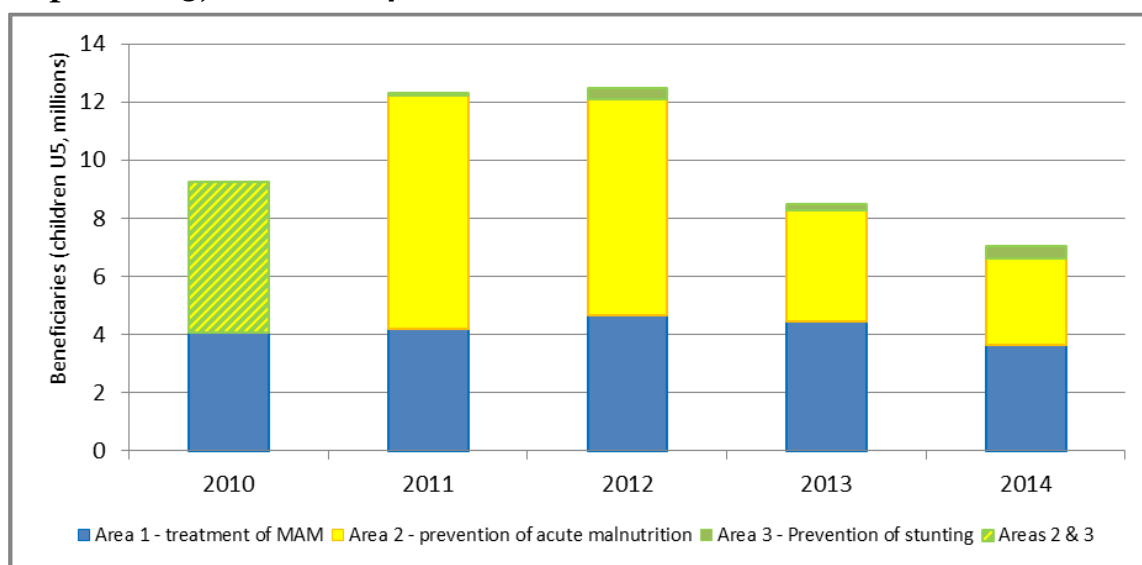
- The total number of beneficiaries under-five of nutrition-specific interventions peaked in 2012, and has fallen in the years since.
- The number of under-five beneficiaries receiving treatment for MAM has contracted by an average of 5% per year between 2011 and 2014, but remains the largest of the three pillars by a substantial margin.
- Under-five beneficiaries for prevention of stunting has grown by an average of 52% per year, albeit from a modest base.
- Under-five beneficiaries for prevention of acute malnutrition has contracted by an average of 28% per year.

**Table H3 Planned and Actual Beneficiaries (children under 5) for Nutrition Policy pillars 1-3, 2010–2014.**

Pillars	No. of beneficiaries under 5										CAGR (actual, 2011–2013)
	2010		2011		2012		2013		2014		
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
Pillar 1 - treatment of MAM	5,494,990	4,059,976	4,677,932	4,204,783	5,737,701	4,672,699	5,354,901	4,420,628	5,114,136	3,649,505	-4.6%
Pillar 2 - prevention of acute malnutrition	6,230,697	5,181,352	8,640,006	7,995,389	6,688,459	7,402,349	5,281,501	3,837,815	3,709,562	2,976,957	-28.1%
Pillar 3 - Prevention of stunting			162,769	118,441	353,504	404,236	619,464	215,578	734,477	415,243	51.9%

Source: DACOTA and SPRs

**Figure H3 Actual Beneficiaries (children under five) by Nutrition Policy pillar, for pillars 1-3, 2010 – 2014**



8. This absence of scale up is not sufficient grounds to conclude there has been a contraction in nutrition operations overall however, because of the data limitations which mean PLW and beneficiaries under pillar 5, are not included in the analysis.

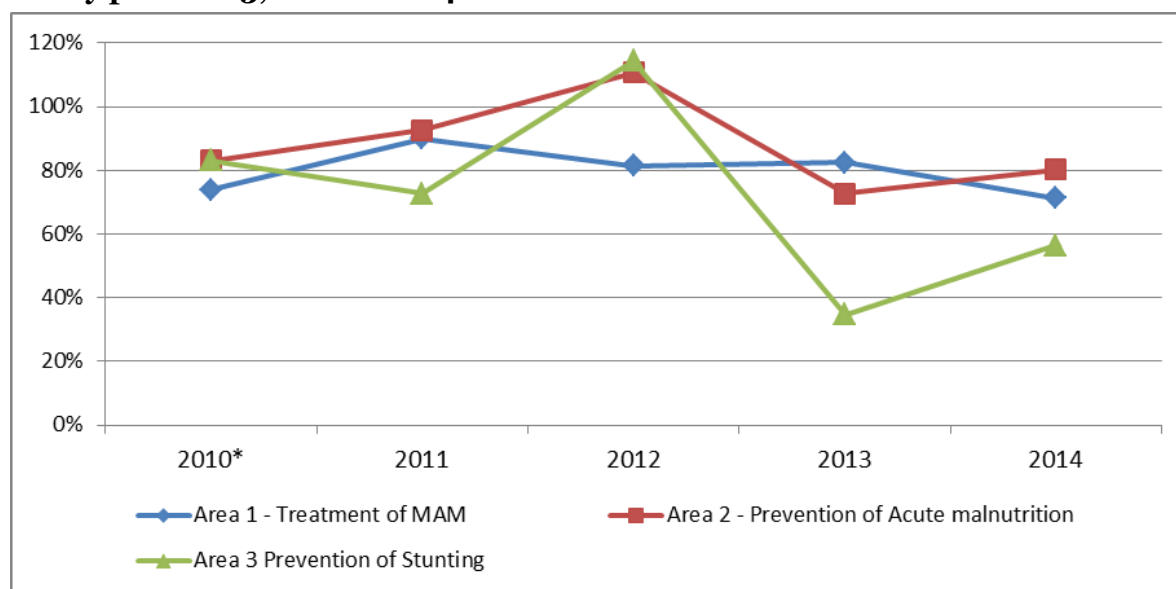
9. Data on planned beneficiaries also indicate that, on the whole, WFP's nutrition-specific interventions are not attaining the policy's' ambitions for substantial scaling up.<sup>142</sup> As demonstrated in 8, treatment of MAM has fairly consistently reached in the region of 80% of planned beneficiaries over the 2010 – 2014 period. The achievement of beneficiary targets under both prevention of acute malnutrition and stunting has been more volatile, falling to low levels in 2013, particularly in the case of the stunting prevention which reached only 35% of planned beneficiaries, and only made a partial recovery to 57% in 2014. Overall, whilst the number of beneficiaries receiving support to the prevention of stunting may have grown significantly over the 2010–2014 period,

<sup>142</sup> The exception being 2012, when both prevention activities slightly exceeded planned beneficiary targets.

this growth has not been commensurate with the ambitions of WFP’s stunting programmes. As discussed in the main text (see ¶149) this seems to reflect funding constraints: whilst WFP operations are fairly typically underfunded, prevention activities in particular struggle to attract donor resources.

10. Notably, whilst WFP’s ambitions around stunting prevention are clear in the consistent growth in planned beneficiaries every year since 2011, by contrast the planned beneficiaries for prevention of acute malnutrition have fallen consistently over that period, although they continue to dwarf stunting prevention targets (see Table H3).

**Figure H4 Actual Beneficiaries as a Percentage of Planned, for Nutrition Policy pillars 1-3, 2010 – 2014**



Source: DACOTA and SPRs.

Note: in 2010 reporting for area 2 and area 3, so it was not possible to disaggregate achievement rate, and it is therefore assumed to be 83% for both.

11. Table H4 and Figure H5 present disaggregated beneficiaries (children under 5 and PLW) of nutrition-specific interventions, by operation type, between 2010 and 2014. It reveals that a growing proportion of beneficiaries are reached through PRROs (69% in 2014, compared to 49% in 2010).

12. At the same time, the proportion reached through EMOPs has fallen steadily (from 49% in 2010 to 20% in 2014). To assess whether this is a trend peculiar to nutrition operations or characteristic of WFP operations more generally, one must consider what has happened to the profile of WFP operations more broadly. DACOTA data indicate that in 2010, 44% of WFP’s beneficiaries were reached through EMOPs, falling steadily to 27% in 2013, but increasing again to 36% in 2014 (O).<sup>143</sup> It would therefore appear that the contraction in nutrition-specific beneficiaries under EMOPs is part of a broader trend facing WFP. This is not so much linked with fewer emergencies but a changing profile of emergencies; during the 2010–2012 period, WFP was responding to emergencies including the Horn of Africa crisis, where nutrition-specific responses were vital. Latter years have been marked by crises such as Syria, wherein very challenging operating environments have resulted in higher

<sup>143</sup> Note, As DACOTA data are collected at the project level, there is potential for double-counting of beneficiaries.

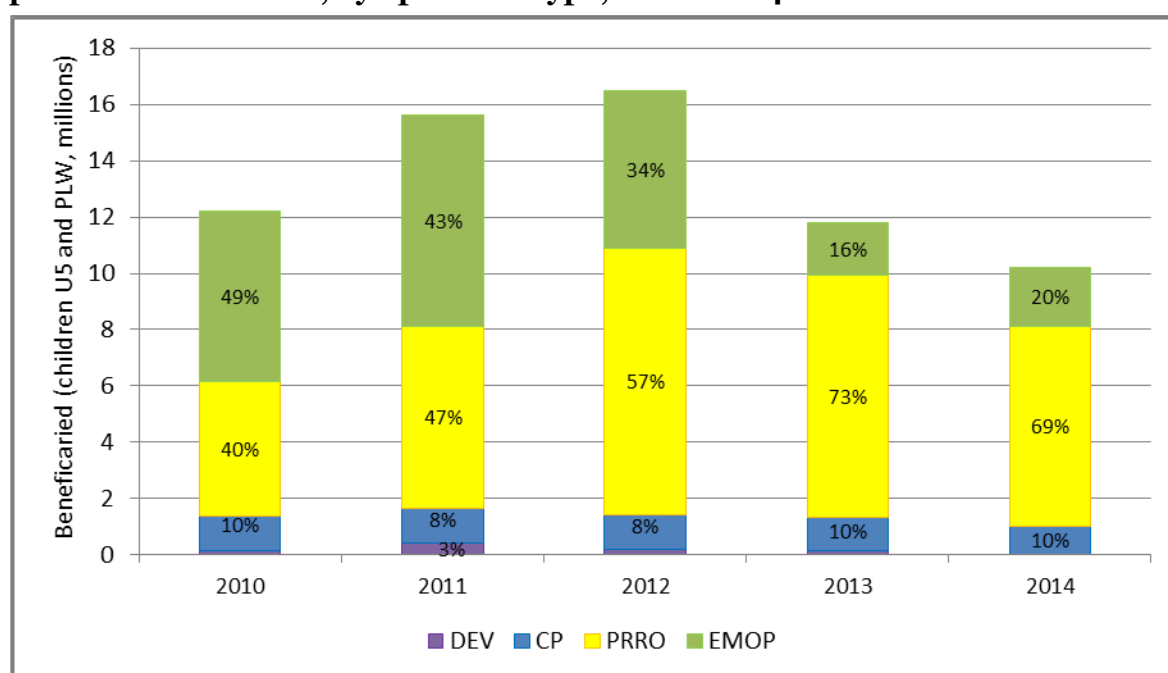
costs,<sup>144</sup> and whilst WFP’s response in such crises may not have large nutrition-specific components, nutrition has been incorporated into GFD, which isn’t captured in Figure H5 (OSN).

**Table H4 Actual Beneficiaries (children under five and PLW) for all nutrition specific interventions, by operation type, 2010–2014**

Pillar	No. of beneficiaries (actual)				
	2010	2011	2012	2013	2014
CP	1,223,861	1,258,699	1,235,466	1,219,953	1,032,402
DEV	158,584	406,259	194,240	133,893	116,830
PRRO	4,796,449	6,468,573	9,466,600	8,589,350	7,075,346
EMOP	6,009,182	7,466,706	5,583,524	1,851,178	2,098,773
Total	12,188,076	15,600,237	16,479,830	11,794,374	10,323,351

Source: DACOTA and SPRs

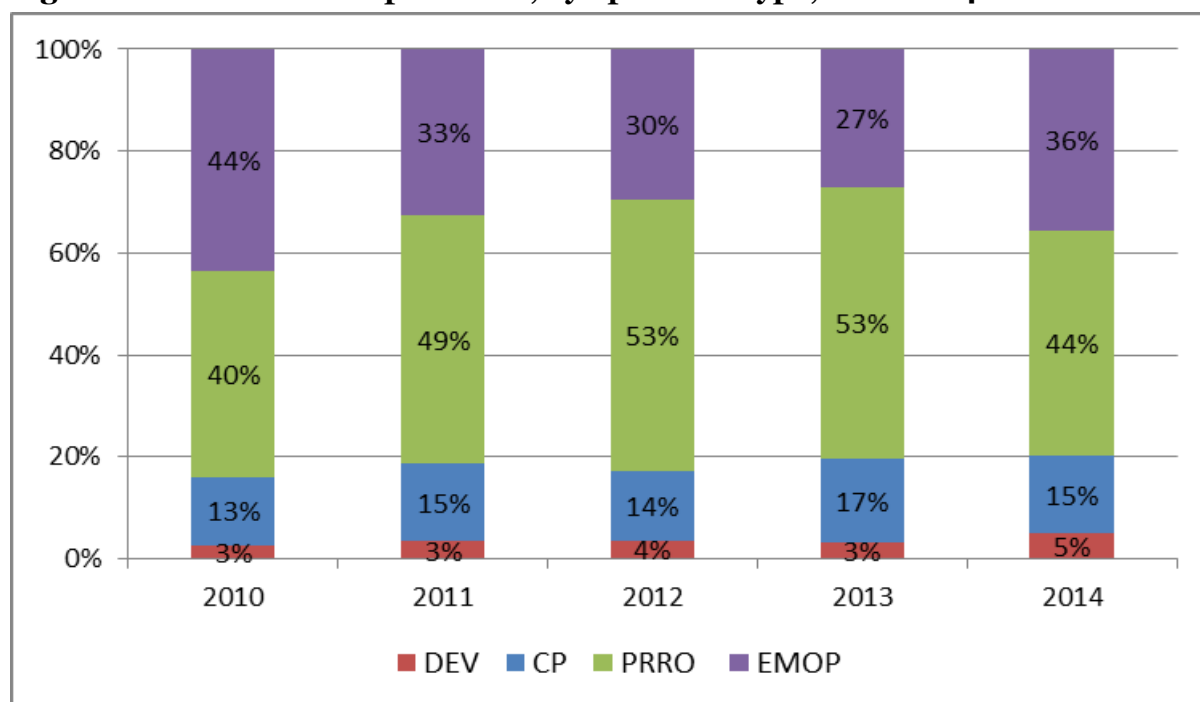
**Figure H5 Beneficiaries (children under five and PLW) for all nutrition specific interventions, by operation type, 2010–2014**



Source: DACOTA and SPRs

<sup>144</sup> Despite a contraction in the number of beneficiaries reached by EMOPs between 2010 and 2012, direct expenditures on emergencies over the same period have grown by 30% (from US\$1.66 billion to US\$2.16 billion) (WFP 2013u, WFP 2014w).

**Figure H6 WFP-wide operations, by operation type, 2011-2014**



Source: DACOTA and SPRs

13. Table H5 indicates that, overall, nutrition-specific interventions delivered as part of a PRRO or EMOP tend to achieve a higher percentage of planned beneficiary numbers (around 80%), compared to those delivered as part of a CP or DEV (around 60%). This is related to a funding challenge WFP generally faces, being perceived by some donors to be a humanitarian organisation and as such it struggles to win longer-term funding for CPs and DEVs. Indeed for WFP operations overall, PRROs and EMOPs tend to reach a higher percentage of planned beneficiaries than CPs or DEVs do (see Table H6). However, the gap between planned and actual beneficiaries for nutrition interventions under CPs and DEVs is wider than for all CP and DEV beneficiaries overall, suggesting that challenges around longer-term funding are particularly pronounced for nutrition interventions, such as those that address stunting or support national nutrition programmes.

**Table H5 Planned and Actual Beneficiaries (children under five and PLW) for all nutrition specific interventions, by operation type, total 2010–2014**

Pillar	No. of beneficiaries 2010-2014		
	Planned	Actual	% achieved
CP	9,550,710	5,970,381	62.5%
DEV	1,545,280	1,009,806	65.3%
PRRO	44,860,417	36,396,318	81.1%
EMOP	28,522,756	23,009,363	80.7%

Source: DACOTA and SPRs



**Table H6 WFP-wide Planned and Actual Beneficiaries, by operation type, total 2010–2014**

Pillar	No. of beneficiaries 2010-2014		
	Planned	Actual	% achieved
CP	88,995,697	74,603,381	83.8%
DEV	20,289,275	17,583,962	86.7%
PRRO	258,091,919	242,001,263	93.8%
EMOP	176,817,319	173,079,527	97.9%

Source: DACOTA and SPRs<sup>145</sup>

14. Table H7 presents beneficiaries disaggregated by gender and operation type. It indicates that WFP's nutrition-specific operations across the spectrum are reaching more females than males. This is not surprising, since, in addition to under 5s (male and female, in similar numbers), PLW are a key beneficiary group.

**Table H7 Gender Disaggregated Beneficiaries (children under five and PLW) for all nutrition specific interventions, by operation type, total 2010–2014**

Pillar	No. of beneficiaries 2010-2014 (Actual)				
	Male U5	Female U5	PLW	% male	% female
CP	2,011,946	2,102,206	1,856,229	34%	66%
DEV	429,660	425,467	154,679	43%	57%
PRRO	13,008,116	13,260,436	10,127,766	36%	64%
EMOP	9,137,268	9,662,486	4,209,609	40%	60%
<b>Total</b>	<b>24,586,990</b>	<b>25,450,595</b>	<b>16,348,283</b>	<b>37%</b>	<b>63%</b>

15. Table H8 indicates that between 2010 and 2014, the percentage of female beneficiaries in nutrition specific operations has been fairly stable at between 61-65%.

**Table H8 Gender breakdown of beneficiaries (children under five and PLW) for all nutrition specific interventions, 2010–2014**

	2010	2011	2012	2013	2014
% female	64	61	62	64	65
% male	36	39	38	36	35

### Specialised Nutritious Foods

16. Table H9 and Figure H7 show total tonnage of food and SNFs procured per year. It indicates that the volume of SNFs procured decreased between 2011 and 2013, but rose again in 2014. SNFs represent in the region of 10% of total food procured (by tonnage).

17. Figure H8 shows that the composition of the SNF basket being procured by WFP has also been changing. Notably there has been a shift from Fortified Blended Foods (FBF) to FBF+ (particularly Super Cereal CSB+ and CSB+ with Sugar) along with the increasing procurement of FBF++ (including CSB++) and Ready-to Use Supplementary Foods (RUSF).

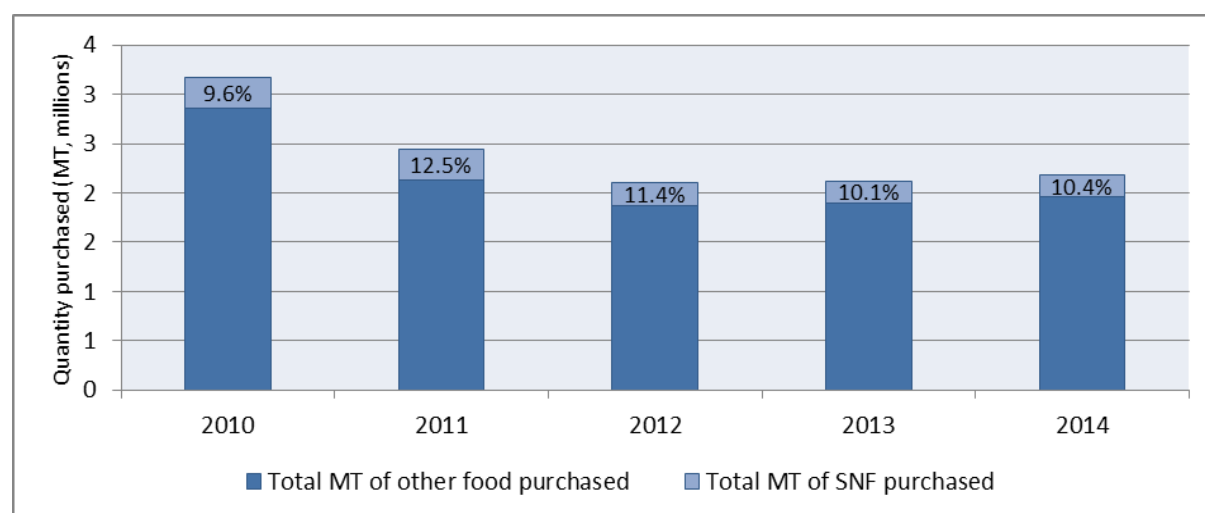
<sup>145</sup> Note, given that DACOTA data are collected at the project level, there is potential for double-counting of beneficiaries.

**Table H9 Total MT of food and Specialized Nutritious Foods procured by year (2010 – 2014)**

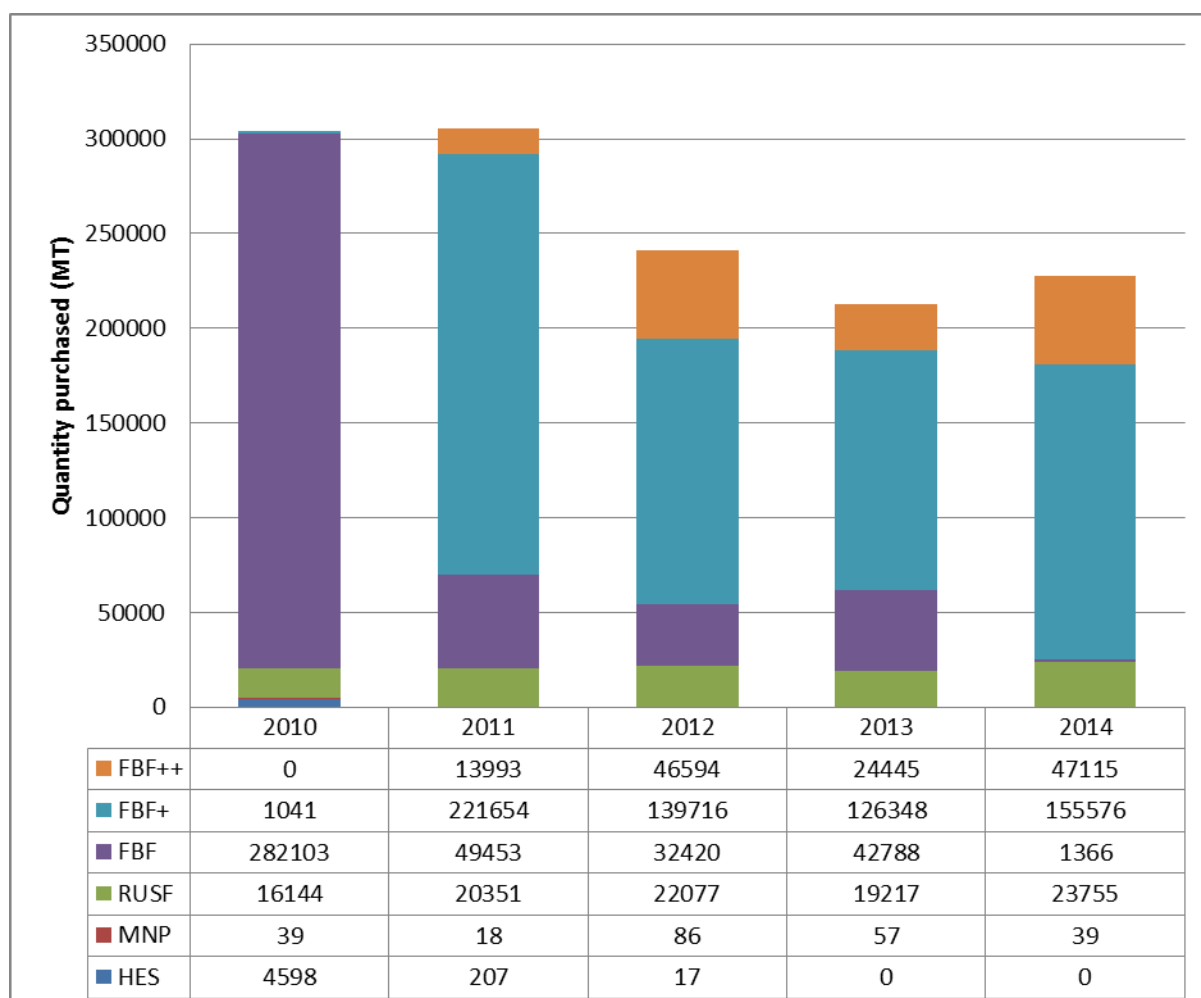
Pillar	2010	2011	2012	2013	2014
Total MT of other food purchased	2,862,395	2,132,591	1,865,375	1,901,983	1,958,053
Total MT of SNF purchased	303,925	305,676	240,910	212,856	227,851
Total MT of food purchased	3,166,320	2,438,267	2,106,285	2,114,839	2,185,904

Source: data from WFP procurement unit

**Figure H7 Total MT of food and Specialized Nutritious Foods procured by year, 2010–2014**



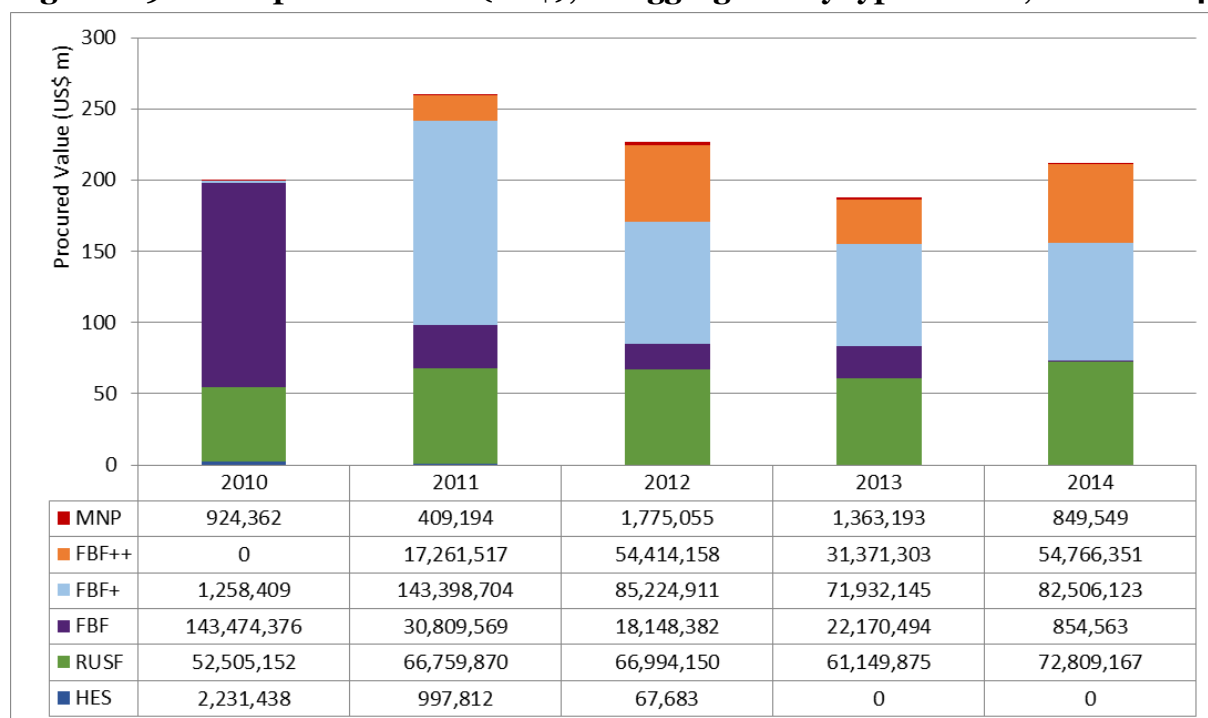
**Figure H8 Procurement of SNFs and FBF, disaggregated by type of food, 2010–2014**



Source: data from WFP procurement unit.

18. Data on the value of SNF procurements (Figure H9) shows similar trends to MT data, although RUSF account for a much larger share of SNFs by value than by MT.

**Figure H9 SNF procurement (US\$), disaggregated by type of food, 2010–2014**



Source: WFP procurement unit

### Comparison of changes in programme design in a sub-set of countries

19. Programme information for 38 operations in a sub-set of 15 countries<sup>146</sup> was examined to understand how the policy influenced programme design, drawing from project documents, SPRs, and documentation from the Programme Review Committee (in particular comments on project documents), to see if and how the Nutrition Policy is being reflected in programme design through that particular mechanism.

20. This element drew on the consultants' previous experience with the WFP school feeding policy evaluation, but the exercise in this case did not yield such clear "before and after policy" comparisons. This is a finding in itself, and evidence of the nature of the policy (which reflected not so much a step change for WFP practice, but more a consolidation of thinking and shifting practice which led up to the policy). By contrast, the school feeding policy involved more clearly innovative approaches (e.g. around school feeding as a safety net, home grown school feeding, and support to nation school feeding policies) which appeared more clearly as new elements (or at least a new vocabulary) in the more recent programming documents examined for that evaluation.

21. For the present evaluation, the most revealing documents were the records of Programme Review Committee (PRC) discussion and comments, which did clearly show – but in qualitative terms – the permeation of nutrition policy concepts in the formulation and approval of operations. Some specific examples:

- In Bangladesh, the PRC was supportive of the combination of prevention and treatment interventions but questioned the choice of targeting areas with high GAM rates and not considering stunting. The comments also

<sup>146</sup> The five desk study countries plus Bolivia, DRC, Guinea Bissau, Indonesia, Iraq, Nepal, Pakistan, Syria, Uganda, and Yemen.

discussed the lack of current evidence around the minimum duration of feeding needed to prevent stunting and the concern that the proposed 4 months may be too short to show impact.

- In Burkina Faso, the PRC recommended to include a nutrition indicator in school feeding, the suggested indicator being iron-deficiency anaemia and identified community level nutrition education as a key element to address chronic malnutrition. It further noted that the PRRO does not aim to address prevention of stunting and micronutrient deficiencies in 2013, but suggests that the CO should explore what WFP's role should be in this respect and work on advocacy and influencing national policy work during this time.
- In Lesotho, the PRC sought clarification on the rationale for the MAM treatment programme given the low GAM rates.

22. As with other aspects of nutrition programming reviewed, the portfolio analysis doesn't reveal any significant shifts or step changes in the assessments made to inform nutrition interventions. WFP does systematically refer to analyses and assessments in setting out the justification for its operations in its project documents; it has done this from the beginning of our reference period for the review (2010), and continues to do so in 2013. In particular joint assessment missions (JAMs) with other UN agencies, and food security /nutrition assessments (often join with Government, and/or other UN agencies) are common place. References to academic / independent research were much less frequent, but those that were cited tended to be so in later years (2012, and 2013), but not to a degree of frequency that could be called significant trend.

### **Nutrition Staffing in WFP**

23. Table H10 and Figure H10 show that WFP has employed a growing number of international nutrition staff since 2010. Most of this growth has come at more junior levels (P2 and P3 posts<sup>147</sup>). Note, this data is for international staff only; data for national staff was not available at the time of writing, however OSN estimated that WFP has more than 70 national nutrition staff and more than 20 international consultants working in nutrition. Furthermore, there are a further 24 international staff with nutrition/public health qualifications – largely past WFP nutritionists – who are currently working in non-nutrition posts with WFP.

24. Table H11 and Figure H11 show that the majority of the growth in international nutritionist posts has been at the country office level, with some growth also in the regional bureaus. The total number of international nutritionists in HQ hasn't changed since 2010.

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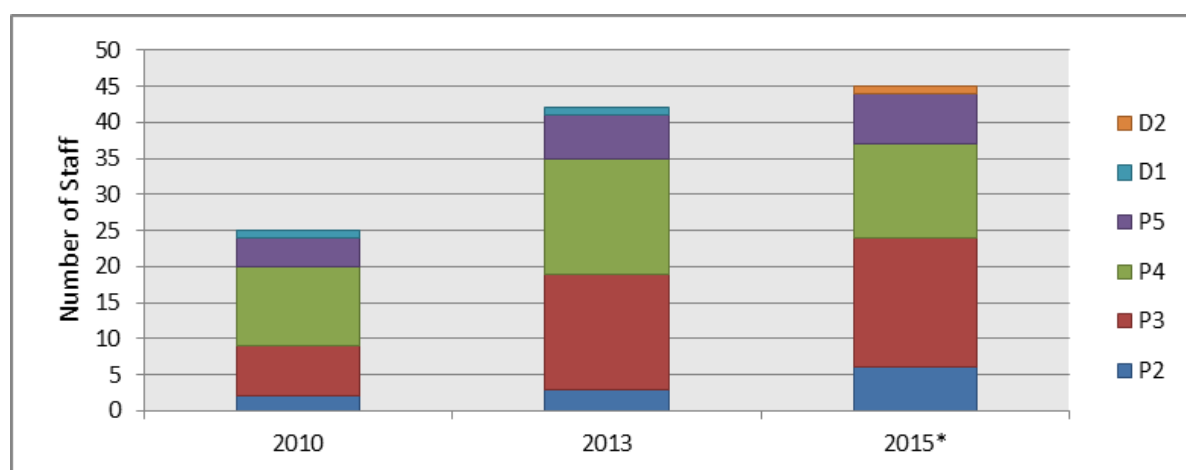
<sup>147</sup> Existing nutrition officer grades, in ascending order, are: National Officer A /P1, NOB/P2, NOC/P3, P4, P5, D1, D2.

**Table H10 International Nutrition Staff working with WFP in Nutrition Posts, by grade (2010–2015)**

Grade	No. of International Staff working with WFP in Nutrition Posts		
	2010	2013	2015*
D2	0	0	1
D1	1	1	0
P5	4	6	7
P4	11	16	13
P3	7	16	18
P2	2	3	6
<b>Total</b>	<b>25</b>	<b>42</b>	<b>45</b>

Source: OSN. \*As of February 2015.

**Figure H10 International Nutrition Staff working with WFP in Nutrition Posts, by grade (2010–2015)**



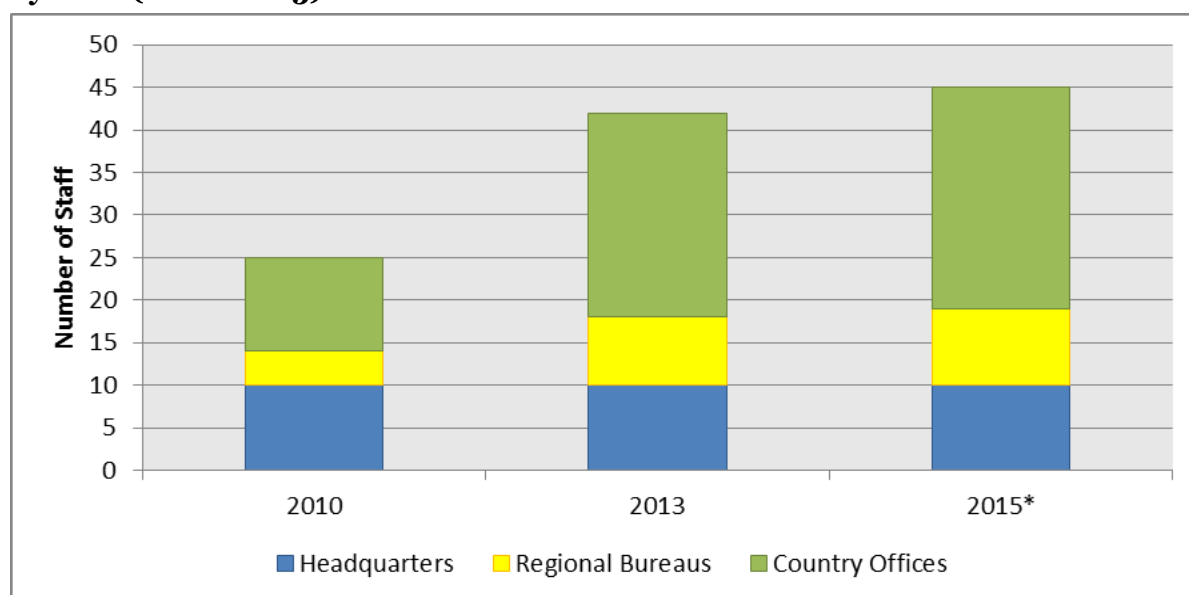
Source: OSN. \*As of February 2015.

**Table H11 International Nutrition Staff working with WFP in Nutrition Posts, by level (2010–2015)**

Level	No. of International Staff working with WFP in Nutrition Posts		
	2010	2013	2015*
Headquarters	10	10	10
Regional Bureaus	4	8	9
Country Offices	11	24	26
<b>total</b>	<b>25</b>	<b>42</b>	<b>45</b>

Source: OSN. \*as of February 2015.

**Figure H11 International Nutrition Staff working with WFP in Nutrition Posts, by level (2010–2015)**



Source: OSN. \*As of February 2015.

## Twitter analysis

25. The evaluation team analysed the 16,588 tweets published on the main WFP twitter account (@WFP handle), since the account was opened (31<sup>st</sup> March 2009) until 8<sup>th</sup> April 2015. It is noted that without taking into account other Twitter accounts under the WFP umbrella, e.g @WFP\_Health, @WFPLogistics, @WFP\_P4P (Purchase 4 Progress), this analysis may not give a full picture of how WFP's partnerships on nutrition is represented/ presented on Twitter, however as WFP's primary account, it does give a partial indication.

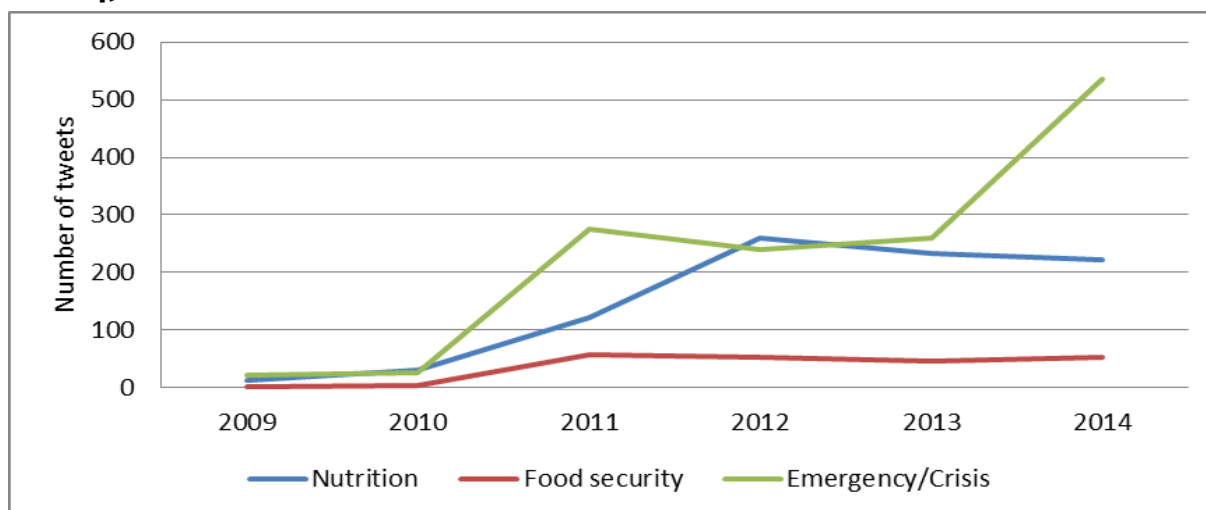
26. Table H12 shows that the number of tweets related to nutrition has increased markedly over that period. The other topics provide a benchmark; WFP is seen to tweet a lot more about nutrition than food security, but emergencies remain a primary theme (however up to April in 2015 tweets about nutrition exceeded those about emergencies).

**Table H12 Tweets related to Nutrition, compared to other general topics (2009 – 2015)**

Topic	Number of tweets						
	2009	2010	2011	2012	2013	2014	2015*
Nutrition	14	30	120	260	134	222	41
Food security	1	4	34	49	36	33	8
Emergencies	22	27	276	241	260	535	22

Source: twitter archive for @WFP. \*Up to 08.04.15

**Figure H12 Tweets related to Nutrition, compared to other general topics (2009 – 2014)**



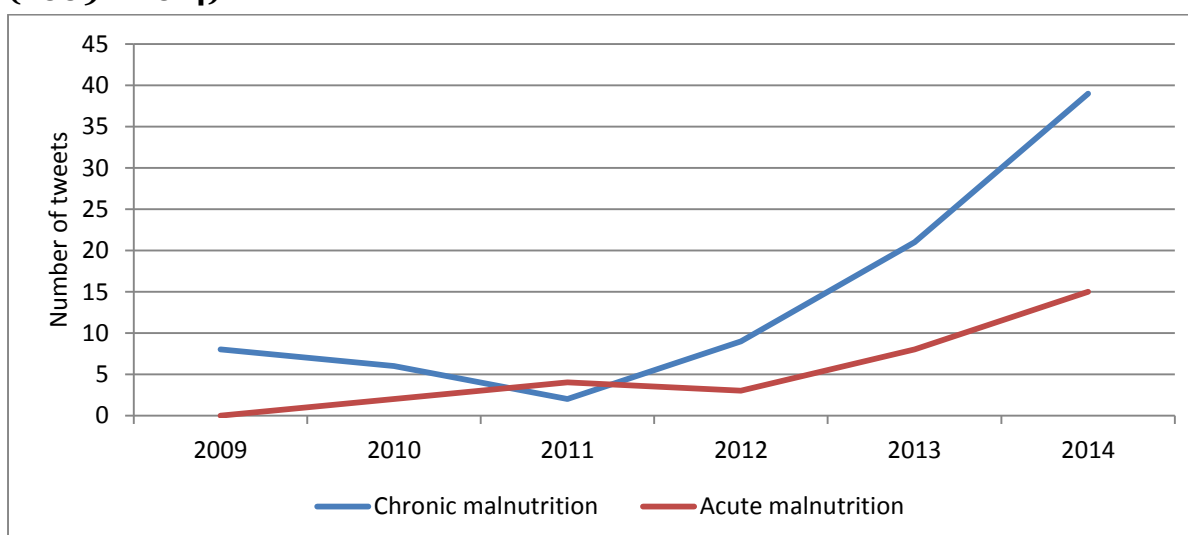
27. Table H13 and Figure H13 show that the language used around nutrition has also changed, with significant growth in the number of tweets concerning chronic and acute malnutrition.

**Table H13 Tweets related to chronic and acute malnutrition (2009–2015)**

Topic	Number of tweets						
	2009	2010	2011	2012	2013	2014	2015*
Chronic malnutrition	8	6	2	9	21	39	8
Acute malnutrition	0	2	4	3	8	15	0

Source: twitter archive for @WFP. \*Up to 08.04.15. Chronic malnutrition tweets including: stunted, stunting, chronic. Acute malnutrition tweets including: wasting, wasted, acute.

**Figure H13 Tweets about chronic and acute malnutrition (2009 – 2014)**



28. Table H14 and Figure H14 show that tweets about gender and nutrition have increased over the period, but peaked in 2012. Tweets about school feeding and



nutrition have also increased, peaking in 2013. WFP only began tweeting about obesity recently (2013 and 2014), and in modest quantities.

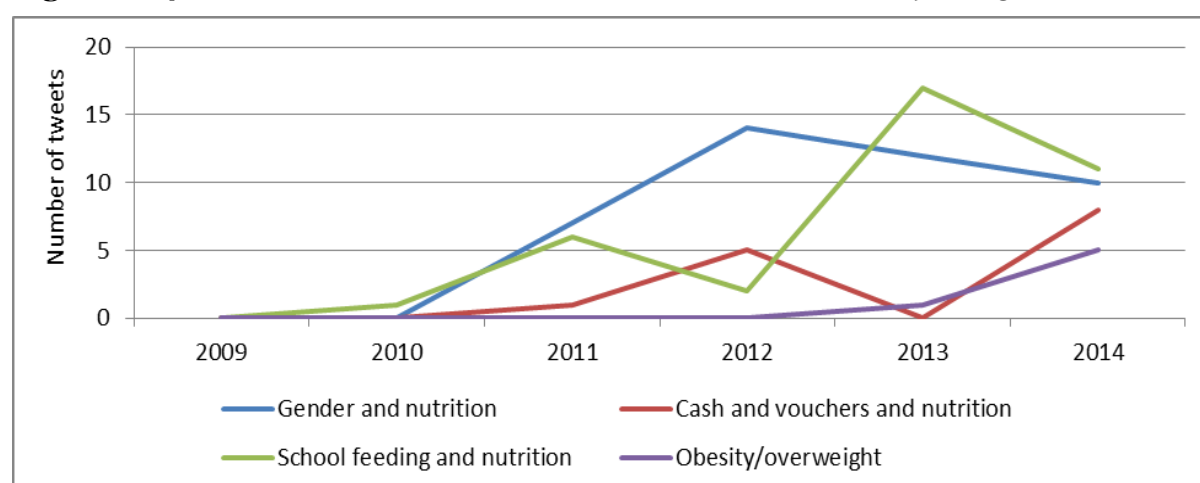
29. Although WFP has tweeted about the Scaling Up Nutrition movement (SUN), a significant number of times since the movement was launched in 2011 (peaking in 2012, see Table H15 and Figure H15), other international nutrition partnerships are absent from the archive, in particular no references to REACH were identified.

**Table H14 Tweets about nutrition with other themes (2009-2015)**

Topic	Number of tweets						
	2009	2010	2011	2012	2013	2014	2015*
Gender and nutrition	0	0	7	14	12	10	2
Cash and vouchers and nutrition	0	0	1	5	0	8	0
School feeding and nutrition	0	1	6	2	17	11	5
Obesity/overweight	0	0	0	0	1	5	0

Source: twitter archive for @WFP. \*Up to 08.04.15. Gender tweets including women and nutrition, girls and nutrition, boys and nutrition, gender and nutrition.

**Figure H14 Tweets about nutrition with other themes (2009-2015)**

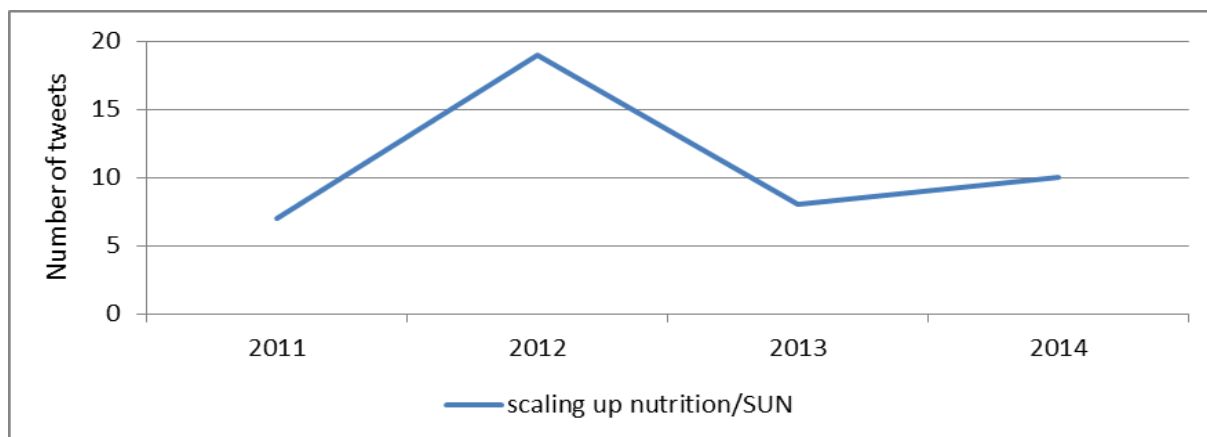


**Table H15 Tweets about the Scaling Up Nutrition Movement (2011-2014)**

Topic	Number of tweets			
	2011	2012	2013	2014
SUN	7	19	8	10

Source: twitter archive for @WFP. SUN tweets include references to SUN and scaling up nutrition.

**Figure H15 Tweets about the Scaling Up Nutrition Movement (2011-2014)**



## Annex I      The Nutrition Capacity Strengthening Plan (NCSP)

### Background

1. A main purpose of the NP follow-up (WFP 2012h), was to supply more detail on plans for policy implementation and their costs. It argued that most of the NP's implications would be addressed by targeting and reallocation of existing resources, but also identified specific, one-off budgetary requirements as summarised in Box I1 below. These specific activities were mostly grouped under the Nutrition Capacity Strengthening Plan (NCSP), which was supported by several donors (principally Canada) through a trust fund held by the nutrition programme unit (OSZAN, now OSN).

### Box I1      Proposed funding for Nutrition Policy Implementation

To implement the nutrition policy, WFP will have to make one-off extra-budgetary investments to:

- enhance frameworks for partnerships and national capacity development in nutrition;
- enhance staff skills in nutrition at various levels through targeted tools, improved design guidance, training, communication and advocacy;
- improve nutrition situation analysis to assess the availability, accessibility and utilization of nutrient-rich foods among young children and women by incorporating these issues in assessments;
- make delivery mechanisms faster and more reliable, for example through forward purchasing and continued emphasis on local and regional procurement; and
- improve monitoring and evaluation capacities and carry out research and cost-effectiveness studies.

To implement these improvements over a five-year period, WFP estimates the need for an additional US\$15 million in extra-budgetary support.

Source: WFP 2012h, ¶7-8.

### Overview of NCSP

2. The NCSP is considered to be a central mechanism supporting roll out of WFP's nutrition policy.<sup>148</sup> It was presented to the Executive Board in the June 2012 session, as part of a requested update to WFP's Nutrition Policy which noted that to implement the nutrition policy, WFP would have to make a series of investments in improving partnerships, enhancing staff skills, improving nutrition situation analyses, making delivery mechanisms faster and more reliable, and strengthening M&E capacities (WFP 2012h).

3. Responding to this, the NCSP aims to build WFP's nutrition capacity in the five core areas<sup>149</sup> detailed in Table I5 at the end of this annex, and to support key programmatic learning. The NCSP was developed while the policy document was being drafted, with the understanding that if the policy was to be carried out, there needed to be a capacity building plan ready too; accordingly the core NCSP areas

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<sup>148</sup> It was not, however, envisaged to be the only mechanism for supporting the roll out; and some key functions (e.g. around advocacy, or support to HIV and nutrition) were financed outside of the NCSP.

<sup>149</sup> The areas of the NCSP are distinct from the areas/pillars of the Nutrition Policy. For clarity, the former are referred to as "NCSP areas" in this report.

respond closely to the principles and operating procedures set out in the policy, as detailed in Table I5.

4. Once additional funding from Canada became available in 2012, the NCSP was expanded to include demonstration models in core nutrition countries,<sup>150</sup> and to date, nearly three fifths (59%) of the budget has been allocated to demonstration models in 7 countries, plus the South Sudan capacity project<sup>151</sup> (see Table I4). The objective behind the demonstration models was to channel resources to country level operations and to share innovations. Recipient COs were selected on the basis of funding gap, commitment, and donors and WFP priorities, with some common themes running across the projects to facilitate cross-country learning (e.g. local production).

5. Implementation of the NCSP project in 2012 was delayed due in part to changes in staffing of the nutrition unit in WFP. Implementation in 2013 was reportedly much improved, but by the end of the year most of the country demonstration models were only in initial implementation stages, so the project was extended to the end of December 2015 in order to provide more time for greater implementation.

6. During the course of evaluation interviews, some concerns were voiced as to how the outputs of the NCSP, particularly the capacity-building and country demonstration models, will be sustained after that NCSP funding draws to a close (at least for long enough to enable nutrition improvements to be measured.) Also, some internal stakeholders felt the funding for the demonstration models had, contrary to initial expectations, been spread too thinly across too many countries to demonstrate substantial tangible results (cf. the discussion of WFP operational research in Annex J).

### **Overview of Trust Fund and flow of funds**

7. The NCSP funds are held in a separate trust fund, which was initially established in July 2011 for the management of funds provided by the Micronutrient Initiative (MI) specifically, but was expanded into a multi-donor trust fund in July 2013, after a number of other donors provided funding. Donors are able to earmark their funding to specific NSCP areas or country demonstration models in the NCSP.

8. The five years of implementation of the NCSP (2012–2016) was costed at US\$65 million (US\$15 million for the five pillars and US\$50 million for demonstration models in core countries). As of the end of December 2014, total commitments towards the trust fund from all sources amounted to approximately US\$32 million, 49% of the planned budget. Table I1 and Figure I1 below show a breakdown of total contributions to date.

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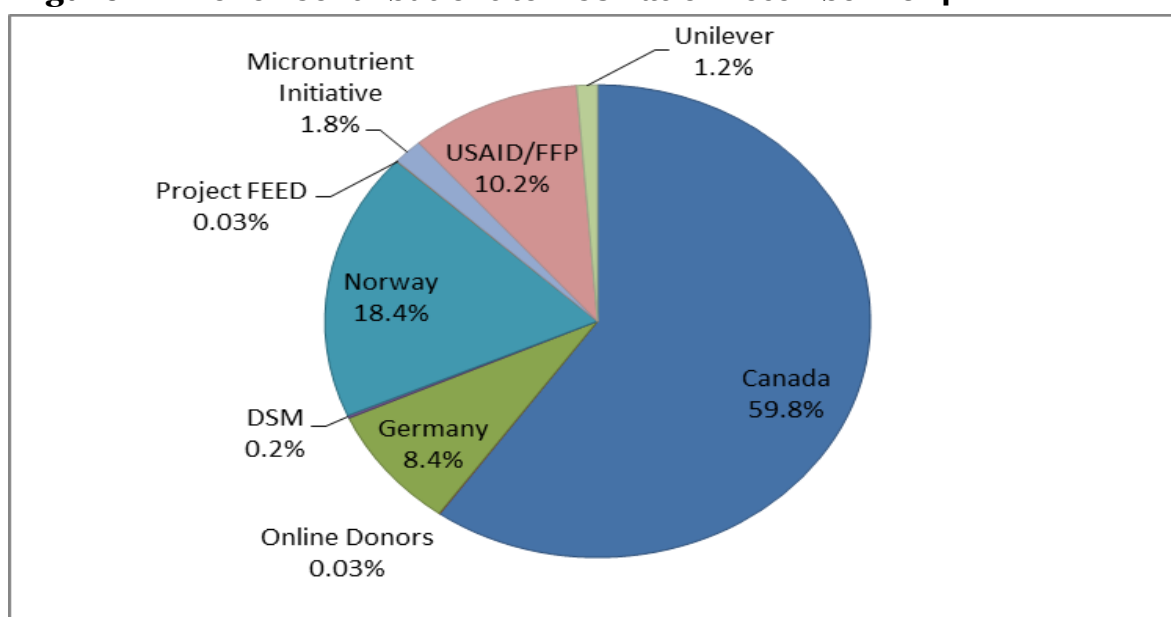
<sup>150</sup> Currently, country demonstrations are under way in Guatemala, Kenya, Niger, Sudan, Uganda, Madagascar, and Laos.

<sup>151</sup> Unlike the other countries, South Sudan is not a demonstration model, it is a nutrition capacity building project. It's undertaken jointly with UNICEF, the national government and other partners.

**Table I1 Donor Contributions to NCSP as of December 2014**

Donor	Contribution as of Dec 2014 (US\$)
Canada	\$15,424,420.59
DSM	\$48,024.62
Germany	\$2,167,700.55
Micronutrient Initiative	\$453,271.03
Norway	\$4,734,377.15
Online Donors	\$8,152.34
Project FEED	\$8,423.55
Unilever	\$316,822.29
USAID/FFP	\$2,616,822.43

Source: WFP 2014v

**Figure I1 Donor Contributions to NCSP as of December 2014**

Source: WFP 2014v

9. Activities under the five pillars are coordinated from HQ (OSN). However in an effort to align with the WFP Fit for Purpose exercise, funding for RB and CO capacity development and for the nutrition demonstration models has been channelled through and allocated by RBs. By the end of 2014, 61% and 12% of the funding had been channelled to COs and RBs respectively (see Table I2 and Figure I2).

10. By the end of 2014, the total committed budget for the NCSP stood at US\$30.98m. Nearly two thirds (59%) of this has been allocated to the nutrition demonstration models in 7 countries, and the South Sudan capacity project (see Table I4). Regarding the five pillars of policy roll-out activities controlled by WFP HQ, the largest amount went to global M&E and evidence building (US\$5.2m), followed by investments in corporate knowledge and technical skill sets on nutrition (US\$2.7m). Relatively minor amounts (<US\$ 1m) had been committed to the other pillars. A

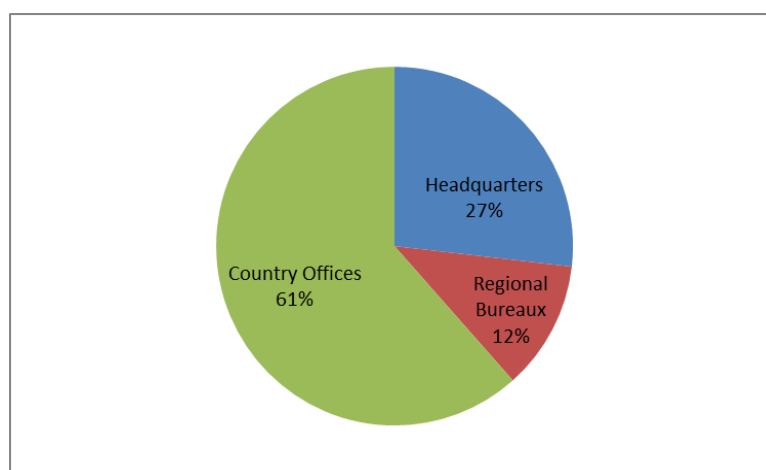
significant portion of funding was also channelled to regional bureaus, to support capacity development in RBs and COs (US\$3m).

**Table I2 NCSP funding to HQ, RB and COs**

Donor	NCSP funds allocated as of Dec 2014
Headquarters	\$6,914,132.70
Regional Bureaux	\$3,000,000.00
Country Offices	\$15,863,881.85

Source: data from OSN

**Figure I2 NCSP funding to HQ, RB and COs**



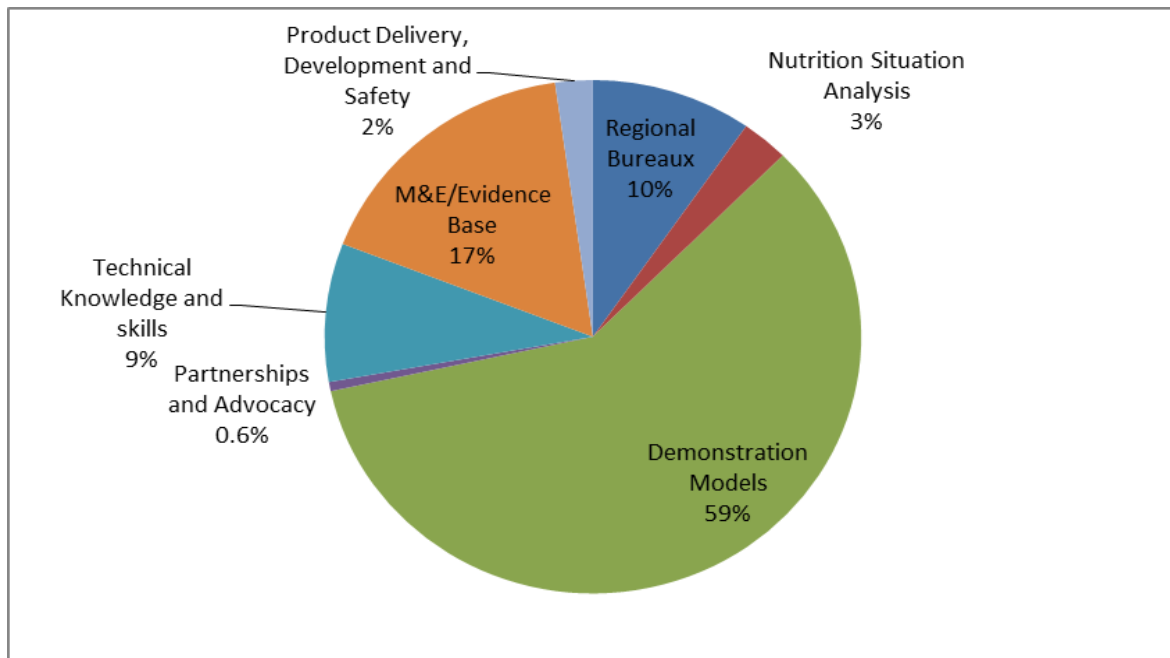
Source: WFP 2014v

**Table I3 Committed budget of the NCSP as of December 2014**

Activity	Committed budget as of Dec 2014 (US\$)
Regional Bureaux	\$3,000,000
Nutrition Situation Analysis	\$880,000
Demonstration Models	\$18,300,000
Partnerships and Advocacy	\$180,000
Technical Knowledge and skills	\$2,700,000
M&E/Evidence Base	\$5,220,000
Product Delivery, Development and Safety	\$700,000
<b>Total</b>	<b>\$30,980,000</b>

Source: data from OSN

**Table I4 Committed budget of the NCSP as of December 2014**



Source: data from OSN

**Table I5 NCSP areas of activity and alignment with the Nutrition Policy**

	<b>NCSP Area</b>	<b>Alignment with WFP Nutrition Policy</b>
<b>Building Nutrition capacity</b>	<b>1. Partnerships and advocacy:</b> supporting WFP’s value added as the thought leader surrounding strategies for improved access to nutrients for vulnerable populations; enhancing global nutrition partnerships; strengthening advocacy efforts on nutrition targeted at national governments; and further elaboration of partnership frameworks for nutrition with a wide variety of stakeholders.	Supports positioning of WFP in the policy as “a resource, advocate and thought leader for food-based nutrition interventions to address undernutrition.” In line with commitment to engage with global nutrition initiatives such as SUN, REACH and SCN.
	<b>2. Corporate knowledge and skill sets on Nutrition and capacity development to partners (including national governments):</b> strengthening internal knowledge and skills in nutrition through new and updated guidance; roll out and dissemination of programming learning tools at all regional levels and support to a nutrition capacity strengthening proposal for South Sudan.	In line with policy commitment to “enhance its [WFP’s] own nutrition skills and capacity at all levels so it can be an effective partner for governments in developing capacity to analyse nutrition problems and devise solutions”, and to “focus as much on developing partner capacity as on designing and implementing programmes.”
	<b>3. Improved nutrition situation analysis:</b> improving frameworks for nutrition situation analysis and testing application of these assessments in various contexts to identify optimal strategies at the country-level.	Supporting the commitment to “adapt and expand VAM tools and processes for assessing the nutrition status and identifying the needs of vulnerable groups.”
	<b>4. Strengthened WFP food quality and safety standards:</b> corporately adopting food safety and quality standards; designing a M&E framework for food safety and quality; and implementing a strategy to minimize food loss and operational interruptions	In line with the commitment to “markedly increase its [WFP’s] capacity to ensure food quality and safety”, which is closely linked to the commitment to expanding local purchase.
	<b>5. Global M&amp;E and evidence building:</b> conducting operational research studies (Sierra Leone, Uganda, Niger, Jordan); and strengthening monitoring and evaluation capacity for nutrition programming regionally, including reviewing and support the roll-out for the new nutrition SRF indicators.	Support commitment to conduct more operational research on and cost-benefit analyses of the effectiveness of programme interventions and products, jointly with academia. In line with recognition of limited capacity in M&E (“countries’ capacity for sound M&E design and implementation needs to be developed, both within WFP and among in-country stakeholders”) but directed at regions rather than countries.
<b>Programmatic learning</b>	<b>Nutrition country demonstration models.</b> Funds are provided to WFP Country Offices to support new ways of programming for nutrition, based on an analysis of: funding gap, commitment amount, donor strategic areas/countries, and WFP priorities. Each proposed activity must include specific deliverables which will be approved, tracked and reported against. Currently, country demonstrations are under way in Guatemala, Kenya, Niger, Sudan, Uganda, Madagascar, Laos and South Sudan.	In line with WFP’s commitment to “continue to expand its toolbox and innovative programming so it can do more with less. Whether they treat undernutrition after it has occurred or seek to prevent it, all WFP nutrition programmes must include activities and knowledge transfer that enable communities and countries to sustain their own development, and support strategies and programmes that address both the direct and the underlying causes of undernutrition.”

Sources: Nutrition Policy and WFP 2015a.



## **Annex J      The Evidence Base for the Nutrition Policy**

### **Introduction**

1. This annex reviews the evidence base that underpins the nutrition policy. Nutrition is a rapidly developing field and the policy could not have been expected to incorporate evidence that was not yet widely known at the time it was prepared. At the same time, the policy acknowledged gaps in knowledge and foresaw a role for WFP in filling relevant gaps, especially through operational research.

2. The evaluation team reviewed the quality of the policy in terms of its use of the evidence available at the time of drafting, and has also (a) considered the relevance of subsequent evidence, and (b) reviewed WFP's own operational research (OR) activities. The review of WFP research activities was assisted by the WFP nutrition unit, which shared lists of academic publications to which WFP and WFP staff have contributed, together with a systematic tabulation of the OR activities conducted and under way since the approval of the policy. The present Annex provides an extended summary of evaluation findings. For each area (pillar) of the nutrition policy, it considers:

- the extent to which the nutrition policy accurately reflected evidence available at the time;
- important evidence that has become available subsequently; and
- the contribution of WFP's own operational research to the strengthening of the evidence base.

3. A final section reviews WFP's research strategy for nutrition.

### **Area 1: Evidence on the treatment of moderate acute malnutrition**

#### *Key Messages*

4. There are two aspects to the treatment of MAM: the programme/delivery side and the product side. Key conclusions from the evidence:

- a) Treating MAM saves lives but effectiveness of TSFPs found to be limited.
- b) Barriers to effectiveness are known to be (largely) issues of programme design, implementation and contextual factors (rather than effectiveness of the specialised products commonly used).
- c) The policy was an opportunity to position WFP to improve understanding of these limitations and of the means to address them, but review suggests that both the policy and subsequent OR could have given this stronger focus.
- d) Range of products for the treatment of MAM in the policy and an emphasis on making choices based on an assessment of cost-effectiveness for different contexts is in line with evidence available in 2012 and remains appropriate in 2015.
- e) There are some aspects of sound nutrition practice which the policy does not directly address, despite some supportive evidence being available at the time. Such gaps include how to ensure continuity between SAM and MAM programmes and issues around the coverage of programmes to treat MAM.

- f) It is unclear as to how learning generated on value for money and effectiveness of different programming approaches and different formulations of LNS is being taken up by WFP in terms of informing policy and programmes.

#### *Use of evidence in the nutrition policy*

5. The policy advocates treating moderate acute malnutrition (MAM) wasting through Targeted Supplementary Feeding Programmes (TSFPs) using specialised nutritious foods for treating MAM – super cereal plus and large quantity LNS (e.g. PlumpySup) – and emphasises need for careful analysis of context to maximise cost-effectiveness.

6. There is strong evidence that treating MAM saves lives. Children with MAM are 3 times more likely to die than well-nourished counterparts. However, the evidence at that time showed TSFPs to be largely ineffective. A key publication on the effectiveness of SFPs from 2008 (Navarro-Colorado et al 2008) found that <40% of 82 programmes data sets reviewed, achieved Sphere standards for key indicators. The main reason for this was high defaulting and low coverage. It can be argued that contextual factors of particular programmes e.g. high insecurity and population displacements were important causes of the low impact found, but these are the day to day realities of delivering TSFPs and, as such, need to be better accounted for.

7. On the programme side, the limitations to SFPs were well documented in 2012 and the policy was an opportunity to position WFP to improve understanding of these limitations and of the means to address them. Review suggests that, in the light of evidence then available, the policy could have paid more attention to the general quality of programme design and implementation, and to addressing the contextual factors that affect outcomes of TSFP or BSFP, such as seasonal fluctuations, insecurity, background disease prevalence, and coverage/access to programme interventions.

8. In the policy the emphasis is more on commodities – 'increasingly using commodities with appropriate nutrient content' (NP¶35) and 'optimal use of the right commodities' (NP¶36) rather than supporting partners in overcoming the operational challenges that undermine the effectiveness of TSFPs (e.g. delivery mechanisms and procedures, pipeline breaks, partners' capacity to deliver etc.), or researching delivery mechanisms that can improve operational effectiveness.

9. The policy as it stood in 2012 did not look at coverage of programmes to treat MAM, although this is to become a focus under the Strategic Results Framework for 2014–2017 (WFP 2013f).

10. The policy is premised on the familiar division of responsibilities between UNICEF (for SAM) and WFP (for MAM) but does not address the problem of ensuring continuity between SAM and MAM programmes. Lack of referral systems to other treatment services is associated with high defaulter rates and high non-response rates.

#### *Subsequent emerging evidence*

11. On the product side, the evidence at the time suggested that CSB ++ is not inferior to LNS (LaGrone et al 2011). More recently these findings have been supported by a Cochrane review in 2013 (Lazzerini et al 2013) which concluded that CSB++ may be equally effective and cheaper than LNS (i.e. more cost-effective). 'Although lipid-based nutrient supplements (LNS) led to a clinically significant benefit in the number of children recovered in comparison with blended foods, LNS did not reduce mortality,

the risk of default or progression to SAM. It also induced more vomiting'. In contradiction, another systematic review published in 2013 found that for the treatment of MAM, children in the RUSF group were significantly more likely to recover and less likely to be non-responders than in the CSB group (Lenters et al 2013).

12. As regards the general treatment of acute malnutrition (Webb 2014): between 2010 and 2014, there were roughly a dozen systematic reviews (some as yet unpublished) relating to the management of wasting. They did not all use the same exclusion criteria, databases, cut-offs for range of years of publication considered, or focus on the same types of research designs or interventions. That said, there are a lot of common conclusions including:

- a) There exists moderate-to-high quality evidence that food supplements of various kinds are effective in the treatment of SAM and MAM (where effective is defined as meeting minimum Sphere standards for exit from treatment). In other words, existing products and protocols used for treating wasting are 'known to work'.
- b) Lipid-based ready-to-use foods (RUFs) tend to generate faster and higher weight gain than grain-based fortified blended foods (FBFs).
- c) There is little evidence so far of a statistically significant difference between types of foods used in treatment regimes in terms of mortality outcomes, default rates, or progression from MAM to SAM.

13. What the current state of evidence does not allow us to conclude with any confidence is the cost-effectiveness of a range of approaches, the potential contribution of home-based diets to improving outcomes, the effectiveness of existing products and approaches to the prevention of MAM, the role of intensive behaviour change communication and/or provision of cash/vouchers with or without food in the management of MAM.

#### *Operational research by WFP*

14. Most of the research WFP has been engaged in since 2012, or plans/continues to be engaged in into the future, continues to focus largely on determining differences between commodities in terms of effectiveness, recovery rates, and rough value-for-money calculations.

15. Since 2012 WFP has not conducted any research on the known limitations of SFPs in terms of the general quality of programme design and implementation, and of addressing the contextual factors that affect outcomes including the drivers of coverage of programmes that address MAM. This is despite the fact that the publication on the effectiveness of SFPs found that low coverage was one of the main factors behind suboptimal attainment of Sphere standards (Navarro-Colorado et al 2008).

16. One recent WFP research (2014) has had some focus on improving aspects of programme implementation. In a study designed for treatment of MAM, child-centred nutrition counselling (CCC) vs. delivery of commodities (CSB++ and RUSF) showed that treatment with commodities was more effective. However, the low recovery rate for CCC might be related to a greater defaulting rate and low attendance. The conclusion was CCC might prove to be a valuable alternative provided that attendance to counselling sessions by caregivers is ensured (Nikiéma et al 2014). This research was initiated and led by a WFP country office, not headquarters.

17. Recent (2015) WFP-led research in Mali showed that “RUSF performed better than CSB++... although the differences between RUSF and CSB++ were of small magnitude. The total cost of treatment until recovery is still somewhat greater for RUSF than for the other products, even when the shorter duration of treatment is taken into consideration. The benefits of treatment should be considered in relation to product costs and availability” (Ackatia-Armah et al 2014). A WFP study in Burkina Faso also found that “Supplementation with CSB++ and RUSF was found to be equally effective” (Nikièma et al 2014).

18. WFP are more active in product development than other UN agencies. They have strong collaborations with USAID, and at national level through COs. WFP’s focus on the development and testing of local formulations of special nutrition supplements is important to support improved cost effectiveness, acceptability and feasibility of programming. An effectiveness study in Sierra Leone between four different products had to be interrupted halfway through in due to the Ebola outbreak. Conclusions were not possible but reports from the work have underlined that “cost-effectiveness of alternative foods should drive programming choices” (Marron et al 2015). It is unclear how this cumulative learning on value for money and effectiveness of different LNSs is being taken up by the WFP in terms of informing policy and their programmes.

## **Area 2: Evidence on preventing acute malnutrition**

### *Key messages*

19. As regards preventing acute malnutrition through Blanket Supplementary Feeding Programmes (BSFPs) using specialised nutritious foods (Super cereal Plus and small/medium quantity LNS (Plumpy Doz)) for all young children and PLW at risk:

- a) The evidence base for this approach at the time the policy was drafted was weak and remains inconsistent/ inconclusive now.
- b) The policy appears to reflect this state of evidence reasonably well and acknowledges the importance of WFP's role in defining most appropriate responses
- c) WFP are running several studies on the effectiveness of different approaches to prevent acute malnutrition and this should help to build a much-needed evidence base for policy and programmes.
- d) There is emerging evidence since publication of the policy around the need for a holistic approach to preventing MAM and relapse after treatment through addressing the other potential causes of wasting, including care, WASH, access to health services.

### *Use of evidence in the nutrition policy*

20. The policy identifies this as an important focus for WFP and recognises it as a relatively new approach that needs support and research. In this regard, the policy reflects the limited extent of the evidence for this approach available at the time.

### *Subsequent emerging evidence*

21. Although providing a food supplement, usually in the form of a specialised food product, has demonstrated limited effectiveness in preventing MAM in some contexts – the combination of product (LNS, FBF, etc.), size of ration, delivery strategy (BSFP,

health/social service) and context (emergencies vs. more stable situations) can vary significantly so finding consistent results is not straightforward (Jimenez & Stone-Jimenez 2014). It has also proved difficult to attribute any impact to the intervention itself (CDC 2012) and to tease out the relative importance of other underlying determinants of undernutrition (Jimenez & Stone-Jimenez 2014).

22. For the prevention of acute malnutrition through other modalities (cash, vouchers vs. food) – evidence remains weak for their effect on nutrition outcomes (see the discussion of area 5, ¶44ff below), although evidence of the need for a holistic approach to prevention is emerging (WHO 2013c).

#### *Operational research by WFP*

23. WFP HQ has three large studies assessing effectiveness, efficiency and impact in three different countries (Niger, Bangladesh, Indonesia) of BSFP. There are some additional RB/CO led research projects pending. However WFP has not generated any operational research evidence to support the blanket use of RUSF for prevention of acute malnutrition.

24. The only WFP HQ research on the prevention of acute malnutrition that has concluded to date was conducted by WFP in Niger (published 2014). It compared interventions for the prevention of acute malnutrition with combined specialized nutritious foods and cash. The study found that incidence of MAM was twice lower in the strategies that combined a food supplement with cash, compared to cash-only or food supplement-only groups. There was no difference between the groups only receiving commodity vs. cash only, but cash was 4-5 times more costly. “Preventive distributions combining a supplementary food and cash transfer had a better preventive effect on MAM and SAM than strategies relying on cash transfer or supplementary food alone...Additional rigorous research is vital to evaluate the effectiveness of these and other nutritional interventions in diverse settings” (Langendorf et al 2014). A commentary on this study highlights that, while it raises the bar in terms of rigorous study in an operational setting, it is not (as the authors acknowledge) a randomised trial, and care is needed in generalising conclusions from it. However, the message that “intervention ‘packages’ tend to outperform single interventions is highly plausible, since “this observation fits with malnutrition having a complex and varied aetiology [set of causes]” (Kerac & Seal 2014).

### **Area 3: Evidence on preventing chronic malnutrition**

#### *Key messages*

25. As regards preventing chronic malnutrition (stunting) through good quality complementary foods for 6 to 24 months – super cereal plus or adding home fortification products to home-prepared complementary foods e.g. 20g LNS or micronutrient powders:

- a) Review suggests that WFP policy in this area was not well grounded in the evidence available at the time. There was little to no evidence that showed most cost-effective mechanisms for prevention of stunting.
- b) The evidence base for use of nutritional supplements to address chronic malnutrition was lacking and this is not reflected well in the policy.
- c) There needs to be consideration of the potential risks of blanket supplementation in contexts that are suffering from a ‘double-burden’ of

malnutrition (high under and over-nutrition). These issues were emerging in 2011/12 (Grijalva-Eternod et al 2012)<sup>152</sup>.

- d) Emerging evidence since 2012 has underlined the importance of the first 450 days (conception through 6 months of age) in the emergence of stunting. This needs more consideration in future policy revisions.
- e) More generally, the growing problem of the double burden (particularly in light of the recent Global Nutrition Report (IFPRI 2014)) needs to be taken into account in the way the policy is implemented and in any future reformulation.
- f) In 2011/12 the literature around prevention of stunting was already focussed on the complexity of causes, and the need for thorough causal analysis and multi-sectoral response/partnerships to achieve impact. This needs to be reviewed for this section of the policy.
- g) Whilst there are a handful of WFP research projects either under consideration or under way which focus on the use of LNS to prevent stunting, no operational research evidence has been released to date. This suggests the need for a focus on continued learning in this area rather than roll-out of programmes.

### *Use of evidence in the nutrition policy*

26. The WFP policy recommends that in all countries, provinces, districts or communities where stunting prevalence is at least 30%, all children aged 6 to 23 months and PLW receive a nutritious dietary supplement (see Annex G above). The level of ambition here is not proportionate to the evidence base at that time, or now, for the effectiveness of such an approach. Dewey & Arimond 2012 highlights the limitations to the extent of knowledge at this time on the use of LNS to address chronic malnutrition:

"Conclusions regarding the efficacy of various types of LNS may depend on the target group (age range), baseline prevalence and type of undernutrition, study design (e.g., type of control group; duration of intervention), and ration size and composition of the products being evaluated."

27. The Lancet series 2008 did provide evidence that provision of complementary feeding support, including education and food supplement or conditional cash transfers in food insecure populations, did have a positive effect on stunting: a 15% relative reduction in stunting at 36 months at 99% coverage (Bhutta et al 2008). However, this was based on a limited number of studies with reservations over the quality of one of the key studies used. The Lancet series analysis also included conditional cash transfers whereas the WFP policy recommendation concentrates on food supplements. Furthermore, in the Lancet series, the effect on stunting was modelled at 99% coverage which is unrealistic, particularly for the length of time required to impact on growth.

28. Stunting is influenced by more than food insecurity and it is a combination of programmes across sectors to address underlying poverty, women's education and empowerment, sanitation and hygiene etc that will prevent stunting. The UNICEF

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<sup>152</sup> The double burden was being widely discussed by 2012, when the Sixty-fourth World Health Assembly, Geneva, Switzerland, May 2012, urged Member States, to put into practice, as appropriate, comprehensive implementation plans on maternal, infant and young child nutrition, including developing or strengthening nutrition policies **so that they comprehensively address the double burden of malnutrition** and include nutrition actions in overall country health and development policy. [emphasis added]

conceptual framework clearly shows undernutrition is driven by a combination of factors; care, food security and access to health and a healthy environment. The relative contributions of care, food insecurity and health differ by different contexts and it was being argued (well before 2012) that there was too much emphasis on food based solutions without adequate consideration of actual causes of undernutrition and addressing other factors (Levine & Chastre 2004).

### *Subsequent emerging evidence*

29. Subsequent to the WFP policy, the 2013 Lancet series updated its previous analysis, concluding that evidence for the effectiveness of complementary feeding strategies is insufficient and recommending further effectiveness trials in food insecure populations with standardised foods, duration of intervention, outcome definition and cost effectiveness. "The provision of complementary foods in food insecure populations was associated with significant gains in HAZ and WAZ, but gains were not of sufficient clinical significance to significantly impact prevalence of stunting".

30. A systematic review of complementary feeding strategies published in 2013 (Lassi et al 2013) found provision of complementary feeding product and education on complementary feeding have potential to prevent undernutrition in children less than two years of age in developing countries but the review was based on a limited number of studies of moderate quality.

### *Operational research by WFP*

31. The 2013 Lancet Series underlined that "undernutrition during pregnancy, affecting fetal growth, and the first 2 years of life is a major determinant of both stunting of linear growth and subsequent obesity and non-communicable diseases in adulthood" (Black et al 2013). In future policy revisions, the importance of this preceding period of stunting emergence needs more attention.

32. An article published in 2014 (authored by Tufts, UNICEF and WFP) acknowledged that more work is needed (including from research and careful program monitoring in different contexts) on the appropriate uses of products created with specific nutritional goals in mind, including the use of RUFs in programming aimed at preventing stunting and lipid-based supplements as potential complements to local complementary foods (Webb et al 2014).

33. There are a handful of WFP research projects either under consideration or ongoing which primarily focus on the use of LNS to prevent stunting. No operational research evidence has been released to date. The flagship operational research program is the programme in Malawi in partnership with the Children's Investment Fund Foundation (CIFF) that is investigating the use of LNS and behaviour change components to reduce stunting incidence. Lessons learned from the design phase of this partnership have informed nutrition planning and scaling up<sup>153</sup> in several other countries under the Nutrition Capacity Strengthening Plan funded by the Canadian

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<sup>153</sup> This is stated in the 2013 update but it is unclear what it refers to- the scaling up of similar studies/partnerships for nutrition capacity strengthening or the scaling up of the approach (in absence of evidence-base) itself - the evaluation team assume the former.

International Development Agency, Norway and others (WFP 2013t). Intermediate findings and lessons should be made available shortly.<sup>154</sup>

#### **Area 4: Evidence on addressing micronutrient deficiencies**

##### *Key messages*

34. As regards addressing micronutrient deficiencies (MNDs) among vulnerable populations – home fortification through micronutrient powders and low dose LNS:

- a) A Cochrane review in 2011 and subsequent WHO guidance supported use of micronutrient powders to address MNDs – this is in line with WHO policy recommendations which underline the role of micronutrients in reducing morbidity in emergencies.
- b) The evidence came largely from developmental contexts however and how transferable results were to emergency contexts was still unknown.
- c) Emerging evidence that suggests increased risks of diarrhoea underscores the need for integration of micronutrient powder programmes with other infant and young child nutrition (IYCN) and public health programmes.
- d) Whilst fortification (MN fortification of staple foods) has been widely supported as ‘one of the best possible development investments’ (Copenhagen Consensus 2012) and food fortification has been implemented since the 1930s, the main evidence for effectiveness is based on studies of vitamin A fortified sugar (in Central America) and universal salt iodisation. The need for improved M&E to generate evidence of impact as well as the concerns and challenges around large scale fortification (both at strategic and operational levels) should be acknowledged.
- e) WFP’s OR focus on the acceptability and effectiveness of rice fortification and the delivery of micronutrient supplements through school feeding programmes has potential to fill an important knowledge gap.

##### *Use of evidence in the nutrition policy*

35. The key available evidence at the time was the Lancet series 2008 and a Cochrane systematic review 2011 (De-Regil et al 2011). The Lancet paper found evidence in support of micronutrient powders containing iron and other micronutrients to improve haemoglobin levels and reduce iron deficiency anaemia in children 6 to 23 months of age. The Cochrane review found benefits to reduce anaemia and iron deficiency but effect on child survival and development outcomes was unclear. Powders were found to be well accepted but adherence variable. WHO policy supported multiple micronutrient supplementation for vulnerable groups during emergencies to reduce risks of infectious illness and of dying from diarrhoea, measles, malaria and pneumonia (WFP & UNICEF 2007).

36. Based on the Cochrane review, WHO produced a guideline on the use of micronutrient powders for home fortification of foods consumed by infants and children aged 6 to 23 months of age: 'Home fortification of foods with micronutrient powders containing at least iron, vitamin A and zinc is recommended to improve iron status and reduce anaemia among infants and children 6–23 months of age (strong recommendation). The overall quality of the evidence for iron deficiency was found to be high, whereas for anaemia, haemoglobin concentration, iron status and growth it

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<sup>154</sup> As noted in the Colombia desk study, a double-burden study in Latin America is under way.



was moderate. Ideally, interventions with multiple micronutrient powders should be implemented as part of a national infant and young child feeding programme' (WHO 2011b).

37. Food fortification has been implemented since the 1930s and there is a very thorough WHO compendium<sup>155</sup> on it that outlines the main evidence for effectiveness which is based on studies of vitamin A fortified sugar (in Central America) and universal salt iodisation. The need for improved M&E to generate evidence of impact as well as the concerns and challenges around large scale fortification (both at strategic and operational levels) should be acknowledged.

38. Thus WFP policy in this area is fairly well supported by the evidence available at the time, although the evidence is not from emergency contexts and this could be strengthened.

#### *Subsequent emerging evidence*

39. A review undertaken for the Lancet 2013 Nutrition Series (Bhutta et al 2013) examined 16 randomised controlled trials to assess the effectiveness of micronutrient powders and estimated that they significantly improved haemoglobin concentration and reduced iron-deficiency anaemia (IDA) by 57% and retinol deficiency by 21%. It noted no evidence of benefit on linear growth. However, in line with findings from an earlier review of liquid iron supplementation, use of micronutrient powders was shown to be associated with a significant increase in the incidence of diarrhoea (RR 1.04, 95% CI 1.01–1.06), largely because of results from a large cluster-randomised controlled trial of micronutrient powders in Pakistan in malnourished children (Soofi et al 2013). These findings underscore the need for integration of micronutrient powder programmes with other IYCN and public health programmes.

40. Future policy revisions and guidance need to support appropriate use of micronutrients in the context of provision of highly fortified supplementary and complementary foods.

#### *Operational research by WFP*

41. WFP is active in operational research on addressing MNDs. WFP is working on large-scale rice fortification with Koninklijke DSM and the Seattle-based Program for Appropriate Technology in Health as a cost-effective way to deliver micronutrients through daily diets. Pilots are under way in Bangladesh, Cambodia and Ecuador (WFP 2013t). The majority of the research focuses on fortification projects (mostly rice fortification) building on the evidence that shows that fortification (MN fortification of staple foods) has been widely supported as 'one of the best possible development investments' (WFP 2013t). Acceptability trials as well as numerous retention and absorption trials indicate that WFP is working towards an expansion of fortified staple foods to include rice.

42. Since June 2012, the use of micronutrient powders in school feeding has expanded as Côte d'Ivoire, the Dominican Republic, Mali and Niger have started to add them to school meals (WFP 2013t). Indonesia, India and Madagascar have current

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<sup>155</sup> See [http://www.who.int/nutrition/publications/guide\\_food\\_fortification\\_micronutrients.pdf](http://www.who.int/nutrition/publications/guide_food_fortification_micronutrients.pdf)

WFP operational research projects that look at the use of powders and fortified staples in school feeding programmes.

43. There does not appear to be any WFP-led research on the efficiency/effectiveness of the use of MNPs in emergency settings per se, which is an identified weakness of the nutrition policy.

## **Area 5: Evidence on the role for nutrition-sensitive programmes**

### *Key messages*

44. As regards strengthening the focus on nutrition in programmes without a primary nutrition objective i.e. general food distributions, school feeding programmes, and food-for-work/food-for-assets/food-for-training (FFW/FFA/FFT) activities; those interventions provide food, vouchers or cash to enable beneficiaries to mitigate household food insecurity and to meet their nutrient need, especially in areas with high undernutrition.

- a) Evidence was and remains weak on what to do to maximize impact on nutrition outcomes of programming across multiple sectors that might address underlying and basic causes of undernutrition.
- b) What was (and is now) clear is that understanding context and establishment of partnerships across sectors will be key to achieving impact. The policy should have given more prominence to this point (which resonates with earlier comments about the evidence on treatment and prevention of MAM – see, for example, ¶24 above).
- c) The policy appears to be well-grounded in the evidence base available at the time which showed limited direct impacts of school feeding on growth and nutrition outcomes. Evidence for school feeding as a form of asset transfer and as such a type of social safety net could be further explored.
- d) As regards cash and vouchers: the evidence-base for ability of cash/vouchers to impact nutrition outcomes and how to design these programmes to maximise nutrition outcomes was limited in 2011/12 (and remains so). This is an area in which WFP could make valuable contributions to a weak evidence base.
- e) The paucity of OR supported by OSN in this area could imply that there is scope for research supported by other units within WFP (e.g. Cash and Vouchers and the Gender Office) to better integrate and account for implications for nutrition and potential nutrition impacts

### *Use of evidence in the nutrition policy and subsequent emerging evidence*

45. **School feeding programmes** are not identified in the policy as programmes with nutrition as an immediate or primary objective but as representing an opportunity for improving nutrition outcomes through the indirect effects of contributing to better learning outcomes, improving adolescent girls school attendance thereby delaying first pregnancy and reducing risk of HIV infection. School feeding is identified as an opportunity to improve micronutrient intakes either through use of fortified foods or point-of-use fortification powders.

46. As such the policy is well grounded in the evidence base available at the time which showed limited direct impacts on growth and nutrition outcomes (Kristjansson et al 2007, Jomaa et al 2011). The policy does not however make the link between

school feeding as a form of asset transfer and as such a type of social safety net. This thinking was already well established at the time (Bundy et al 2009).

47. Evidence was and remains weak on the impact of **nutrition sensitive programming** on improved nutrition outcomes (Ruel et al 2013). Specifically, there is a 'lack of evidence, consensus and programmatic guidance on how to prevent MAM through addressing the underlying causes with nutrition-sensitive interventions' (Mucha 2014). The policy appears to suggest that '*any programme that remedies or mitigates poverty can address nutrition deficiencies*' but does not emphasize the importance of adaptation of programme design to maximise nutrition benefits nor of choosing appropriate indicators to monitor progress in nutrition. There was guidance beginning to emerge on this at the time of policy development (e.g., EC 2011).

48. As regards **cash and vouchers**: the evidence-base for ability of cash/ vouchers to impact nutrition outcomes and how to design these programmes to maximise nutrition outcomes was limited in 2011/12 (and remains so). This is an area in which WFP could make valuable contributions to a weak evidence base.

49. There was little evidence available at the time that in emergency settings cash transfers improve nutrition outcomes (Bailey & Hedlund 2012). In developmental settings, it was known that cash is more likely to achieve an impact when it is delivered as part of an integrated programme. As an example, if cash programmes are implemented with the aim of improving health outcomes, then interventions to strengthen the quality of health services available are also necessary. More recently, this is supported by findings of Lancet series 2013, which suggest that the lack of impact of cash transfers on nutrition outcomes is limited by the quality of health service provision (Ruel et al 2013).

50. In the policy, the commitment to determine the best transfer modality and most appropriate delivery mechanism depending on the context is emphasised. There is little mention of what needs to be added to cash programmes to have an impact on nutrition outcomes or the implementation of cash as part of an integrated programme. It was already known at the time that prevention requires a combination of interventions (as identified by the conceptual framework) of which cash is just one component.

#### *Operational research by WFP*

51. WFP operational research on nutrition sensitive programming has been slim since 2012. The CIFF funded programme in Malawi (¶33 above) has a large research arm focusing on nutrition sensitive inputs.

52. The paucity of research in this area could imply that there is scope for OR supported by other units within WFP (e.g. Cash and Vouchers) to better integrate and account for implications for nutrition and potential nutrition impacts.

### **WFP's Research Strategy for Nutrition**

#### *How WFP organizes and prioritises operational research*

53. WFP's operational research can be divided into research that is coordinated from HQ and initiatives that are initiated and coordinated by the CO and/or RB. The work that is coordinated from HQ, or that has substantial HQ involvement, is related to evolving global priorities and questions of interest either within WFP or the

nutrition community in general. This operational research can also be related to interests expressed by a specific donor or partner that are also relevant to WFP’s work.

54. The WFP nutrition policy framework focuses on five key areas but the research agenda is loosely categorized under seven areas (Table J1 below shows an approximate link). The mechanism by which research is fed back and absorbed into learning and implementation of the nutrition policy is not always clear.

55. Within a research strategy WFP needs to be more explicit on how to balance the need for high quality programme monitoring and evaluations (and learning generated through this) with high quality research that can be costly and may be a less good fit with WFP’s remit and capacity.

**Table J1 Loose association between areas of research and the WFP Nutrition Policy**

WFP Nutrition Policy Key Areas	WFP Nutritional Operational Research Areas
1. Treating moderate acute malnutrition	Treatment of MAM
2. Preventing acute malnutrition	Complementary Feeding
3. Preventing chronic malnutrition	Complementary Feeding 1,000 days Adolescents
4. Addressing micronutrient deficiencies	Addressing micronutrient deficiencies Adolescents
5. Strengthening the focus on nutrition in programmes without a primary nutrition objective	Treating malnutrition in PLHIV 1,000 days
	Other research

56. Research undertaken since 2012 (as summarised in the nutrition unit's Operational Research summary spreadsheet) is a result of collating HQ and field-led completed/ongoing/planned research and categorizing them according to the perceived main focus of research. Implementation of research is primarily driven by opportunity and funds available. There is a loose research strategy (it is not formally written up but exists as a powerpoint presentation (de Pee 2014)) that is shared annually with WFP regional advisors and others. It is reviewed on an annual basis in light of global and WFP developments. There are also regular meetings with regional nutrition advisors in order that ‘bottom-up’ ideas are incorporated in the research strategy. However, due to the decentralised and operational nature of WFP as an agency it does not necessarily follow that research questions/areas are actively pursued for implementation, it is rather that they are implemented if and when the opportunity of funding and/or research partner presents to the organization. The nutrition unit acknowledges that ‘At the current time WFP does not have a strong research agenda that they can drive’.

57. The operational research or programme evaluations that are initiated from COs and/or RBs are driven by local interests and opportunities and may be undertaken with national or international institutions. They may also aim to contribute to a global evidence base, but often their focus is more local and quality tends to vary, depending on the organisation that conducts the research and capacity for supervision. The decentralisation of regional bureaus and country offices means that there is often limited oversight or engagement of WFP HQ in nationally led operational research. Coordination between implementation of national/regional research and HQ led

research is based more on advice giving and voluntary engagement than any formalised input into a global research agenda. This can lead to nationally/regionally produced research results that are not always very strong or optimal either for publication/dissemination or for translation into programming.

58. The main academic partners<sup>156</sup> since 2012 have been Johns Hopkins University, Epicentre, Tufts University and Washington University. WFP actively chooses academic partners that will enable results to be published and primary partners are engaged in multiple pieces of research at a time. There is no active research agenda that is 'shopped around'. It is recognised by partners and within WFP that there is a disconnect between the HQ and field level with regards to priorities for OR and this could lead to a disjointed organisational research agenda. The limited quality control of nationally led operational research has led to research outputs that are not strong enough for publication / dissemination or for translation into programming. There is increasing recognition at WFP HQ that partnering with national research partners needs to be accompanied by the support of an international research partner in order to support the quality of research and outputs (see draft internal guidance below).

59. WFP HQ has recently developed some ideas for internal guidance (WFP OSN 2015) for initiating and participating in operational research – see Box J1 below. It has not yet been finalised or disseminated within WFP and therefore the extent to which this guidance is implemented currently is very variable. Whilst this is a good start at addressing some of the weaknesses in WFP's OR and learning agenda there is need for a more comprehensive strategy that provides more detail around issues such as prioritizing research actions at country level; partnerships in research and assuring quality and rigor of research design and implementation.

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<sup>156</sup> Other partners include: Aga Khan University (Pakistan), ETH Zurich, Gadjra Mada University (Indonesia), Harvard School of Public Health, Hassanudin University (Indonesia), ICDDR (Bangladesh), IFPRI, IRD, UC Davis, University of Copenhagen, University of Pretoria, Wageningen University

## **Box J1      WFP draft internal guidance for engaging in operational research in nutrition**

1. The aim of research can be to contribute to a global evidence base that is relevant for nutrition strategies and implementation, to generate learning across WFP, and/or to support national-level evidence and learning.
2. It is important to be involved early, whether WFP takes the lead in the research or is one of the stakeholders (funding / advisor / providing in-kind support), to ensure research questions are well formulated, design is appropriate and capacity of research institutions is adequate.
3. WFP has specific expertise in the overlap between science, policy and programming and it is therefore essential that we are an equal partner in the research design, analysis, interpretation, write-up and communications of results.
4. The structure of WFP is not well set-up for conducting research, including ordering of specific products (tendering restrictions), MOU negotiations (WFP can hire implementers, but being hired is a different matter; ownership of intellectual property) etc. This means that preparations can take a relatively long time and it can be easier, depending on the research question & design, to leave implementation up to the academic partner rather than trying to fit it in our own ongoing programming.
5. We always try to work with local research institutions and preferably also involve an international institution for capacity building and quality assurance. This increases cost, but we're learning that the collaboration is often critical in order to have good results and good reporting.
6. For national-level research, assessing biological outcome of a new programme should only be done when the programme is well implemented and when this information is really necessary. For example, when interventions have been reviewed globally and recommended by the Lancet series and/or SUN, it is more important to focus on how to implement at scale and how to ensure good coverage and adherence and learn lessons in that regard, rather than to assess whether the intervention really has an impact. When a new intervention is tried, for example applying MNP in school feeding instead of among children under-five, there may be an interest to assess the extent to which it reduces micronutrient deficiencies, however, that assessment should only be done once the program has been operational in some areas, so that roll out in a new area can be accompanied by impact assessment. Alternatively, a proof-of-concept study is done, focusing on efficacy and using an RCT design.

Source: WFP OSN 2015

### *Knowledge Management*

60. Currently there are no formalised mechanisms for disseminating operational research results or learning. Dissemination occurs in an ad hoc manner relying primarily on informal mechanisms such as regular meetings with regional advisors and regular communication between HQ-based desk officers and the regions on both WFP results and relevant global findings and lessons. Blogs have also been used to communicate information on operational research. The WFP intranet has a nutrition page where nutrition research findings are posted.

61. While dissemination does exist, albeit in not a very structured or formalised form, it is recognised that uptake of information is not always optimal – there is recognition that there needs to be more work done on translating OR outcomes for the programme and policy of WFP that moves beyond simply sharing of results.

62. For example, as per WFP self-reporting, OSN has been supporting RBs including RBD (Dakar), RBJ (Johannesburg), RBB (Bangkok), RBN (Nairobi) and COs including Zambia and South Sudan in integrating new and emerging evidence and HQ initiatives within Country Programmes and regional strategies (WFP OSN 2014). However key specifications are lacking in terms of what operational research findings and/or lessons learned have been shared, how, and with what results.

63. Advocacy achievements, within a WFP framework, appear to be defined primarily through numbers of peer-reviewed articles published (the evaluation team was provided with an extensive list of such publications) and inputs into other initiatives as noted in official WFP annual reports. This includes activities such as the WHO policy briefs on the six WHA targets, including the Stunting, Wasting and Anaemia Policy Briefs. WFP has advocated for increased attention to be given to the role of context in determining the effectiveness of programmes and policies that aim to reduce stunting, as well as the inclusion of adolescent girls and PLW interventions, and special groups (e.g. PLHIV), which had been missing from the policy documents (WFP OSN 2014). Other examples are input into two UNSCN technical documents on the SDGs and comments on the CIFF Nutrition Strategy 2014-2020. Participation in high-level meetings and conferences is also viewed as an important modality for advocacy and as such representation is impressive (it is recorded in the annual OSN reports).

## Annex K Summary Findings from the Country Desk Studies

1. Countries were selected for the case studies against criteria that allowed a variety of contexts to be examined but ensured that all pillars of the nutrition policy were covered. Bangladesh, Burkina Faso, Colombia, Lesotho and South Sudan were impartially selected during the inception phase of the evaluation. This annex highlights findings from across the case studies).

2. **Dissemination of the policy.** Most staff were made aware of the policy through the WFP intranet, however some nutritionists interviewed did attend meetings at regional level where the policy was presented. Dissemination to Country Office staff in non-nutrition technical units was on an ad hoc basis. It was difficult to find staff who had been in post at the time of the policy development but it is understood that there was consultation involving WFP regional and country office staff to some extent.

3. **Relevance.** There is strong consensus that having a corporate nutrition policy is relevant and appropriate and the five pillars are simple to understand and broadly fit with existing operations and country strategies.

4. **Results (effects of programme design).** Whilst there is a general sentiment that the policy legitimises what is already happening, there are examples where the policy has driven some changes. Most notably, the policy has supported standardisation of products: this has simplified product selection (with cooperating partners expressing that trainings are now more straightforward), but on the other hand may have reduced flexibility. In South Sudan, where there are significant logistical constraints, it is preferable to have commodities that can be air-dropped rather than being transported by helicopter, and as such discussions are on-going around adapting the product proposed. Another example of a change in programme design is the adaptation of target groups according to the context, the South Sudan programme realigned the blanket supplementary feeding programme to target children 6-59 months in conflict states and children 6-23 months in non-conflict states.

5. **Gaps.** There are, however, some **gaps in the policy.** As more countries are experiencing the double-burden of malnutrition, there is no statement in the policy on WFP's position on overweight and obesity, particularly in relation to the Do No Harm principle. This is key for a country such as Lesotho, which simultaneously has a high under-5 stunting rate (39%), a low wasting rate (3.9%) and a high overweight rate (7.3%), and for a country such as Colombia where a high priority for the government is tackling the issue of overweight/ obesity given the rate of overweight in under-5 children is 4.8%. The issue is increasingly salient in Burkina Faso and Bangladesh too. There is also little guidance on how to accurately determine the nutrients gap and select the most appropriate response based on the findings.

6. Many interviewees also expressed that pillar 5, **the nutrition-sensitive component**, is under-developed but acknowledged that understanding has progressed globally in this areas since the policy was written. As well as lack of clarity for the interventions that are stated in the policy, such as school feeding and food for assets, the policy omits other potentially nutrition-sensitive interventions that WFP are involved with; for example in both Colombia and Bangladesh WFP's programme has a strong link to the national social protection programme. Linked with this, there is no description of the role of WFP's programmes in multi-sector programming and given the profile of the Scaling Up Nutrition Movement and the push for such programming, this would be of relevance.

7. **Supporting governments and sustainability.** The policy does state that technical assistance and advocacy with government is key to the enabling environment but many WFP staff reported that they are struggling with what this means in practice and feel there is a lack



of WFP guidance on this subject. It was highlighted in interviews that the staff with the right profiles to this are missing; good technical staff may not have strong policy and advocacy competence. Furthermore, WFP still seems to be blighted by the perception that it is a humanitarian organisation; as such it struggles to win longer-term funding which is crucial for some interventions such as addressing stunting and supporting the government.

8. **M&E:** While most staff agreed that the new nutrition indicators in the Strategic Results Framework help implementation since they are directed more at outcome level, there are difficulties around the methodology for some of them, coverage surveys in particular; most countries are also awaiting guidance on the methodology for the National Capacity Index (NCI) indicator. Data is disaggregated by **gender** but beyond this gender is considered by countries to varying degrees. As examples of good practice, Bangladesh and Burkina Faso have both produced a gendered analysis of malnutrition and behaviour change component and are beginning to explore gender dynamics and address issues.

9. Table K1 below provides more detail on country-by-country findings.

**Table K1 Summary Findings from the Country Desk Studies (by country)**

	<b>Bangladesh</b>	<b>Burkina Faso</b>	<b>Colombia</b>	<b>Lesotho</b>	<b>South Sudan</b>	<b>Comments</b>
<b>Country Context</b> (nutrition indicators are for the most recent year available)	Under 5 stunting 41.1% Under 5 wasting 15.7% Under 5 overweight 1.9%  Joined SUN 2011, REACH country since 2009  <ul style="list-style-type: none"> <li>Operational plan for National Nutrition Services/ HNPSDP (2011-2016)</li> <li>Country Investment Plan (2010)</li> <li>National Social Security Strategy (2015)</li> </ul>	Under 5 stunting 31.5% Under 5 wasting 8.2% Under 5 overweight 2.8%  Joined SUN 2011 REACH since Nov 2014  <ul style="list-style-type: none"> <li>National Nutrition Strategic Plan 2010-2015</li> </ul>	Under 5 stunting 12.7% Under 5 wasting 0.9% Under 5 Overweight 4.8%  Not a member of SUN or REACH  <ul style="list-style-type: none"> <li>Colombian Food &amp; Nutrition Security Policy (2007)</li> <li>National law against obesity and overweight</li> </ul>	Under 5 stunting 39% Under 5 wasting 3.9% Under 5 overweight 7.3%  Joined SUN in 2014  <ul style="list-style-type: none"> <li>Country developing a nutrition policy</li> </ul>	Under 5 stunting 31.1% Under 5 wasting 22.7% Under 5 overweight 6%  Joined SUN 2013  <ul style="list-style-type: none"> <li>Country developing a nutrition policy</li> </ul>	Reflects deliberate choice of a varied set of countries.
<b>WFP profile</b>	Country Programme (2012-2016) PRRO (2011-2012, ext to 2014)  WFP Country Strategy 2011  Treatment of MAM for children 6 – 59 months and PLW (Pillar 1) Prevention of MAM in children 6-23 months (Pillar 2) Prevention of chronic malnutrition in children 6-23 months planned but not funded(Pillar 3) Addressing micronutrient deficiencies, rice fortification (Pillar 4) Nutrition Sensitive - school feeding, FFA and cash and vouchers (VGD) (Pillar 5)	Country Programme (2011-2015) PRRO (2010-ext .2013) PRRO (2013-2014) Regional EMOP (Jun-Dec2012, ext to Dec 2015)  WFP Country Strategy 2011-2015  Treatment of MAM for children 6-59 months and PLWs (Pillar 1) Prevention of acute malnutrition for children 6-23 months and PLW (Pillar 2)  Nutrition Sensitive (Pillar 5): cash/voucher transfers, school feeding	PRRO (2012-2015)  Blanket supplementary feeding for PLW and under 5 children for 12 months, where conditions permit, cash voucher is given to PLW in addition (Pillar 3) Nutrition sensitive (Pillar 5) GFD, emergency school feeding in isolated and conflict-prone areas, FFA/FFT	EMOP (Oct 2012 – April 2013) Development Programme (Jan 2011- Dec 2012) Country Programme (2013-2017)  WFP Country Strategy2012-2017  Treatment of MAM for children 6-59 months, PLW and PLWHA/TB (Pillar 1) Prevention of acute malnutrition for children 6-23 months (Pillar 2) Nutrition sensitive - FFA /CFA and school for pre-school children (Pillar 5)	EMOP (Jan 2012 – ext Dec 2013) PRRO (Jan 2014 – Dec 2015)  WFP Country Strategy 2014-2017  <b>Treatment of moderate acute malnutrition for children 6-59 months and PLW (Pillar 1).</b> <b>Prevention of moderate acute malnutrition</b> Targets children under 2 in non-conflict states during the lean season and children under 5 in conflict states all year-round (Pillar 2).  Nutrition sensitive - FFA, school feeding and GFD (Pillar 5)	All countries implementing activities for pillars 1 and 2; 4 out of 5 countries attempting nutrition sensitive (pillar 5) approaches.
<b>Input into policy</b>	Nutritionists and Head of Programmes attended meeting at RB to discuss draft in 2011 & how to contextualise it for the region/CO	CO staff interviewed did not input.	Staff interviewed were not present at time of the policy	Staff did not input into policy	Staff interviewed were not present at time of the policy	Limited engagement by CO staff in policy development (but many now in post were not there in 2011/2012)

	<b>Bangladesh</b>	<b>Burkina Faso</b>	<b>Colombia</b>	<b>Lesotho</b>	<b>South Sudan</b>	<b>Comments</b>
<b>Dissemination of policy</b>	Nutritionists and Head of Programme briefed CO colleagues. Distributed on WFP intranet.	Disseminated via email/WFP intranet. Discussed within the CO and different programmes examined how to apply it to programming.	Staff interviewed were not present at time of the policy launch but think there was little dissemination	Meeting was held at RB for nutrition staff but otherwise no formal dissemination	There was no formal dissemination of the policy although support has been given by RB. The nutrition unit gave a presentation to other CO staff	Nutritionists briefed or received policy via email or some attended meeting at RB; no formal CO brief but some internal sharing/dissemination
<b>Appropriateness of the policy and any gaps</b>	<p>The NP policy supports the on-going programmes. The CP was already engaged in work in all 5 pillars + operational research.</p> <p>Complementary food in Bangladesh developed without a clear market: development for its own sake.</p>	Supported the CO activities; provided the backing to consider prevention of chronic malnutrition.	The policy is not discordant with WFP's programmes in Colombia however, the policy does not outline WFP's position on overweight/obesity and does not adequately explain nutrition sensitive programming	The policy supports on-going programmes but there are gaps on guidance in what to do a country with high stunting, low wasting and increased overweight, how to do multisectoral programming, long-term options for sustainable nutrition outcomes, WFP's position on nutrition sensitive programming	<p>The policy is appropriate to the South Sudan context and was described as a 'good fit'. Further elaboration on nutrition sensitive programming is required.</p> <p>Due to emergency context time and HR resources are focused on treatment and prevention of MAM.</p>	Policy broad enough to fit with country on-going programme and support new areas of programming; however, gaps noted in guidance on nutrition sensitive approaches as well as any reference to overweight/obesity & how to consider it in programming. Also gap in guidance on longer term programming and working with/capacity development of government
<b>Any changes in programme design attributable to policy</b>	<p>The programme design predates the policy so few tangible changes were seen as a result of the policy launch. BCC work in social protection/VGD and targeting activities towards households with children under-two is evidence of new nutrition sensitive programming approach.</p> <p>The Projects Review Committee was supportive of the combination of prevention and treatment interventions but questioned the choice of targeting areas with high GAM rates and not considering stunting. The comments also discussed the lack of current evidence around the minimum duration of feeding needed to prevent stunting and the concern that the proposed 4 months may be too short to show impact. Eventually this</p>	<p>CO already had a strong focus on nutrition (targeting according to areas of high GAM; mainstreaming nutrition in cash transfer &amp; school feeding programmes), however the policy helped them strengthen these areas; enabled use of new products in MAM prevention &amp; treatment.</p> <p>The Projects Review Committee recommended to include a nutrition indicator in school feeding, the suggested indicator being iron-deficiency anaemia and identified community level nutrition education as a key element to address chronic malnutrition. It further notes that the PRRO does not aim to address prevention of stunting and micronutrient deficiencies in 2013, but</p>	Changes have been designed under the new PRRO such as increasing the emphasis on cash/voucher but these changes are attributable to the staff at WFP rather than the policy. There is no guidance on working with the government and long-term sustainable solutions. The Projects Review Committee also raised the issue of the extent to which WFP should be involved in IDP assistance given the strong national capacity.	<p>Super cereal was changed to super cereal plus for treatment of MAM in children 6 to 59 months.</p> <p>Pilot for MNP to prevent stunting</p> <p>The Projects Review Committee asked for clarification on the rationale for the MAM treatment programme given the low GAM rates.</p>	<p>There has been a standardisation of commodities.</p> <p>The BSFP target group was modified to 6-23 months in non-conflict areas and 6-49 months in conflict areas</p> <p>The Project Review Committee was in agreement with the programme design.</p>	Policy provided guidance to make some changes to programming, notably in terms of use of new products. More significant changes in CO approaches over time were attributed to leadership/staff in country and alignment with government or WFP Country strategies.

	Bangladesh	Burkina Faso	Colombia	Lesotho	South Sudan	Comments
	BSFP was not implemented, however, due to lack of funding.	suggests that the CO should explore what WFP's role should be in this respect and work on advocacy and influencing national policy work during this time.				
<b>Coherence with govt, UN, civil society etc</b>	Aligned with government policies and supporting development of the National Social Security Strategy, particularly in terms of incorporating nutrition. Good coordination with other development partners, SUN/REACH.	WFP programmes aligned with government and UN; coordination at national level is good. Policy aligned with government move towards chronic malnutrition.	WFP signs technical assistance agreements with the different government agencies to provide capacity building support.	WFP is supporting the govt to develop a nutrition policy	The cluster system promotes alignment and as WFP is part of this, there is synergy amongst stakeholders. UNICEF-WFP have a partnership agreement whereby one steps in if the other is absent	Various modalities and degrees of alignment across COs, with overall good alignment and coherence with other actors.
<b>Internal constraints to policy</b>	Staff turnover and short contracts makes it difficult to retain strong national staff; despite the high level of technical nutrition staff, enhanced capacity/ a new skill set is needed to engage more effectively with policy dialogue around prevention of chronic malnutrition and strategic planning.	Staff capacity in terms of quantity of nutrition staff and strategic capacity is limited; stakeholders consider WFP could play a stronger role in leading prevention of chronic malnutrition.	Nutritionists WFP team in Colombia is composed of people who on average have five years of work in the organization.	Having the staff capacity to work at policy/strategy level	Having the right profile of staff who can work at policy and advocacy level. Ensuring that there is depth of nutrition knowledge at management level.	Major constraint noted is staff capacity, particularly in relation to policy/advocacy skills to adequately engage in strategic discussions and policy development with government & key stakeholders
<b>External constraints to implementation of the policy</b>	Government unsupportive of imported products / specialised products; Funding for treatment of MAM is decreasing & likely to decrease further as the country moves towards Middle Income status.	WFP has relationship with emergency donors; donors see WFP as emergency agency; Funding challenges to MAM programming; Short duration funding (6mo/1yr) is not conducive to strategic work with government or prevention of chronic malnutrition	The Colombian context highlights gaps in the policy	Min of Health staff capacity is weak Lesotho is not a priority country for donors	Donors wish to focus on emergency interventions and therefore activities in the PRRO (e.g. FFA) remain underfunded). WFP know they need to consider stunting at some point but low donor appetite	Limited engagement with donors for funding activities beyond short-term emergency response, particularly in relation to prevention of chronic malnutrition or longer-term response
<b>Do WFP monitoring, evaluation and reporting system capture results appropriate to policy</b>	Have baseline and follow-up for Country Programme. Doing mid-term evaluation of CP and are conducting operational research to inform programme design	PRRO baseline in 2007 and follow up surveys in 2008 and 2009. Annual nutrition surveys led by MOH since then capture outcome indicators; WFP PDM routine monitoring, captures further indicators for SRF.	There is a focus on food security indicators (dietary diversity, food consumption score and Coping Strategy Index	Lesotho faces challenges in collecting quality data. Struggles over coverage survey methodology. A NCI methodology for Nutrition was developed in 2013 under guidance from the regional M&E officer. This method was taken forward in 2014,	The information system is organised under the cluster system. A high defaulter rate contributed to the UNICEF-WFP MoU where one agency can provide products if the other one is absent.	Some successful capture of results through M&E, particularly where collaboration with other agencies exists; as yet limited monitoring of new SRF indicators & CO staff

	<b>Bangladesh</b>	<b>Burkina Faso</b>	<b>Colombia</b>	<b>Lesotho</b>	<b>South Sudan</b>	<b>Comments</b>
				but there will be a need to align with methodology developed under the SRF.		awaiting guidance for implementation
<b>Does the policy adequately support gender considerations</b>	Produced a gendered analysis of malnutrition and BCC component is beginning to explore gender dynamics and address issues	Gender Sahel Grant project 2014: to improve gender in WFP programming and sensitise communities in gender issues relevant to nutrition.	Data is gender disaggregated and the CO has adopted all the gender indicators proposed corporately.	There is a higher prevalence of malnutrition amongst boys than girls, there is an aim to analyse why	Data is disaggregated by gender but beyond this there is little consideration. The CO look to the gender policy for guidance.	Tentative progress on considering gender, but largely as a specific study/project so far and not yet integrated consistently into programmes.

## Annex L Results of the e-Survey

### Introduction

1. In the Inception Report, an e-survey was envisaged to “to test the wider relevance and comprehensiveness of the preliminary findings emerging from the country desk studies, global-level interviews, and other data collection tools.” (IR Annex N, ¶1). This annex summarises the process for administering the survey, before analysing the results.

2. In an effort to strengthen the response rate, the survey was limited to 20 questions covering five areas:

- i. Awareness of the policy
- ii. Influence of the Nutrition Policy on WFP’s nutrition analysis, programming and implementation
- iii. M&E
- iv. Gender
- v. WFP’s future nutrition agenda

3. The survey was administered using SurveyGizmo, a web-based programme selected for its ability to allocate individualised URLs to respondents, thereby enabling the evaluation team to track respondents and automatically generate reminder e-mails, as well as its design functionality (including skip logic, and the ability to allow respondents to save an incomplete survey and return to it later). The questions and response options are provided at the end of this annex.

4. The survey was sent to WFP staff at country, regional and global level. Specific respondent categories included:

- *At the Country-level:* Country Directors, Deputy Country Directors, Nutritionists (where present) and Heads of Programmes, from all country offices in the evaluation universe.<sup>157</sup>
- *At the regional level:* Regional Nutrition Advisors and Programme Advisors in all six regions.
- *At the global level:* all members of the internal reference group for the evaluation, in addition to staff from key units, including nutrition, VAM; Programme Innovations Service; Gender; School Feeding; Resilience and Prevention; Monitoring; Private Sector & Partnerships, Procurement and Logistics.

5. The survey was open between 1st – 12th April, with a reminder sent on 9th. The survey questions are presented at the end of this annex, and consist largely of multiple choice questions (dichotomous and Likert-scale) in addition to qualitative comment boxes.

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<sup>157</sup> The evaluation universe was presented in the Terms of Reference of the evaluation. It is the set of 59 pre-selected countries where WFP had nutrition (specific) activities in 2013.

6. The following analysis focuses on the quantitative answers. A selection of the comments provided are reproduced here, to illustrate findings emerging from the quantitative results.

### Survey respondents

7. The survey received 154 responses, representing a satisfactory 47% response rate. The number of respondents per question varies because of the skip logic of the survey (whereby the survey programme automatically skips questions which are deemed non-relevant to the respondent, based on their previous answer(s)), and because inevitably some respondents did not complete the full survey. Thus in the following analysis the sample size (n) for each question is noted.

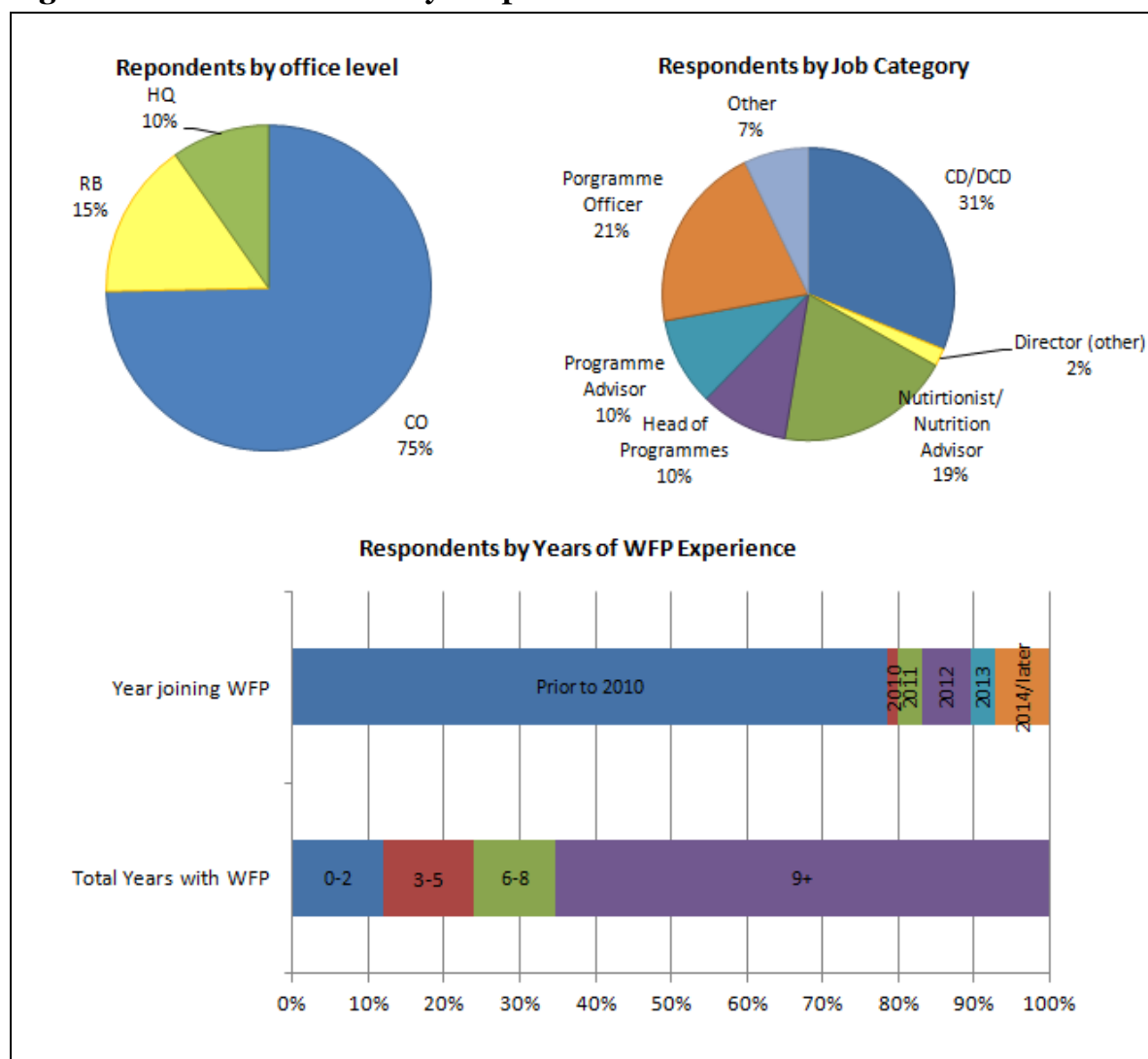
8. Table L1 provides the response rate disaggregated by the three operational levels of WFP (headquarters, regional bureaus and country offices), and Figure L1 further unpacks the profile of survey respondents. The evaluation team was satisfied that all stakeholder groups are represented, and encouraged that the response rate for each level exceeded 45%. However, there remains a bias in the sample towards country offices which together account for 75% of responses. This is unsurprising given that they dominated the sample frame, and is arguably in line with WFP’s increasingly decentralised approach. That considered, the evaluation team would have wished for more responses from HQ in particular (15 in total, or 54% response rate). The spread of levels of seniority was acceptable. Where relevant and interesting, responses have been disaggregated by level of respondent.

9. The respondents were on the whole long-term WFP staff, with 76% having been with the agency for 6 years or more. 90% had been with the agency since 2012 or earlier, qualifying them to respond to questions alluding to changes since the introduction of the Nutrition Policy.

**Table L1**                      **Survey Response Rate**

	<i>Invitations sent</i>	<i>Responses Received</i>	<i>Response Rate</i>	<i>% Female</i>	<i>% Male</i>
Country Offices	253	115	45.5%	50%	48%
Regional Bureaus	47	24	51.1%	83%	17%
Headquarters	28	15	53.6%	53%	47%
Total	328	154	47.0%	55%	43%

**Figure L1 Profile of Survey Respondents**



n=154

## Analysis

10. This section presents some analysis of the survey responses. In some cases, responses have been disaggregated by level (HQ, regional, or country) or job category (specifically nutritionists or non-nutritionists), depending on variations observed and which perspective the evaluation team felt was most interesting or relevant. In some instances, where no or minimal variation was identified, overall results for the sample as a whole are shown.

11. Mean responses are calculated for those questions which adopted a Likert scale structure. In such instances the data are coded (for example, strongly disagree = -2, disagree = -1, agree = 1, and strongly agree = 2), and the coding is presented in the key. “Don’t know” responses are excluded from the calculation of means.

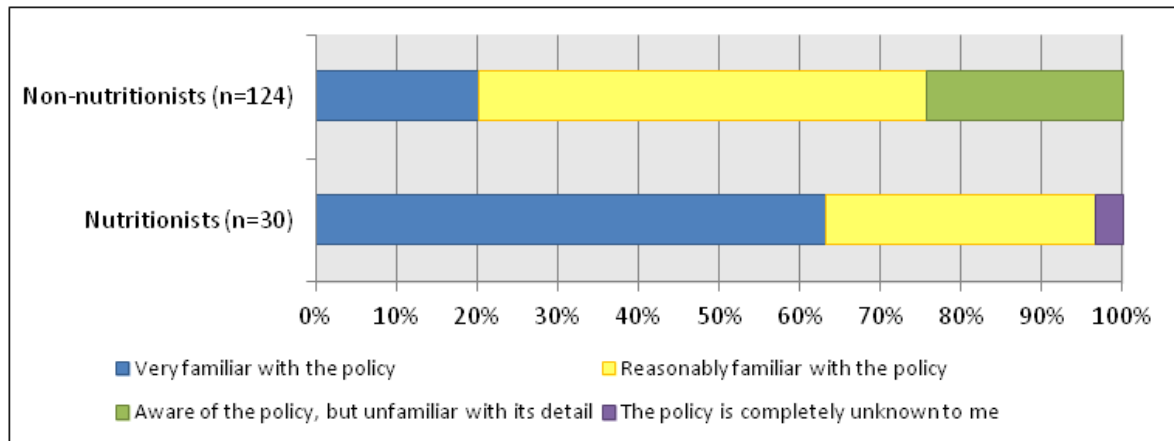
### *Awareness of the policy*

12. Overall, 79% respondents stated that they were either reasonably or very familiar with the 2012 Nutrition Policy, which didn’t vary significantly between the different levels of WFP. Awareness was, unsurprisingly, higher amongst the nutritionists (97%), but fairly high for non-nutritionists (76%) nonetheless (see

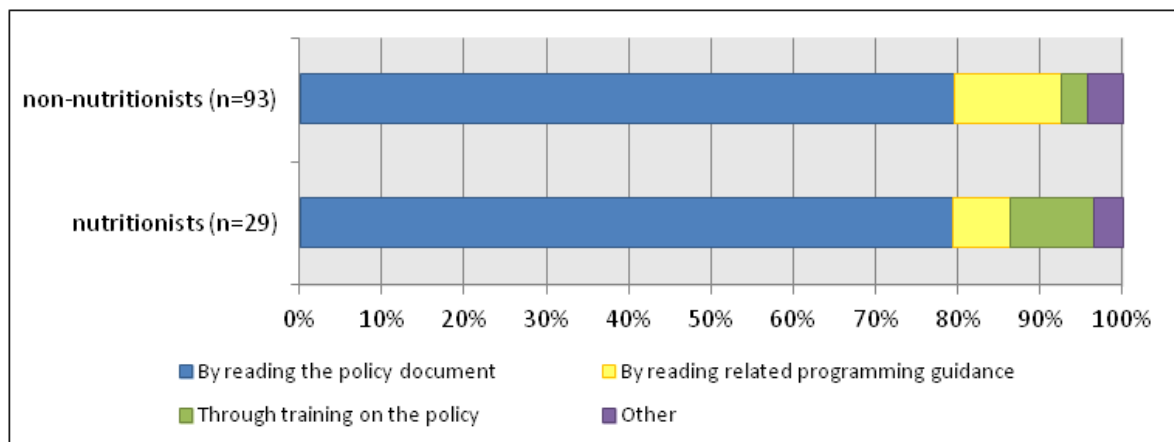


Figure L2). The main way in which respondents became acquainted with the policy was through reading the document itself (80%) (Figure L3), for both nutritionists and non-nutritionists. A slightly higher percentage of nutritionists identified training on the policy as their primary means of familiarisation (10%) compared with non-nutritionists (3%).

**Figure L2 Awareness of the Nutrition Policy**



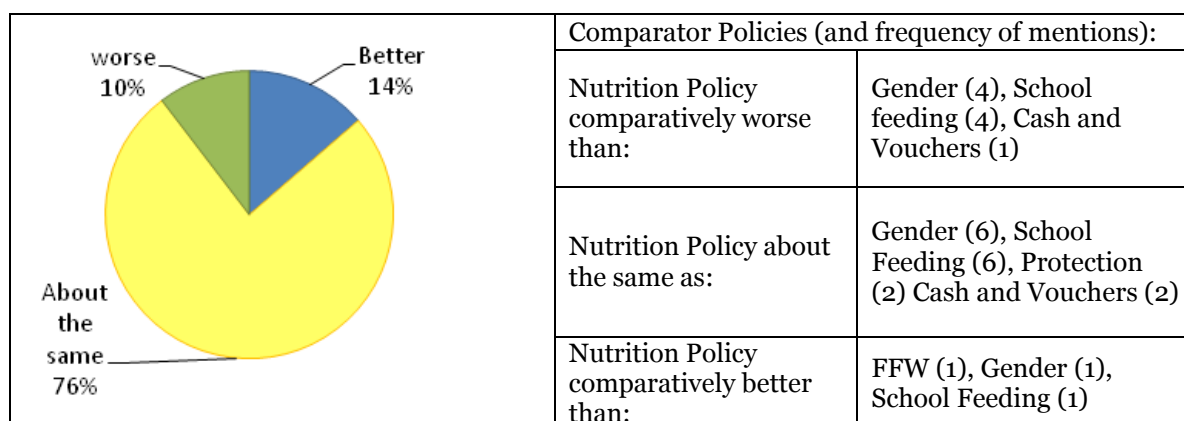
**Figure L3 Primary Means of Familiarisation with the Nutrition Policy**



13. Those respondents who had worked with WFP for 3 years or longer were asked whether they had been consulted on the policy. Overall 14% answered that they had been, with slightly higher confirmation at RB level (20%) as compared to HQ (14%) or CO (13%).

14. It was widely felt (by 76% of respondents) that the dissemination of the Nutrition Policy within WFP was of a similar standard to that of other WFP nutrition policies; 10% felt it was worse and 14% better. This distribution did not vary significantly between levels of respondent. People were asked to note the policies they were comparing it to, but no clear bad or good practice examples emerged (see Figure L4, a number of policies were identified across multiple categories of comparing better than/worse than/the same as the Nutrition Policy).

**Figure L4 Comparing the dissemination of the Nutrition Policy to other WFP policies**



n=154

15. It should be noted that the above question is a measure of relative effectiveness and on its own gives no indication of the absolute effectiveness. Some of the qualitative responses allude to this, with remarks such as “I don't think we are very good in general in disseminating policies” (CO, Nutritionist), “I don't think that WFP does a very good job of disseminating any policies at the operational level” (CO, Head of Programmes) and “policy dissemination is generally weak within WFP” (CO, Deputy Country Director. It was also noted that whilst policies tend to be known to the people working in the specific relevant technical field or sector (in this case nutrition) they are less likely to be known by colleagues working in other sectors.

16. Some suggestions for improving dissemination were noted, including policy translation.<sup>158</sup> Some also favoured previous policy dissemination methods, wherein hard copies and flyers were routinely distributed in field offices, over the current favour for email notifications and web-links. The integral role of trainings in a dissemination strategy was also noted.

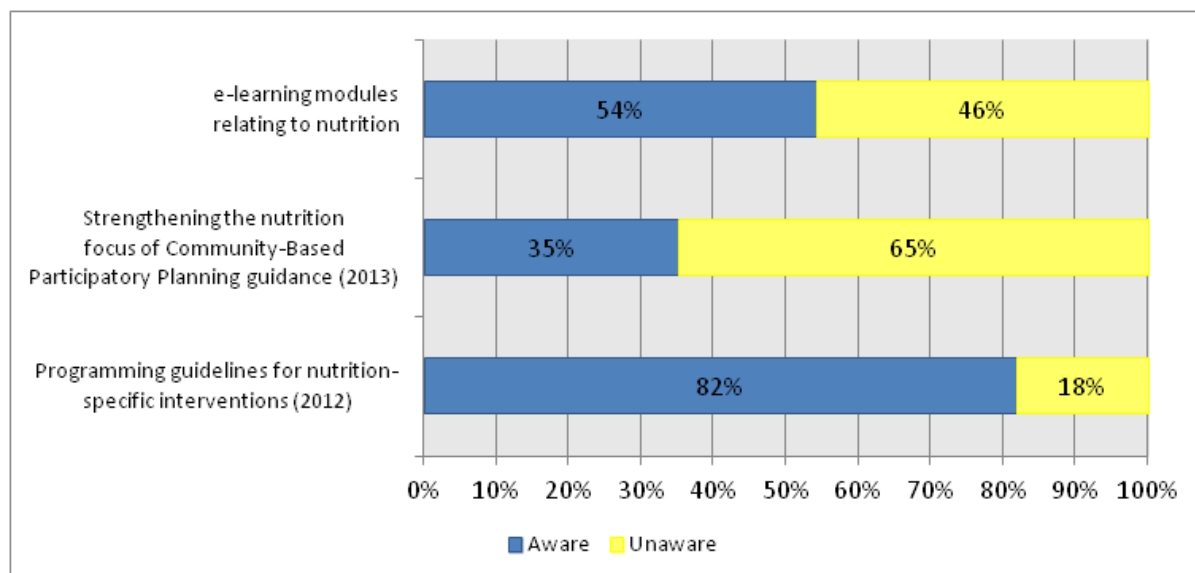
17. Two respondents felt that nutrition-related global initiatives, specifically the Zero Hunger Challenge and SUN Movement, had contributed to popularizing the policy.

18. Respondents were asked whether or not they were aware of three specific WFP-authored nutrition-related guidance publications.<sup>159</sup> As demonstrated in Figure L5 the 2012 Programming Guidelines For Nutrition-Specific Interventions were widely known (by 82% of respondents); but the e-learning modules and 2013 Strengthening the nutrition focus of Community-Based Participatory Planning guidance note were less so (known by 54% and 35% of respondents, respectively). Notably; those respondents who were aware of these documents consistently rated them “useful” (97%, 88% and 90% of respondents familiar with the programming guidelines, participatory planning guideline and e-learning modules, respectively).

<sup>158</sup> In fact all EB documents are translated, and the French version of the nutrition policy is available on the EB website. Nevertheless some survey respondents (and some interviewees in Burkina Faso) were unaware of this.

<sup>159</sup> Whilst more guidance is available, the evaluation team restricted this to question to guidance published in 2013 or earlier to enable enough potential time for dissemination.

**Figure L5 Awareness of selected WFP nutrition-related guidance**



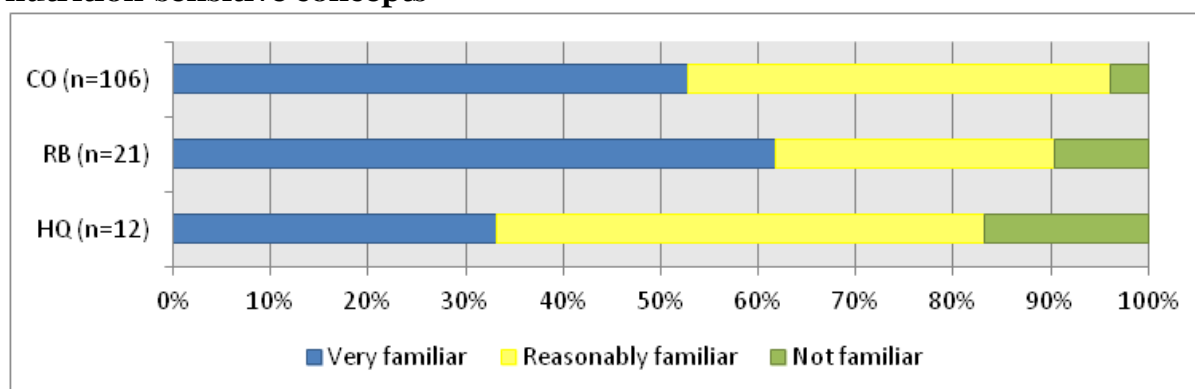
n=105

19. Other useful internal guidance was identified, including: SNF Food Sheet (WFP 2013c) and Supply Chain Management Guidance (WFP 2013g), SRF Guidelines (WFP 2013e), Emergency Food Security Assessment Handbook (WFP 2009e), and the Food and Nutrition Handbook (WFP 2001) (but a number noted the need for the update). Some collaborative guidance was also listed, including UNHCR/WFP Selective Feeding Programs Guidelines (UNHCR & WFP 2011a) and Global Nutrition Cluster Toolkit on Management of MAM in Emergencies (GNC 2014); as well as documents relating to the SUN movement.

*Influence of the Policy on WFP’s nutrition analysis, programming and implementation*

20. Awareness of the concepts of nutrition-sensitive and nutrition-specific programmes appears to have widely infiltrated WFP staff’s understanding at all levels, but particularly in COs and RBs, where 96% and 90% of staff (respectively) said they were very or reasonably familiar with the distinction. At the HQ level, the general response was less assured, with 17% stating they were not familiar with it (see Figure L6).

**Figure L6 Familiarity with nutrition-specific and nutrition-sensitive concepts**



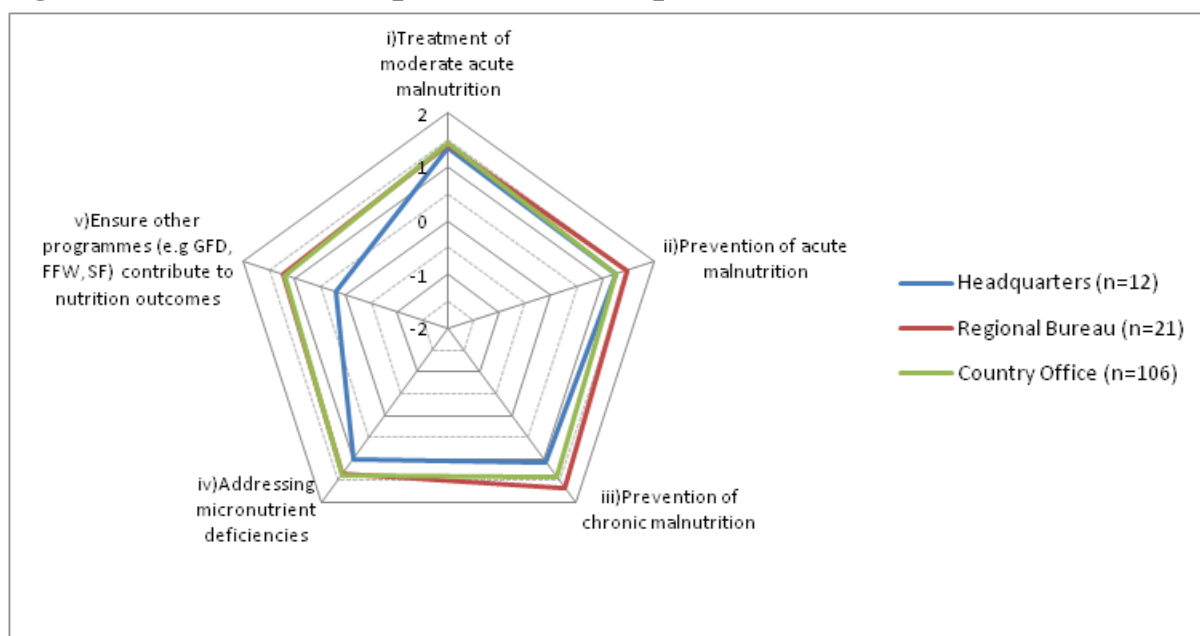
n= 139

21. The survey also introduced the 5 pillars of the Nutrition Policy, in order to gauge their perceived relative importance to respondents, in the contexts within which they work with WFP. As indicated by Figure L7, all five pillars considered important (with mean responses >0), indicating the broad relevance of the policy. However their perceived relative importance varies by level of respondent. Overall, CO staff considered all pillars to be of similar importance (reflecting, perhaps, the diversity of country contexts in which WFP works). Regional bureaus gave slightly more weight to pillar 3, prevention of chronic malnutrition, with a mean response 1.7, approaching “very important”, and headquarter respondents considered pillar 5 to be relatively less important, with a mean response of 0.2.

22. A second part of the question asked respondents to assess the changing importance of different pillars over time, but, unfortunately, the responses were lost through a programming glitch which corrupted the data.

23. Respondents were asked to use the comment box to identify any aspect(s) not included in the policy framework that they think should be. Table L2 presents some examples, grouped under the most frequently occurring topics. These topics include the double burden/obesity, multi-sectoral approaches, nutrition-sensitive programming, behaviour change communication, nutrition governance, gender and dietary diversity.

**Figure L7 Perceived Importance of the 5 pillars to the work of WFP**



n=139

**Table L2 Gaps in the Nutrition Policy (qualitative responses)**

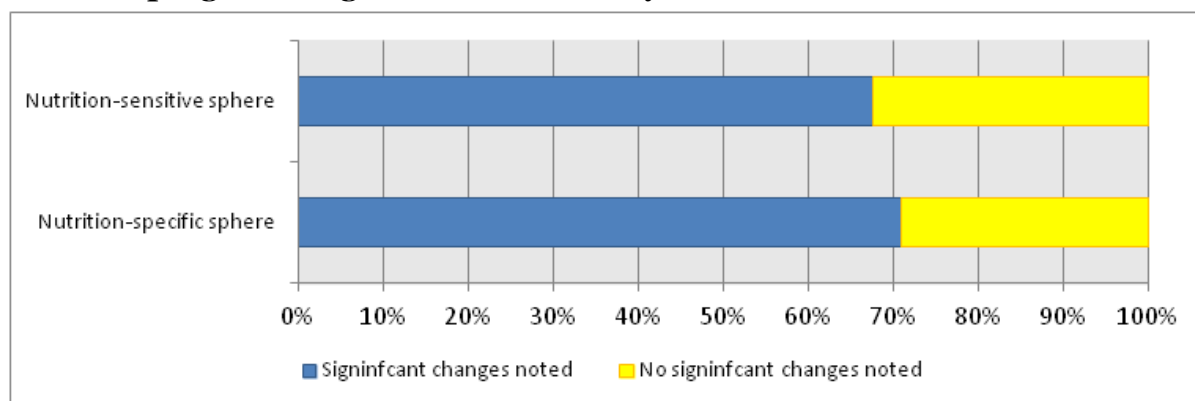
<b>Double Burden / Obesity</b>
We should not be afraid to tackle obesity - many poor households in MICs have the dual burden of nutrient deficiencies and obesity in the same household. (CO, Deputy Country Director)
Prevention of obesity (RB, Nutritionist)
Stronger focus on overweight and obesity and double burden. Increasingly more relevant for Middle Income Countries (RB, Programme Officer)

Obesity and their link with chronic diseases (CO, Nutritionist)
Obesity and how WFP can work to do no harm (RB, Nutritionist)
As many countries are shifting to being classified as middle income countries, the issue of obesity could be addressed. (CO, Deputy Country Director)
The double burden (CO, Country Director)
<b>Multi-sectoral approaches</b>
Far less emphasis on products and micronutrients, more emphasis on a really holistic approach including education, environment (CO, Deputy Country Director)
The policy is very food product focused, but pays less attention on how to bring together all aspects required for improving nutrition. Even without referring to areas that are not WFP's specific mandate (e.g. WASH, caring practices), there is not a lot of practical guidance/indication on WFP's role on complementary feeding, apart from providing food. (CO, Deputy Country Director)
Creating linkages with other sectors: health, WASH, education(RB, Nutritionist)
WASH, deworming among others. Chronic malnutrition can only be addressed through an integrated approach. (CO, Country Director)
I think that the policy could have taken into account the contribution of other sectors (Health, Wash, hygiene, education, agriculture) rather than be limited to other WFP programs (GFD, SF, etc.) in the area 5 (CO, Nutritionist)
<b>Nutrition-sensitive programming:</b>
The policy is focused on nutrition specific interventions and very vague on nutrition sensitive issues and activities - this is a gross oversight and a gaping hole in our policy guidance (CO, Head of Programmes)
In the context I have been working in nutrition-sensitive interventions of primary focus, however, not much of practical guidance is available to provide operational solutions to programmes on how to contribute to nutrition guidance (CO, Programme Officer)
Far greater focus on including nutrition in GFD and other interventions plus a general improvement of understanding amongst staff regarding nutrition. (CO, Country Director)
<b>Behaviour change communication and nutrition education</b>
The 2013 Lancet paper showed a significant positive effect of nutrition education on stunting in food insecure settings. As such, this intervention should be included in the framework. (CO, Nutrition Consultant)
An important area of advocacy or 'indirect intervention' is missing. This is to partner with private sector (food sector) and media to reach out to general public through awareness campaigns which will contribute to prevention of chronic malnutrition. This can have a bigger impact than WFP's direct interventions and can also provide visibility and opportunities for resource mobilization as by-products. (CO, Deputy Country Director)
The BCC component is quite critical as it addresses the behavioural aspects of individuals in relation to nutrition practices. I think this component should be an integral part of the all nutrition interventions. (RB, Programme Officer)
More emphasis on BCC and sensitization of the cultural practices that contribute to poor nutrition in and how we can help with that change. (CO, Country Director)
If there was a way to have a standard tool to measure the impact of behaviour change amongst beneficiary target groups, this would be extremely useful. Good nutrition is about a lifelong series of daily choices which has to be based on knowledge of good nutrition. (CO, Nutrition Consultant)
More emphasis should be put on behavioral changes which constitute one of the causative factors of malnutrition. (CO, Deputy Country Director)
We should understand that in MICs and emerging economies, a public health campaign (education, but a tested education intervention) can be more effective and appropriate than giving special nutrition products out. WFP seems very disinclined to think that education without food

distribution is effective, [but] anyone who has worked in public health knows this is not the case. (CO, Deputy Country Director)
<b>Nutrition Governance</b>
I would include capacity building of governments as a separate pillar. (RB, other)
Although already mentioned in the policy, capacity building activities, especially towards government institutions, should be more developed through best practices and lessons learned. (CO, Country Director)
Placing the nutrition in the highest priorities of Governments (CO, Programme Officer)
Alignment with government policies and contributing to government policies (RB, Nutritionist)
Ensure that government policies and programmes are nutrition sensitive (although this advocacy and capacity enhancing role is included elsewhere, it is less prominent in the policy, I believe) (CO, Deputy Country Director)
<b>Gender</b>
Nutrition of adolescent girls is a very important topic for the country I am currently working in, because of the high rate of adolescent pregnancies, and the policy does not seem to provide clear-cut indications on how to best address the needs of this specific group. (CO, Head of Programmes)
Nutrition for adolescent girls in school (CO, other)
<b>Dietary diversity</b>
Diet diversification and Biofortification. (RB, Nutritionist)
Links with cash and voucher transfers to improve access to fresh foods thereby promote dietary diversity for the most vulnerable groups. (CO, Deputy Country Director)
There is over emphasis of food rations and distributions - fortified foods and plumpy sups. More could be said about dietary diversity. (CO, Country Director)

24. Respondents at all levels largely felt that there had been significant changes in the implementation of nutrition-specific and nutrition-sensitive programmes over the last three years (i.e. in the period since the Nutrition Policy was introduced), as depicted in Figure L8. With regards to nutrition-specific programming, the identified changes concerned the growing use and choice of specialised food products, greater focus on prevention of acute and chronic malnutrition, changing partnerships, and new approaches to M&E around nutrition, as demonstrated in the selective qualitative responses in Table L3. With regards to changes in nutrition-sensitive programming; responses focused predominantly on the use of more nutritious foods in other programmes (particularly school feeding and GFD). Again, a number of respondents lamented the lack of guidance in this area.

**Figure L8 Perceived changes in WFP’s nutrition specific and nutrition sensitive programming over the last three years**



n=124

**Table L3 Changes in Nutrition-specific programmes – qualitative responses**

<b>Products</b>
More focus in use of specific nutritional products, like plumpynut, etc. (CO, Programme Officer)
The major change has been the introduction of LNS although we are still lacking evidence on its comparative advantage as opposed to SC and oil. (CO, Head of Programmes)
More use of locally produced/new nutritional products (RB, M&E Advisor)
An increase in programming with Ready-to-Use Supplementary Foods (CO, Nutritionist)
Use of better products such as supercereal plus and micronutrient powders. More evidence on impact has been elaborated raising more interest and negotiation capacities with government (CO, Country Director)
With the change of product from CSB to Plumpy'Sup for children - to 59 months (CO, Programme Officer)
Highly nutritious food commodities introduced in the management of MAM (CO, Head of Programmes)
Major issues with a feasible/scalable model for stunting prevention. The focus is too much on expensive and imported food and donors are not ready to provide funds especially in development context. (CO, Deputy Country Director)
There is more attention on the product used. (CO, Deputy Country Director)
A few more options of nutrition products to support implementation of nutrition-specific programmes. (CO, Deputy Country Director)
Over-emphasis on products which are excessively expensive and cannot be locally produced. Nutrition is much more than products. (CO, Deputy Country Director)
<b>Focus on Prevention</b>
Increased pilots for nutrition-specific prevention of stunting, with challenges on demonstrating impact. (CO, Country Director)
At first nutrition was focused on treatment of acute malnutrition leaving out prevention, but today, with the help of WFP policy, we are able to design and implement both treatment and prevention programmes in communities, using community health workers, reducing workload on health staff and increasing access to beneficiaries, this has greatly ameliorated our performance (Country Office, Programme Assistant)
Inclusion of a prevention of stunting pilot (CO, Head of Programmes)
Focusing on prevention and stunting in particular (CO, Nutritionist)
A clear increase in preventative programmes, while maintaining a focus on lifesaving treatment. (HQ, Programme Officer)
More focus on the prevention of stunting (CO, Head of Programmes)

When I was hired, we were implementing MAM treatment but after an evaluation, we started prevention of stunting and we are planning to phase out MAM treatment due to the low prevalence (CO, Programme Officer)
Certainly there is more attention to programmes looking at preventing acute malnutrition and stunting (RB, Programme Advisor)
<b>Partnerships</b>
Working more comprehensively with other UN agencies (UNICEF, UNHCR and WHO). SAM will be taken care by UNICEF while MAM will be WFP's main target in our programme (CO, Programme Officer)
I have seen, at CO and sub office levels, increasing attention to collaboration with UNICEF, health ministries and other actors in trying to deliver nutrition specific programmes as one element of a broader package of complementary interventions by multiple health and nutrition partners. (CO, Deputy Country Director)
WFP signed a MOU with UNICEF and WHO to fight malnutrition in the most food insecure areas. WFP is in charge of Moderate Acute Malnutrition while UNICEF and WHO will be taking care of Severe Acute Malnutrition that has medical implication. WFP is playing a crucial role in the implementation of the MOU thanks to the significant changes and a clearer policy direction that allow the team to have a comprehensive guideline on how to proceed. (CO, Country Director)
Increased collaboration with UNICEF; more collaboration with government. (CO, Deputy Country Director)
<b>M&amp;E</b>
Some significant positive changes of reporting requirements on the performance of acute malnutrition treatment and prevention activities. (RB, Nutritionist)
Nutrition indicators revised, e.g. indicator used for prevention of chronic malnutrition is not at impact level as it used to be. (CO, Nutritionist)

**Table L4 Changes in Nutrition-sensitive programmes – qualitative responses**

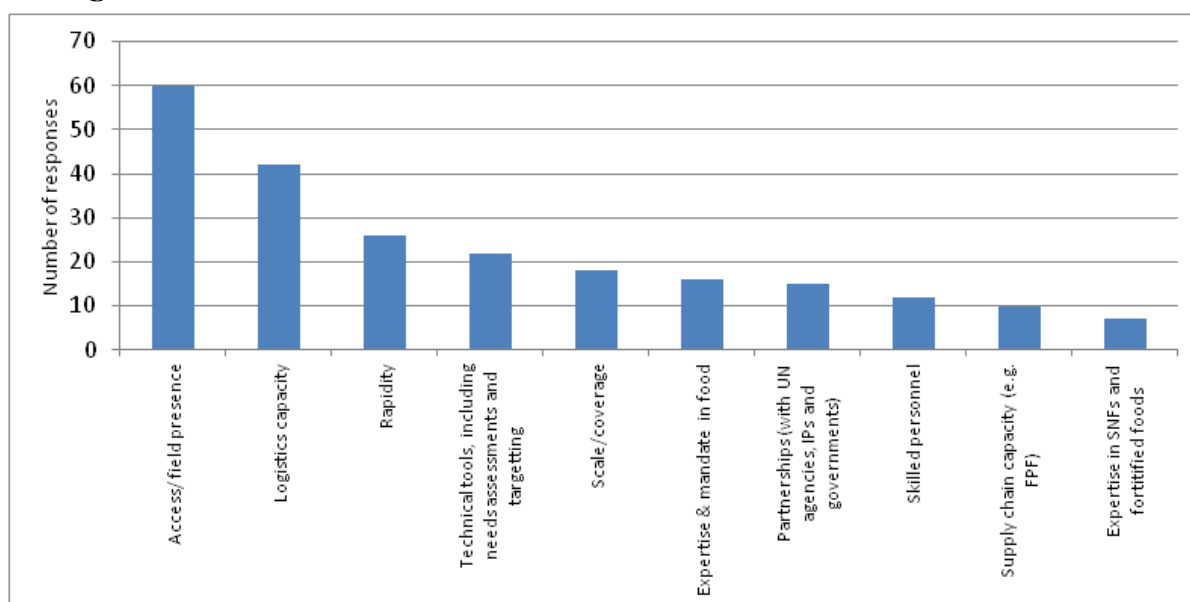
<b>Use of nutritious foods</b>
Our GFD, FFW and school feeding programmes have changed in terms of the nutrient value of the food served (CO, Other)
We introduced MNP in our SF programme (CO, Country Director)
An in-depth work has been realised to make the school-feeding programme more nutrition-sensitive through the introduction of MNP and nutrition education. If I am not mistaken, I think GFD in some emergency settings have been redesigned to become more nutrition-sensitive by including specific nutritional supplements for specific vulnerable population i.e. infant and young children (CO, Nutrition Consultant)
WFP implemented a school feeding initiative that included a fortified beverage, clean drinking water and improved sanitary conditions that affect nutrition of school children. (CO, Deputy Country Director)
Introduction of fresh food in refugee food basket; introduction of vegetables in school feeding food basket by promotion gardens at community level, etc. (CO, Head of Programmes)
More diversified food basket; use of fortified rice in school meals programme. (CO, Country Director)
In particular in school feeding, local purchases/home grown school feeding is used for the purposes of enhancing dietary diversity (RB, Programme Advisor)
School gardens; nutrition training for FFW beneficiaries; more nutritionally balanced GFD food basket (CO, Nutritionist)
Yes, up to a point. For example I have seen more efforts to ensure that rations are nutritious (beyond just Kcal, i.e. in terms of micro-nutrients, protein, etc.), also inclusion of CSB++ as a blanket supplementary feeding ration as part of household GFD family rations (in ebola-affected Liberia). In cash and voucher programmes, I have seen efforts to raise awareness of GFD beneficiaries on using the cash/vouchers to buy food that will provide a healthy balanced diet, also blocking voucher cards to prevent purchase of sodas, junk food etc. (CO, Deputy Country Director)
Awareness has increased within WFP and nutrition elements have been integrated into activities (e.g. Cambodia: fortified rice and school gardens in School Feeding, training on hygiene and food preparation in School Feeding). (CO, Deputy Country Director)



MNP are planned to be introduced in the School Feeding food basket; Vegetable Oil, Salt, Maize Meal purchased by WFP are always fortified food. (CO, Programme Officer)
Local products and fish were introduced in the schools canteen to improve the nutrition value of the students diet. (CO, Programme Officer)
Organized nutrition activities to go along the GFD by adding 6 kg of CSB++ to the children under five during the distribution. (CO, Nutritionist)
The adaptation process began hesitantly. MNPs were integrated in school feeding but the nutritional goals are not clearly well integrated. FFA activities are sometimes integrated BSFP program. (CO, Nutritionist)
Emphasis on the food basket e.g. fortified flour in the food basket for FFW. Link the conditional transfer in C&V to nutritionally rich foods. (CO, Country Director)
Yes but very slowly and little. E.g. We have included specialized nutritious foods for children 6-23 months under the GFD rations to prevent acute malnutrition and protect their overall nutrition status. School feeding now has a specific nutrition objective. (CO, Nutritionist)
<b>Absence of guidance</b>
These programmes were not adopted because WFP did not developed the tools for implementation and also WFP mandate was not clear about the nutrition programme except the treatment of MAM, (CO, Programme Officer)
Not defined yet for WFP what is nutrition-sensitive (HQ, Programme Advisor)
The staff are more aware of the need to provide healthy food, however, we often want to go beyond the formal HQ guidelines. For example, giving more lentils instead of rice/flour is generally understood to be positive in societies with high obesity but also micronutrient deficiencies. However, there is no formal guidance on this specific question. (CO, Deputy Country Director)
[With regards to] FFW and GFD - this is more challenging as they depend on commodity selections, modality (vouchers vs food), objectives (nutrition vs. income transfer) and this should be more carefully elaborated in the guidelines and policy. (CO, Head of Programmes)
We learn how to do this as we go, no guidance, so we develop our own guidance. (CO, Programme Officer)

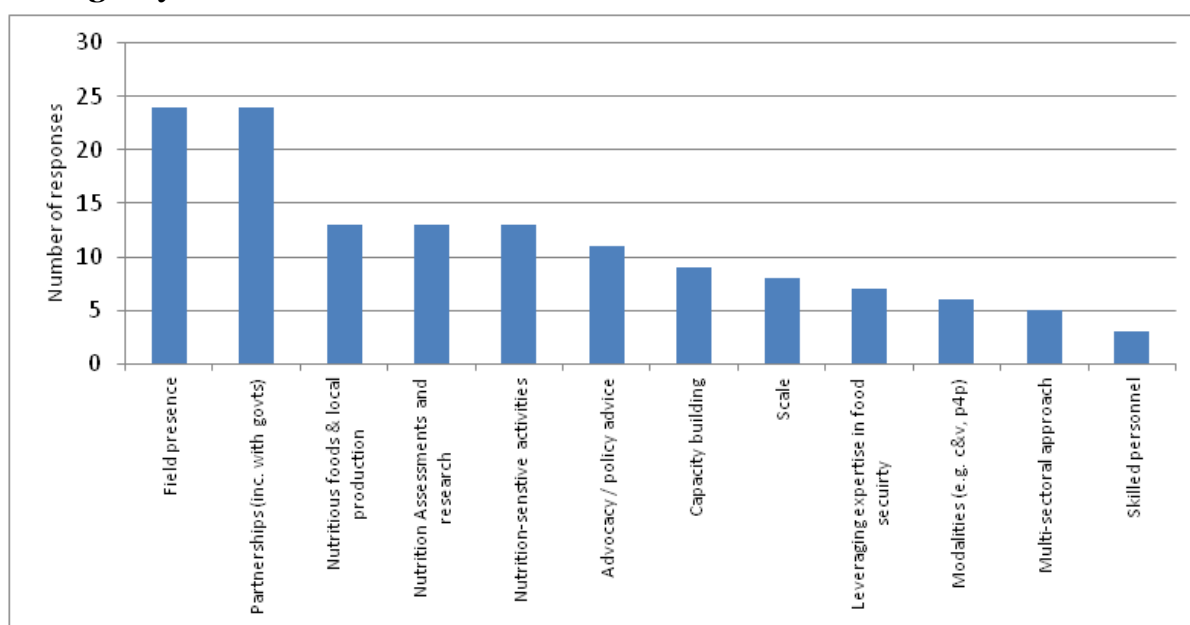
25. The survey asked respondents to reflect on WFP's comparative advantages as they relate to nutrition, in emergency and non-emergency contexts. The open text was analysed by reviewing the frequency of recurring themes. As demonstrated in Figure L9, the areas which were most often recognised as strengths of WFP in emergencies include access/field presence, logistics capacity, and the ability to respond rapidly. These are all, of course, interconnected, and not unique to WFP's nutrition programming in emergency contexts. Field presence was similarly the most often cited comparative advantage in non-emergency contexts, followed by its partnerships (including, but not exclusively, with host governments) (see Figure L10).

**Figure L9 WFP’s comparative advantages in nutrition programming in emergencies<sup>160</sup>**



n=123<sup>161</sup>

**Figure L10 WFP’s comparative advantages in nutrition programming in non-emergency contexts<sup>162</sup>**



n=121<sup>163</sup>

26. The survey solicited opinions on the quality of mutual understanding and collaboration on nutrition between WFP and UNICEF, FAO and WHO. In Figure L11 below, the left-hand axis relates to the bar charts (indicating the frequency of responses), while the right hand axis relates to the mean response measured in the scatter graph. It demonstrates that overall, the relationship with UNICEF is perceived

<sup>160</sup> Only themes identified as occurring in 3 or more responses are listed.

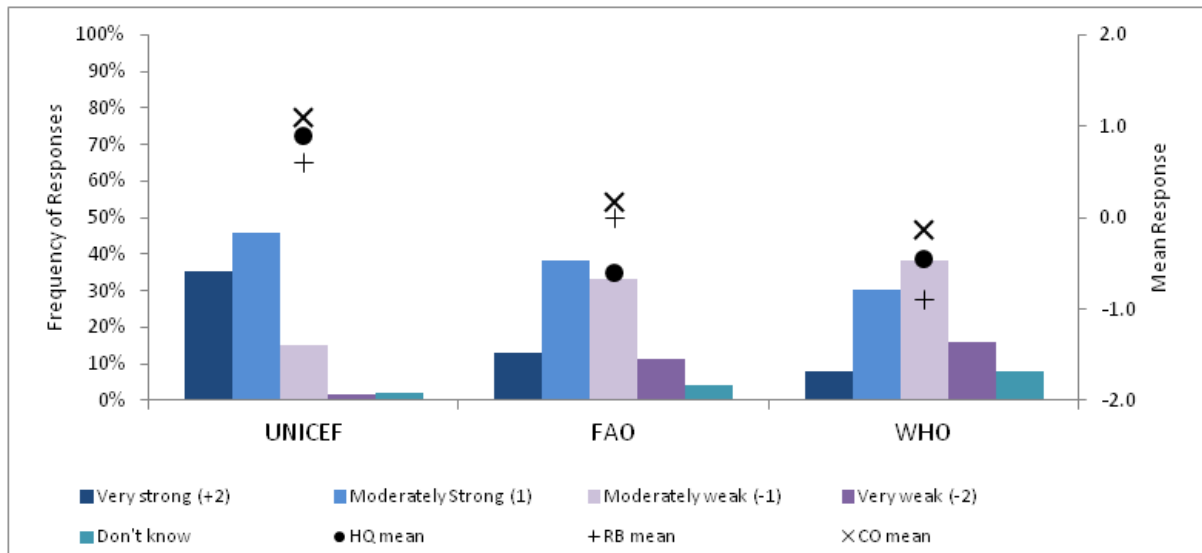
<sup>161</sup> Note: this is the number of people who answered the question, but they were allowed multiple responses.

<sup>162</sup> Only themes identified as occurring in 3 or more responses are listed.

<sup>163</sup> Note: this is the number of people who answered the question, but they were allowed multiple responses.

to be strongest, followed by FAO and WHO. Notably, perceptions from country office staff were consistently more positive than those from headquarters or regional bureaux. That is not to conclude however, that the relationships are always stronger at country-level, as one respondent noted “depth of collaboration depends on personalities and approaches” (RB, Nutritionist), as well as the particular operational focus of WFP in a country, and thus is likely to vary significantly between countries.

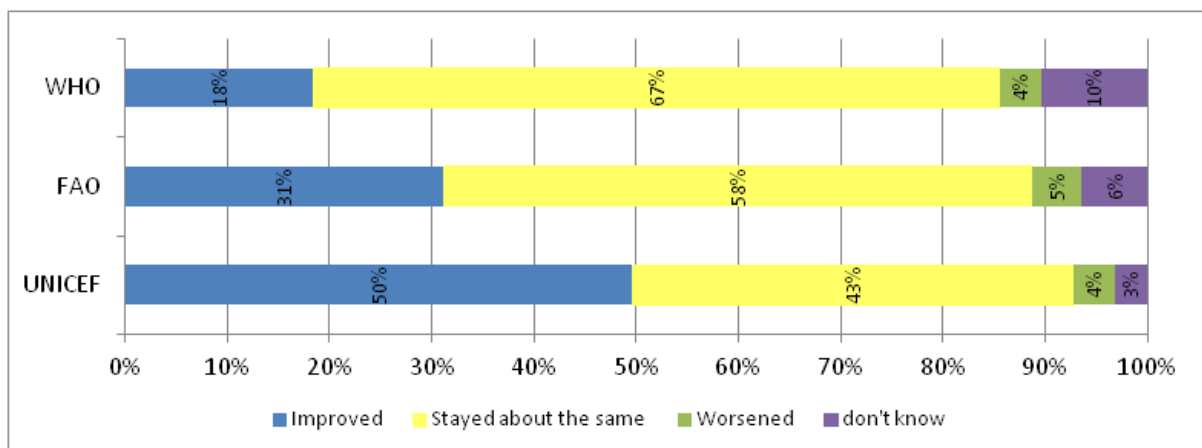
**Figure L11 Quality of understanding & collaboration with UNICEF, FAO and WHO on nutrition**



n=139

27. In an effort to gauge the direction of change, respondents who had been with WFP for long enough were asked whether they felt the relationships with these agencies (as they relate to nutrition) had improved, stayed about the same, or worsened over the last three years. As indicated in Figure L12, half of the respondents felt the collaboration with UNICEF has improved over that period; whilst the majority felt that WFP’s relationship with WHO and FAO had stayed about the same. Only a small minority (4-5%) observed any worsening of the relationships.

**Figure L12 Change in the quality of understanding & collaboration with UNICEF, FAO and WHO on nutrition over the last 3 years**



n=139

## *Monitoring and Evaluation*

28. The survey asked respondents whether they agreed or disagreed with the following statements related to WFP's monitoring and evaluation of nutrition programmes:

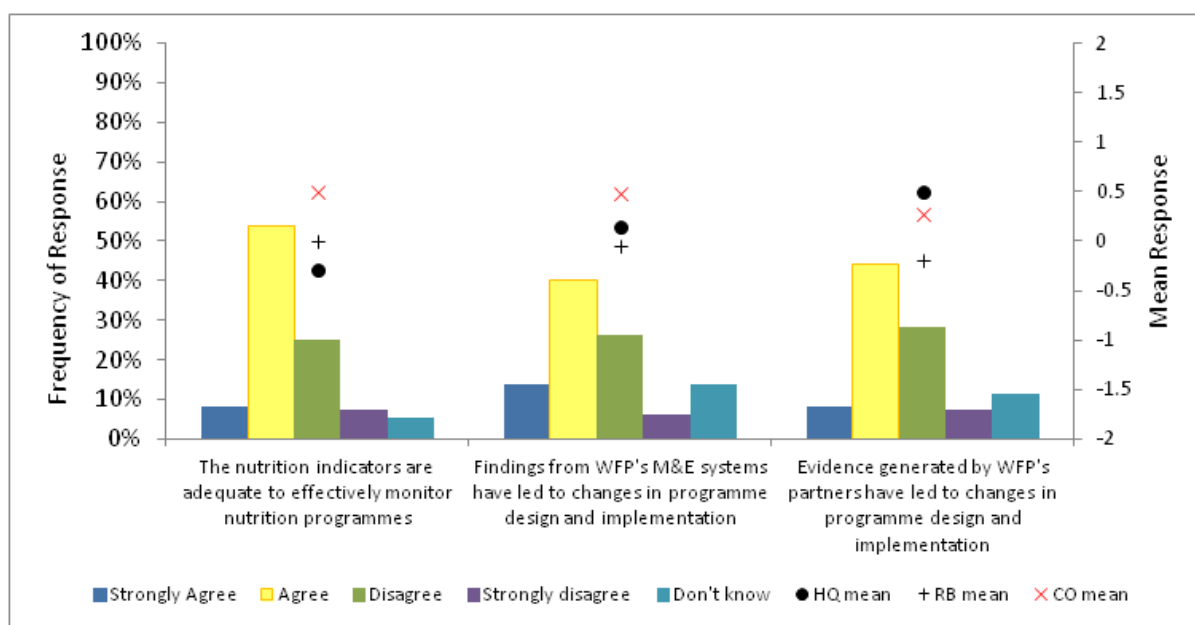
- i. The nutrition indicators are adequate to effectively monitor WFP's nutrition specific and sensitive programmes.
- ii. Findings from WFP's internal M&E systems have led to changes in the way WFP's nutrition programmes are designed and implemented.
- iii. Evidence generated by WFP's partners in country has led to changes in the way WFP's nutrition programmes are designed and implemented.

29. The results demonstrate a lack of consensus. Just over 50% of respondents agreed or strongly agreed with statements (ii) and (iii) on feedback and learning; but a third disagreed or strongly disagreed. There was a slightly larger majority agreeing with statement (i) (62%), but third of respondents still disagreed.

30. Furthermore, Figure L12 demonstrates some significant variation in responses from the different levels of stakeholders. On average, CO staff agreed with statement (i), on the adequacy of the nutrition indicators (mean response 0.5 – indicating moderate agreement); whereas HQ respondents on average disagreed with it (mean response -0.3, moderate disagreement). In the accompanying comments, some noted the need to complement the process and outcome indicators with impact indicators, acknowledging that WFP's interventions should contribute to these, even if they cannot be held fully accountable for it. Some also highlighted the lack of indicators for nutrition-sensitive interventions, and for indirect interventions such as behaviour change communication.

31. Respondents from headquarters tended to agree with statement (iii) (mean response 0.5) regarding the contribution of evidence from partners to programme design and implementation; but regional bureaus marginally disagreed (-0.2). In some of the comments, it was noted that it is less in-country evidence which informs programming, but more the global evidence base. Many noted that the quality of in-country evidence needed to be improved, or generated indicators that were incompatible with WFP's own M&E system; whereas other lamented the preoccupation with “golden standards academic research” (RB, Nutritionist) at the expense of operational research.

**Figure L13 Perceptions on the role and efficacy of M&E with regards to WFP’s nutrition interventions**



n=95

32. With respect to WFP’s use of its own M&E to inform changes at the programmatic level, some noted that it was too early to draw conclusions on account of the recent introduction of the new SRF. This was compounded by a lack of funding to collect the required data, a problem identified by a substantial number of respondents. As one noted “the new indicators are nearly all based on primary data collecting which is very demanding in terms of human resources and funding. However, no additional funds were initially attached to the roll out of the new indicators. Though funds were later located to support some of the COs, many COs chose ‘option B’ which for countries is very inaccurate due to the poor quality of secondary data and lack of disaggregated data reflecting WFP operation areas” (CO, Other). Another noted that “in 2015 it is imperative that COs budget for their mandatory nutrition surveys, and that if resources are limited, that the RBs and HQ endeavour to obtain the necessary money in time (so, not by end November, as was the case in 2014)” (RB, Nutritionist). The need to convince donors to support more rigorous and costly M&E was highlighted, but at the same time, it was recognised that the “chronic lack of data that show the quality, effectiveness and efficiency of our programmes.. [was hampering efforts] to convince governments and donors in our advocacy for WFPs nutrition work” (RB, Nutritionist).

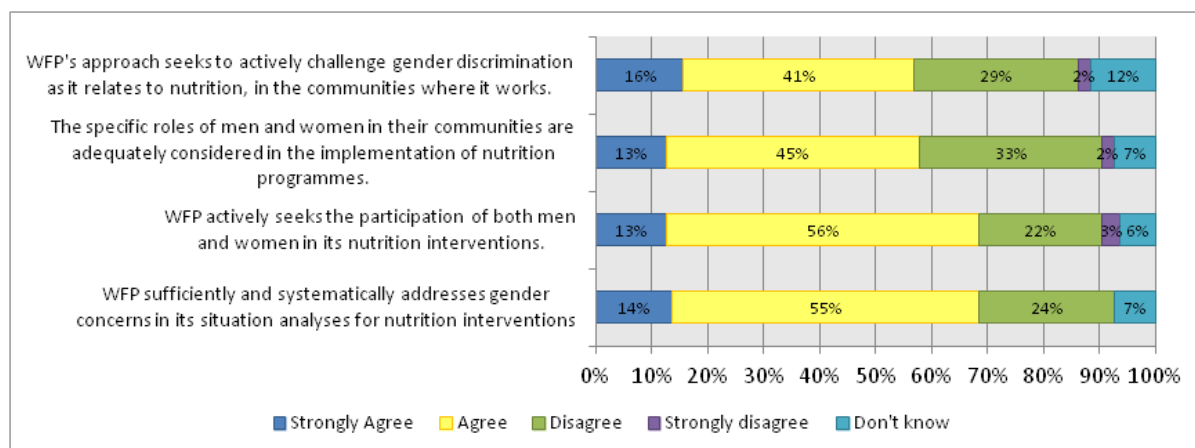
### Gender

33. Over 68% of respondents agreed or strongly agreed with the statement that “WFP sufficiently and systematically addresses gender concerns in its situation analyses for nutrition interventions”. However in the comments; some noted that this often amounted only to gender disaggregation of data, and there was a perceived lack of gender analyses, to inform programme design.

34. The same proportion of respondents (68%) agreed or strongly agreed that “WFP actively seeks the participation of both men and women in its nutrition interventions. However in the comments, some felt that whilst men are sometime included in nutrition interventions (particularly nutrition-sensitive interventions), it

is often by default, rather than actively sought, in contrast to females where there is often intentional targeting of women in nutrition-specific programmes in particular, either as direct beneficiaries or caregivers. One remarked that men’s involvement had been reduced to “loaders of bags of commodities” (RB, Nutritionist).

**Figure L14 Perceptions on WFP’s approach to gender issues as they related to nutrition**



n=95.

35. Fewer people (58%) agreed or strongly agreed with the statement that “the specific roles of men and women in their communities are adequately considered in the implementation of nutrition programmes”, the comments revealing that it varies significantly between contexts, but the expectation to do so was growing. A similar portion (57%) agreed or strongly agreed that “WFP's approach seeks to actively challenge gender discrimination as it relates to nutrition, in the communities where it works.” One respondent noted that “WFP considers the gender dynamics which may influence nutrition, but does not always actively engage in broader influencing gender roles, and this can be further constrained in emergency situations” (HQ, Programme Officer). Identified obstacles included a lack of funding, or evidence of results related gender-sensitive approaches.

36. The survey asked respondents to identify the most important way in which WFP could strengthen its gender approach to nutrition. Table L5 provides some sample comments, grouped under recurring themes. These included the need to strengthen and systematise gender situation analyses to bring about a better understanding of specific gender contexts; actively seeking the participation of men in nutrition programmes, to complement the currently favoured approach targeting women; continue to focus on females, and key related issues such as family planning and child marriage; and systematically build staff capacity in gender, through training, provision of external expertise, more guidance and better dissemination of existing guidance, and sharing of best practices.

**Table L5 Suggested ways of strengthening WFP’s gender approach to nutrition**

<b>Strengthen gender analyses</b>
In certain interventions especially in development context, have a mastery of the roles and responsibilities attributed to men and women in specific communities. This can be done by carrying out preliminary sociocultural and anthropological studies. (CO, Other)

Start with an understanding of the nutrition problems - understand from experts what might be the cause and avenues for improvement - consult with the community about culturally sensitive and gender sensitive approaches - THEN launch the programme (think first, then do) (CO, Country Director)
Mobilize funds for gender gap situation analyses (CO, Programme Officer)
Start with more emphasis on a comprehensive contextual analysis, and take it from there. (CO, Country Director)
Specialist support with gender analysis on a country by country basis (for instance when programmes of activities are being designed by the country), including concrete, practical recommendations to all stakeholders (CO, Deputy Country Director)
Make cross cutting gender more than statistics, but truly thinking through what the statistics actually tell us, gender roles, power relations, attitudes and addressing these in programme design and programme implementation, to ensure positive impacts both on nutrition outcomes and on society as a more gender sensitive environment. (RB, Nutritionist)
<b>Actively seek the participation of men in nutrition programmes</b>
The best way to strengthen gender in nutrition is by taking away the "promote-women" stigma that is now so much linked to Gender. By large WFP staff understand the gender issues, but because of the sex-based discrimination (i.e. pro-women), staff is "over-gendered" which negatively affects the way they incorporate it in programming. (CO, Deputy Country Director)
To raise awareness of Men on Nutrition. (RB, Nutritionist)
Increased investment in ensuring the participation of both men and women (but this requires additional donor commitments) (HQ, Programme Officer)
To make a real change, especially in relation to behaviour change, men have to be specifically targeted since they have influence on household decision making. (CO, Nutritionist)
I think more male engagement in nutrition interventions could strengthen gender inclusiveness in our nutrition approach. (RB, Programme Officer)
Fostering caring role of men; fostering role of men in propagating dietary diversity. (RB, Programme Advisor)
Include men and other caregivers in messaging around nutrition and child-care. (CO, Deputy Country Director)
Have more involvement and sensitization for Men Heading Household. (CO, Nutritionist)
Include men, I know women manage usually food in the households. I am thinking involvement of religious leaders, schools and other especially in Muslim societies. Focus on men, father and male care provider to be totally inclusive in all programmes and specific to nutrition. (CO, Country Director)
More training is required but more specifically men should also be trained for the better understanding on under nutrition and delivery of improved nutrition outcomes. The WFP nutrition interventions should target both men and women including the elderly in order to attain the gender equity. (CO, Deputy Country Director)
<b>Continue to focus on females</b>
Become involved in family planning issues in an attempt to avert underage and repetitive young age pregnancies. (CO, Deputy Country Director)
Working with PLW and girls adolescents in prevention. (CO, Country Director)
Join others in advocacy against girl child marriage and pregnancies, highlighting the damage this can do to the next generation. Advocacy to keep girls in school. (CO, Country Director)
Ensure that women effectively participate in all process of implementation of activities/project. (RB, Programme Advisor)
Continue to targeting malnourished PLW and children. (CO, Country Director)
Continue to target women to train and educate for improved nutritional outcomes. (CO, Programme Officer)
Looking at specific needs of PLW vs children below 5. Too many times, they fall under the same category. (CO, Deputy Country Director)

Due to her considerable role in both the family and the community, women should be placed in the centre of any nutrition related activity. From training to implementation. This would be the best way to prevent chronic malnutrition in the communities. (CO, Country Director)
<b>Build staff capacity in gender and provide more guidance</b>
An operational/intervention guideline for nutrition interventions could help the CO to better integrate gender issues in programme design and implementation. (CO, Other)
Better training/sensitization of staff designing and implementing programmes. (CO, Nutritionist)
Combining our interventions through focusing on nutrition awareness and capacity building with national protection programmes and other UN agencies projects with strong gender components. (CO, Country Director)
Conduct training on gender approach to nutrition and provide a staff in charge of gender in Country Officer to support the Programme Officers. (CO, Programme Officer)
Possibly make staff more aware of the existing guidance in this area. (CO, Deputy Country Director)
Include it in all guidance material. Give conscious effort to highlight gender-related questions in every evaluation such as this and also in all project assessment/review. Give practical and specific means to address gender concerns along nutrition programs. (CO, Nutritionist)
Need to share best practices from different countries on how gender has been integrated for different countries to learn. (CO, Nutritionist)
Guidance on gender analysis in nutrition so each operation can better understand the contexts under which they implement their programmes. (CO, Head of Programmes)
By providing training to CO staff (not only nutrition focal points, but heads of programme) and provide real-life examples of "best practices" that WFP has tried in other countries, and to also show real examples of times when gender was not considered and resulted in un-intended negative consequences. (RB, Other)

### *WFP's future nutrition agenda*

37. In an effort to solicit opinions on the future agenda for WFP in nutrition, respondents were asked to indicate whether they felt WFP should do more/ less/ continue at present levels, a series of nutrition-related activities. The list was informed by some opinions emerging from interviews and document research.

38. Such questions are not optimally designed to draw out priorities, and indeed the mean response against all areas was >2, indicating a desire to see increased activity (a "more of everything" response) (Figure L15). That said, for some activities this consensus was stronger than for other. The mean response exceeded 2.75 for the following activities (in order of magnitude): ensuring other programmes contribute to nutrition outcomes (i.e. making them more nutrition-sensitive)<sup>164</sup>; building nutrition capacity in partner governments<sup>165</sup>; advocating for improved nutrition<sup>166</sup>; and the prevention of chronic malnutrition<sup>167</sup>.

39. Some noted additional areas not listed where they felt WFP should do more. These include: building internal capacity for nutrition, incorporating more behaviour change communication (BCC) and nutrition education, and prevention of obesity.

<sup>164</sup> This was a particularly high-scoring priority for CO and RB respondents, where the mean responses were 2.9 in both cases.

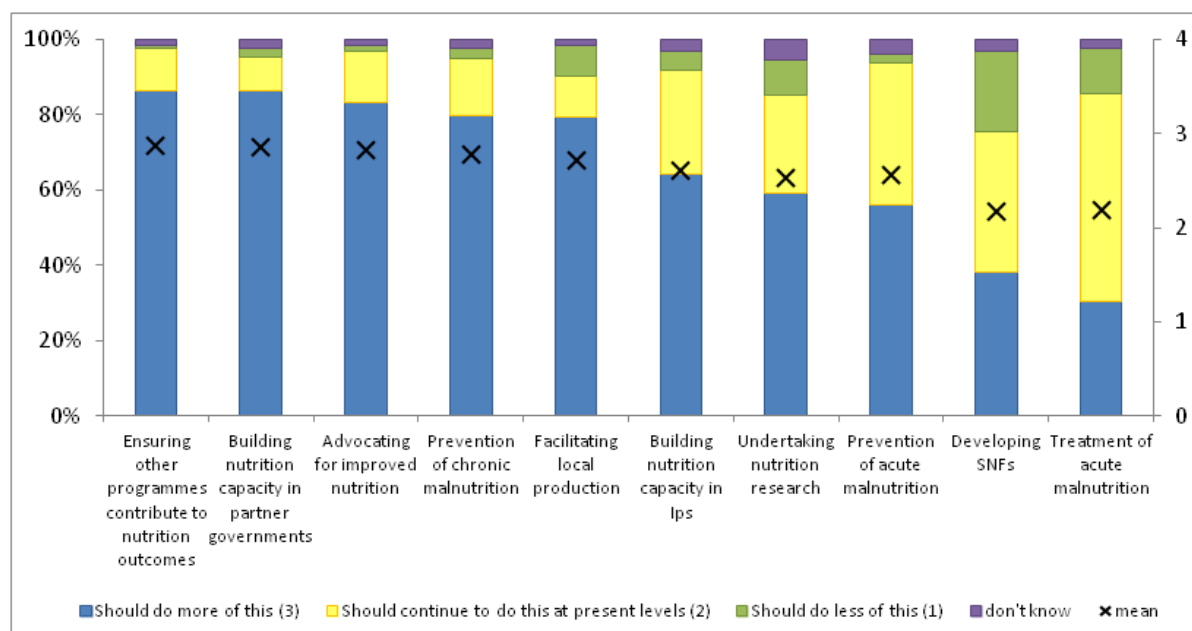
<sup>165</sup> This was more of a priority for non-nutritionists, as opposed to nutritionists who gave it less priority (mean response = 2).

<sup>166</sup> This was a particularly high-scoring priority for HQ and RB respondents, where the mean responses were 2.9 in both cases.

<sup>167</sup> This was the top priority for nutritionists, with a mean response of 2.96



**Figure L15 WFP’s future nutrition agenda**



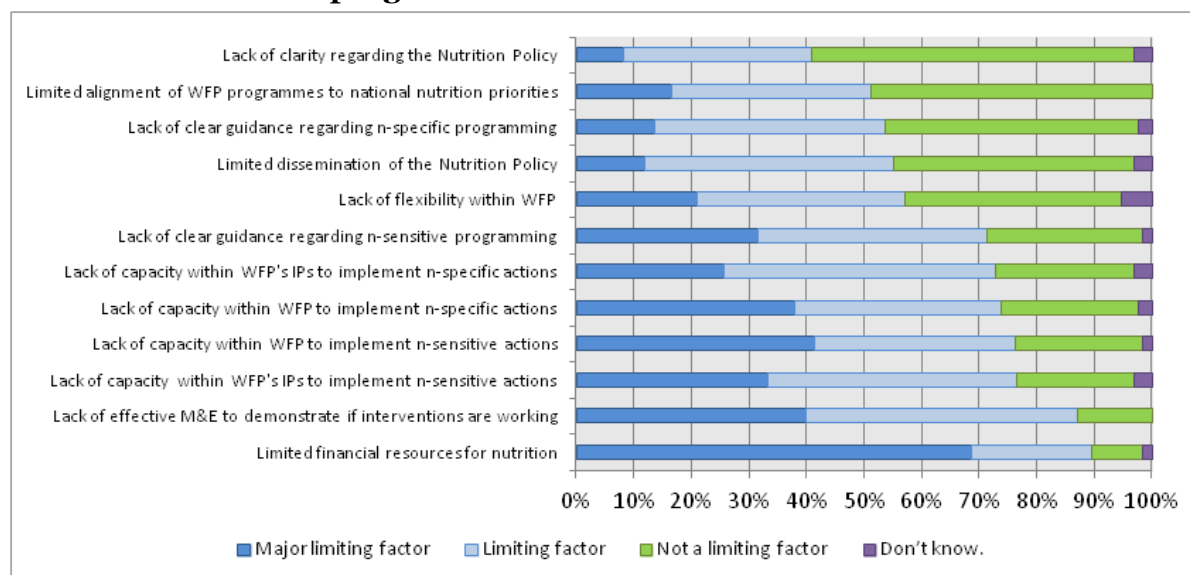
n= 134

40. In the comments it was noted that WFP doesn’t have to, and indeed shouldn’t pursue all these areas in isolation. Particular partners are well equipped to support different aspects, for example with regards to research, one respondent noted that WFP should “move towards identifying knowledge gaps and commission or advocate for specialized institutions to conduct research” (CO, Nutritionist). Others felt partnering with UNICEF on capacity building within governments would be a strategic approach given their expertise in the area.

41. Treatment of acute malnutrition was the only activity where more people felt WFP should continue at present levels as compared to those that felt it should increase. Development of SNFs was the activity for which the highest portion of respondents (21%) felt WFP should do less of it.

42. At the close of the survey, respondents were asked to identify obstacles to future success in WFP’s nutrition programming by stating whether a number of potential constraints were likely to be limiting factors or not, in the achievement of improved nutrition outcomes. The results are depicted in Figure L16.

**Figure L16 Principal challenges to improving the nutrition outcomes associated with WFP programmes**



n=135

43. There was one factor which the majority of respondents felt was not limiting—namely concerning any lack of clarity regarding the Nutrition Policy. All other factors were confirmed to be obstacles, but to varying degrees. The most significant, where more than 75% respondents identified it as being a limiting factor or major limiting factor, were (in order of magnitude): limited financial resources, lack of effective monitoring and evaluation to demonstrate whether interventions are working, and lack of capacity (technical and/or personnel) within cooperating partners and within WFP itself to implement nutrition-sensitive actions.

44. In the comments, the financial framework (being based on tonnage) and an overemphasis on SNFs over locally available nutritious foods were additionally identified as constraints.

## The nutrition policy e-survey instrument

### Identification

1) Are you currently working with WFP at headquarters, regional bureau or country office level? \*

( ) Headquarters

( ) Regional Bureau

( ) Country Office

*Logic: Hidden unless: Question "Are you currently working with WFP at headquarters, regional bureau or country office level?" #1 is one of the following answers ("Country Office")*

Which Country Office are you currently working in?\*

*Logic: Hidden unless: Question "Are you currently working with WFP at headquarters, regional bureau or country office level?" #1 is one of the following answers ("Regional Bureau")*

Which Regional Bureau are you currently working in?\*

RBB/ RBC/ RBD/ RBJ/ RBN/ RBP/

Comments:

If you have worked in other WFP offices, please note them here. In future questions use the comment boxes to highlight cases where your perceptions and experiences differ between countries or regions.

---

2) What is your current job title? \*

Country Director/ Deputy Country Director/ Director (other)/ Nutritionist or Nutrition Advisor/ Head of Programmes/ Programme Advisor (please specify programme)/ Programme Officer (please specify programme)/ Other (please specify)

Comments:

3) What year did you begin working for WFP?\*

Prior to 2010/ 2010/ 2011/ 2012/ 2013/ 2014 or later

In total, how many years have you worked for WFP?

0-2/ 3-5/ 6-8/ 9+

4) Do you have experience working on nutrition issues?

Yes – significant experience / Yes – some experience / No experience

Comments:

5) Do you have a qualification in nutrition?

Yes (please specify) / No /Comments:

6) Please indicate your gender.

Male / Female / Prefer not to say

**Awareness of the Nutrition Policy**

7) How familiar are you with WFP’s Nutrition Policy? \*

Very familiar with the policy/ Reasonably familiar with the policy/ Aware of the policy, but unfamiliar with its detail/ The policy is completely unknown to me/

*Logic: Hidden unless: Question "How familiar are you with WFP’s Nutrition Policy?" #7 is one of the following answers ("Very familiar with the policy", "Reasonably familiar with the policy")*

How did you become familiar with it? Please select the *primary* method, from the below options.

By reading the policy document/ Through training on the policy/ By reading related programming guidance/ Other: \_\_\_\_\_

Comments:

*Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("Prior to 2010", "2010", "2011", "2012")*

8) Were you consulted on the Nutrition Policy whilst it was being developed? If yes, please describe how.\*

Yes / No

Comments:

9) In your opinion, has the Nutrition Policy been *more* or *less* effectively disseminated (within WFP) than other WFP policies?

Please elaborate on your answer and indicate which policy(ies) you are comparing it to.\*

Better / About the same / Worse

Comments:

*Logic: Hidden unless: Question "What is your current job title?" #2 is not one of the following answers ("Country Director", "Deputy Country Director", "Director (other)")*

10) Are you familiar with the following WFP guidance on nutrition:\*

	Yes	No
Programming guidelines for nutrition-specific interventions (2012)		
Strengthening the nutrition focus of Community-Based Participatory Planning guidance note (2013)		
e-learning modules relating to nutrition		

*Logic: Hidden unless: Question "Programming guidelines for nutrition-specific interventions (2012)" is one of the following answers ("Yes")*

How useful did you find the programming guidelines for nutrition-specific interventions?

Useful/ Not useful/ Don't know

*Logic: Hidden unless: Question "Strengthening the nutrition focus of Community-Based Participatory Planning guidance note (2013)" is one of the following answers ("Yes")*

How useful did you find the nutrition-sensitive community-based participatory planning guidance?

Useful/ Not useful/ Don't know

Logic: Hidden unless: Question "e-learning modules relating to nutrition" is one of the following answers ("Yes")

How useful did you find the nutrition-related e-learning modules?

Useful/ Not useful/ Don't know

Logic: Hidden unless: Question "What is your current job title?" #2 is not one of the following answers ("Country Director", "Deputy Country Director", "Director (other)")

11) Is there any other guidance or training materials you have found helpful? If so please specify which.

Yes / No

Comments:

### Influence of the Policy on WFP's nutrition analysis, programming and implementation

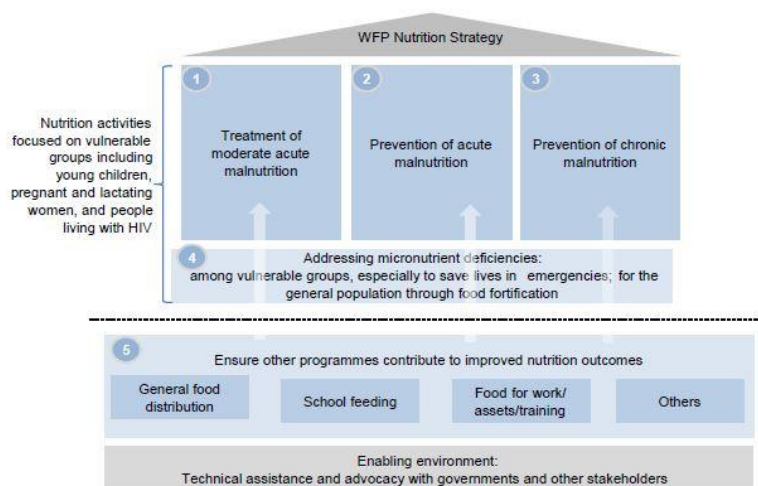
12) In the Nutrition Policy, WFP differentiates between "nutrition-sensitive" and "nutrition-specific" interventions. How familiar are you personally with this distinction?\*

Very familiar/ Reasonably familiar/ Not Familiar

Comments:

Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("2013", "2014 or later")

13) The Nutrition policy sets out 5 focus areas for WFP's work in nutrition as depicted in the below diagram.

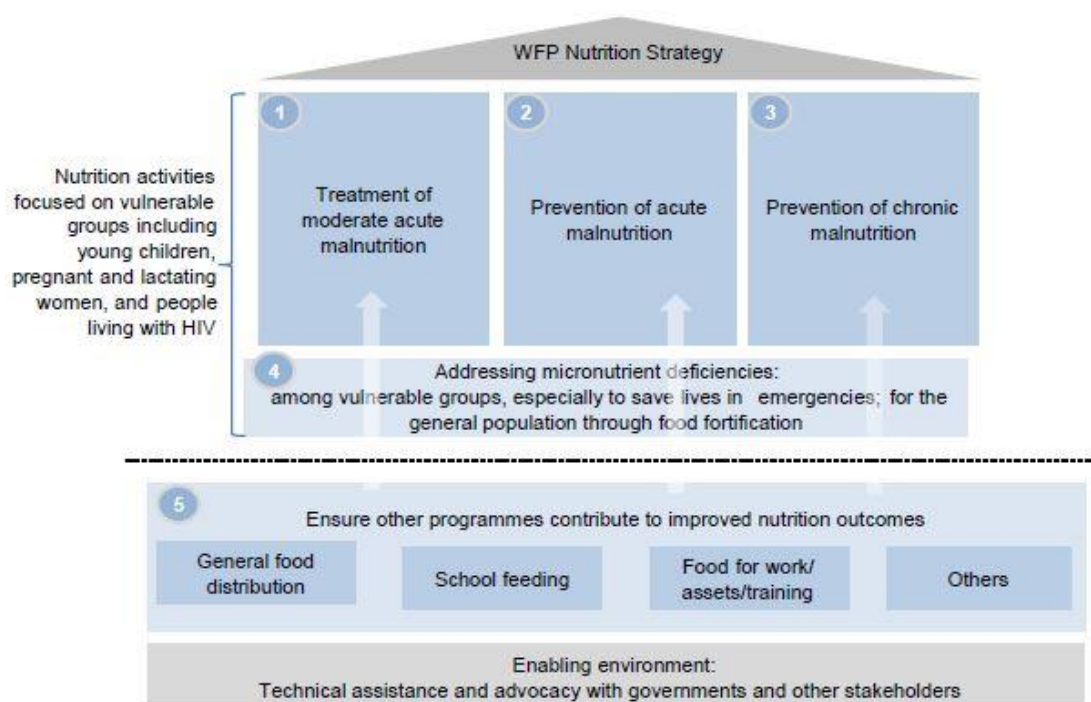


In your experience, how important are each of these areas to the work of WFP, in the context in which you have been involved?\*

	Very important	Fairly important	Fairly unimportant	Very unimportant
i) Treatment of moderate acute malnutrition				
ii) Prevention of acute malnutrition				
iii) Prevention of chronic malnutrition				
iv) Addressing micronutrient deficiencies				
v) Ensure other programmes (e.g. GFD, FFW, SF) contribute to nutrition outcomes				

Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("Prior to 2010", "2010", "2011", "2012")

14) The Nutrition policy sets out 5 focus areas for WFP's work in nutrition as depicted in the below diagram.



In your experience, how important are each of these areas to the work of WFP, in the context in which you have been involved? How has this changed over the last 3 years?

	Current focus					Change over time			
	Very important	Fairly important	Fairly unimportant	Very unimportant	Don't know	Increased focus	Stayed about the same	Less of a focus	Don't know
i) Treatment of moderate acute malnutrition									
ii) Prevention of acute malnutrition									
iii) Prevention of chronic malnutrition									
iv) Addressing micronutrient deficiencies									
v) Ensure other programmes (e.g. GFD, FFW, SF) contribute to nutrition outcomes									

15) Based on your experience, is there any aspect(s) not included in the policy framework set out above, that you think should be?

*Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("Prior to 2010", "2010", "2011", "2012")*

16) In the above framework, areas 1-4 can collectively be called "nutrition-specific" interventions, whilst area 5 concerns "nutrition-sensitive" interventions.

i) Over the last three years, have you noticed any significant changes in the implementation of nutrition-specific programmes, in the context in which you work? Please elaborate.

Yes / No

Comments:

*Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("Prior to 2010", "2010", "2011", "2012")*

ii) Over the last three years, have programmes outside the nutrition-specific sphere (such as school feeding, FFW, GFD) been adapted to make them more nutrition-sensitive? Please elaborate.

Yes / No

Comments:

17) Compared with other UN agencies, what do you think are WFP's main comparative advantages with regards to nutrition programming, in emergency contexts, and non-emergency settings?

	WFP Comparative advantages
a) emergency contexts	
b) non-emergency contexts	

*Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("2013", "2014 or later")*

18) In the context in which you work, what is the quality of mutual understanding and collaboration on nutrition, between WFP and each of these partners?\*

	Very strong	Moderately strong	Moderately weak	Very weak
(a) UNICEF				
(b) FAO				
(c) WHO				

Comments:

*Logic: Hidden unless: Question "What year did you begin working for WFP?" #3 is one of the following answers ("Prior to 2010", "2010", "2011", "2012")*

19) In the context in which you work, what is the quality of mutual understanding and collaboration on nutrition, between WFP and each of these partners? How has this changed over the last three years?

	Quality of understanding & collaboration					Change over last 3 years			
	Very strong	Moderately strong	Moderately weak	Very Weak	unknown/N.A.	Improved	Stayed about the same	Worsened	Don't know
a) FAO									
b) UNICEF									
c) WHO									

Comments:

### Monitoring & Evaluation; and Gender

*Logic: Hidden unless: Question "What is your current job title?" #2 is not one of the following answers ("Country Director", "Deputy Country Director", "Director (other)")*

20) Please indicate the degree to which you agree or disagree with the following statements about WFP's M&E system, using the comment boxes to elaborate on your responses:



	Opinion					Comments
	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	
The nutrition indicators are adequate to effectively monitor WFP's nutrition specific and sensitive programmes.						—
Findings from WFP's internal M&E systems have led to changes in the way WFP's nutrition programmes are designed and implemented.						—
Evidence generated by WFP's partners in country has led to changes in the way WFP's nutrition programmes are designed and implemented.						—
International evidence and research has led to changes in the way WFP's nutrition programmes are designed and implemented.						—

Do you have any other comments relating to M&E?

*Logic: Hidden unless: Question "What is your current job title? " #2 is not one of the following answers ("Country Director", "Deputy Country Director", "Director (other)")*

21) Please indicate the degree to which you agree or disagree with the following statements regarding WFP's approach to gender, using the comment boxes to elaborate on your responses:

	Opinion					Comments
	Strongly agree	Agree	Disagree	Strongly disagree	Don't+know	
WFP sufficiently and systematically addresses gender concerns in its situation analyses for nutrition interventions.						—
WFP actively seeks the participation of both men and						—

women in its nutrition interventions.						
The specific roles of men and women in their communities are adequately considered in the implementation of nutrition programmes.						_____
WFP's approach seeks to actively challenge gender discrimination as it relates to nutrition, in the communities where it works.						_____

22) What is the most important way in which WFP could strengthen its gender approach to nutrition?

**WFP's future nutrition agenda**

23) In your opinion, which of the following areas do you think WFP's nutrition programming should focus more or less on, in the future?

	Should do more of this	Continue at present levels	Should do less of this	Don't know
Treatment of acute malnutrition				
Prevention of acute malnutrition				
Prevention of chronic malnutrition				
Ensuring other programmes contribute to nutrition outcomes (nutrition-sensitive)				
Building nutrition capacity in partner governments				

Building nutrition capacity in implementing agencies				
Advocating for improved nutrition				
Developing specialised nutritious foods				
Facilitating local production of nutritious foods				
Undertaking nutrition research				

Comments:

24) Please identify the principal challenges to improving the nutrition outcomes associated with WFP programmes:

	Major limiting factor	Limiting factor	Not a limiting factor	Don't know.
Lack of clarity regarding the Nutrition Policy				
Limited dissemination of the Nutrition Policy				
Lack of clear guidance regarding nutrition-sensitive programming				
Lack of clear guidance regarding nutrition-specific programming				
Limited financial resources for nutrition				
Lack of capacity (technical and/or personnel) <i>within WFP</i> to implement <b>nutrition-specific</b> actions				
Lack of capacity (technical and/or personnel) <i>within WFP</i> to implement <b>nutrition-sensitive</b> actions				

Lack of capacity (technical and/or personnel) within WFP's <i>implementing partners</i> to implement <b>nutrition-specific</b> actions				
Lack of capacity (technical and/or personnel) within WFP's <i>implementing partners</i> to implement <b>nutrition-sensitive</b> actions				
Limited alignment of WFP programmes to national nutrition priorities				
Lack of effective monitoring and evaluation to demonstrate whether interventions are working				
Lack of flexibility within WFP				

## Annex M Review of WFP's Nutrition Guidance

The evaluation team briefly reviewed the main documents drawn to the team's attention as WFP's current guidance on preparation and implementation of nutrition programmes. A summary assessment is provided in the table below.<sup>168</sup>

Guidance	Date	Purpose	Consistency with policy	Consistency with international best practice
Emergency Food Security Assessment Handbook second edition	January 2009	Guidance for WFP VAM and food security analysts for use in emergency situation or protracted crises	The assessment includes contextual factors and food security and nutrition indicators that would help guide nutrition programme design and uses nutrition indicators that are aligned with policy	MUAC cut-offs may need revising according to national guidelines. Limited guidance on gender-sensitive assessments. Overnutrition indicators deal with adults only and not children.
Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies	January 2011	Guidance on programme implementation particularly on addressing acute malnutrition (moderate and severe).	Although it was written before the WFP nutrition policy, these guidelines are consistent with the NP in terms of when and how to treat moderate acute malnutrition through targeted supplementary feeding, and when to use blanket supplementary feeding for acute malnutrition. Also mentions general food distribution (with limited guidance) and addressing micronutrient deficiencies in emergencies.	Consistent with WHO thresholds on when to intervene and uses Sphere standards to monitor against.  Consistent with best practice on MAM treatment and although best practice on blanket feeding is limited, the guidance does not state anything erroneous.

<sup>168</sup> The team also provided informal comments to OSN on some additional documents still under development: *Nutrition Sensitizing World Food Programme: A Framework and Action Plan* (DRAFT October 13, 2014), and *WFP Handbook for Food Assistance and Nutrition Programmes 2015 revision* (in development).

Guidance	Date	Purpose	Consistency with policy	Consistency with international best practice
Nutrition at the World Food Programme, Programming for Nutrition-Specific Interventions	December 2012	“The primary intent of this booklet is to assist in the design of nutrition-specific programmes in WFP COs, but may also serve as a resource for training or advocacy issues.”	<p>Introduction is followed by an excerpt from the Nutrition Policy describing WFP’s focus areas in nutrition.</p> <p>The document is firmly aligned with the policy and a useful resource to clarify some areas of the policy.</p> <p>Describes each of the 4 nutrition specific pillars, with supporting evidence for WFP’s approach &amp; description of how to implement activities. Also includes M&amp;E and the SNF sheet (see below).</p> <p>Offers less scope than the policy appears to for local contextual solutions: activities under each pillar are more circumscribed here.</p>	<p>Uses an expanded, “WFP Food and Nutrition Security Conceptual Framework” – an expanded version of the UNICEF one.</p> <p>Clear guidance on programming options. Includes a listing of key partners and complementary activities necessary, but falls short of describing how WFP should engage with other agencies/bring in additional activities (such as IYCF BCC/nutrition education/awareness) to ensure a more comprehensive, sustainable approach, especially with regard to acute malnutrition (pillars 1 and 2): limited remit described here in comparison with GNC toolkit on MAM.</p> <p>Acknowledges the evidence gap for prevention of stunting programmes, yet maintains a primary focus on extended duration BSFP and WFP thresholds of intervention where stunting prevalence is &gt;30%.</p>
e-learning Basic Concepts in Nutrition	2012		Has module on nutrition policy and 5 pillars as well as nutrition specific and nutrition sensitive programming	Is aligned with basic nutrition concepts and with concepts advocated by the SUN Movement, but is not clear about how nutrition products can be part of a wider package of nutrition specific and sensitive interventions

<b>Guidance</b>	<b>Date</b>	<b>Purpose</b>	<b>Consistency with policy</b>	<b>Consistency with international best practice</b>
WFP Specialized Nutritious Foods Sheet	July 2013	Provides guidance on the products to use for different target groups to treat acute malnutrition, prevent acute malnutrition, addressing stunting and addressing micronutrients	Clear information on target group for each product, ingredients and nutritional profile with additional information such as shelf life and packaging. Aligned with policy in general but does not give specific guidance for local production although the products described can be used as a guide.	International best practice is not well defined but the products described in the guidance are not outside common practice  Could usefully add a footnote to the effect that the products should be provided alongside continued breastfeeding of the 6-23 month child, to ensure consistent messaging in terms of the International Code of Marketing of Breast-milk Substitutes and international IYCF guidance
e-learning Nutrition Situation Analysis		To provide guidance for staff conducting situation analysis	Guidance on providing food security, mortality and nutrition data to contribute to situational understanding	Based on the UNICEF conceptual framework for malnutrition and gives good details on data collection for the different indicators associated with this

Guidance	Date	Purpose	Consistency with policy	Consistency with international best practice
<p>Strengthening the nutrition focus of Community-Based Participatory Planning (CBPP): a guidance note – final draft</p>	<p>2014</p>	<p>“This guidance note aims at identifying practical opportunities and providing hands-on guidance on how to strengthen the nutrition focus of Community-Based Participatory Planning (CBPP), one of the key tools used in resilience and FFA programming. In other terms, it intends to make CBPP more nutrition-sensitive.”</p>	<p>Tool to assist development of Pillar 5 activities.</p> <p>Considers partnerships, nutritionally vulnerable target groups, nutrition indicators, linkages between programmes &amp; multi-sectoral engagement; includes consideration of stunting, wasting and micronutrient deficiencies.</p> <p>Discusses appropriate choice of transfer (food/SNF/cash) and asset development to achieve nutritional objectives.</p> <p>Includes extracts from the Nutrition Policy and is aligned.</p>	<p>As yet nutrition-sensitive programming lacks agreed international guidance. However, this document includes a focus on nutritionally vulnerable target groups (according to 1,000 days) and advice on inclusion of nutrition indicators as well as creation of assets appropriate for advancing nutrition aims. This is in line with current thinking on nutrition sensitive approaches.</p>



## **Annex N Nutrition Programming Case Studies**

1. Responding to a request from programme and nutrition officers for tangible examples of how WFP has implemented nutrition-specific and nutrition-sensitive interventions, in 2014 the Policy, Programme, and Innovation Division of WFP initiated a project to support Regional Bureaux and Country Offices to document a series of technical case studies in nutrition programming, as part of a knowledge sharing exercise. Funded by the Children's Investment Fund Foundation (CIFF), to date six case studies have been produced, focusing on the following interventions:

- flour fortification in Egypt (WFP 2015f);
- local production of specialized nutritious food in Pakistan (WFP 2015h);
- nutrition-sensitive interventions in Ecuador (WFP 2015i);
- nutrition-sensitive interventions in the Dominican Republic (WFP 2015e);
- scaling-up nutrition interventions in Niger (WFP 2015g);
- scaling-up nutrition interventions in Malawi (WFP 2015j).

2. The case studies provide a brief account of the intervention, and draw out key success factors, lessons learnt and recommendations. These are meant to be of broad enough relevance to provide useful learning for other country offices considering similar interventions. They are summarised in Table N1 .

3. The exercise was internal, with the reviews undertaken by officers from HQ in collaboration with CO and RB staff, and thus its findings cannot be read as independently rigorous. That said, none of the key success factors or recommendations are considered to be contradictory to the conclusions and recommendations of this evaluation report.

4. All the interventions considered predate the Nutrition Policy (some beginning as far back as 2005), and therefore findings don't offer direct insights about the results of the policy. However, the exercise can be considered a tangible example of WFP investing in improving cross-country learning as it relates to nutrition programmes, as the intention is that all case studies will be soon posted on the WFP external website, and all Programme Officers, DCDs and CDs informed about them.

**Table N1 Nutrition Programming Case Studies: summary of key success factors, lessons learned and recommendations**

Key Success Factors and Lessons Learned	Recommendations
<b><i>Egypt: Food fortification (WFP 2015f)</i></b>	
<p>In response to Egypt’s transition to become a middle income country, the role of WFP in Egypt has shifted to less direct implementation of programmes and more capacity development and technical support. WFP advocated for and launched a National Wheat Flour Fortification Programme in 2008, and directly managed it until 2011 when the Government of Egypt took over the management and funding (with WFP providing technical support). The programme has the primary objective of addressing the high population prevalence of anaemia, reaches over 60 million Egyptians, and has led to increases in the consumption of micronutrients by women of reproductive age.</p>	
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Full engagement by senior management is crucial for success in novel programming.</li> <li>• When developing and implementing a programme, examine the type of staff currently employed and look externally, if necessary, to assist with political, communications, or technical challenges.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Consider the importance of having technical expertise, in particular, as part of your staffing plan (e.g. nutrition, food fortification, economics). Consider that project managers can be just as important, especially in larger programmes.</li> <li>• If expertise in country is low, look to hire specific and strategic consultants with expertise in flour fortification, nutrition, etc. to assist team.</li> </ul>
<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Advocate and work with partners to determine right champion for your project.</li> </ul>	<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Consult with all relevant stakeholders to determine the best strategic partner or government ministry to help champion project, noting this might not be the Ministry of Health.</li> </ul>
<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Form a strategic inclusive alliance involving all stakeholders.</li> </ul>	<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• If there is an existing nutrition-focused alliance, explore potential of this group to become technical advisory group; or form new inclusive alliance.</li> <li>• The following data are useful for supporting the work of such an alliance: a cost-benefit analysis of food fortification; information on the burden of micronutrient deficiency or undernutrition in the population; and a supply chain study to demonstrate potential project design scenarios.</li> </ul>
<p><b>Communications strategy:</b></p> <ul style="list-style-type: none"> <li>• Develop an advocacy, social marketing and communication campaign.</li> <li>• Directly address concerns of detractors.</li> </ul>	<p><b>Communications strategy:</b></p> <ul style="list-style-type: none"> <li>• Develop a comprehensive communication plan that includes advocacy targeting government officials and social marketing targeting the general public.</li> <li>• Involve critics in communications to thwart potential efforts to halt programme.</li> </ul>
<p><b>M&amp;E:</b></p> <ul style="list-style-type: none"> <li>• Consider the importance of a well performing monitoring and evaluation system.</li> </ul>	<p><b>M&amp;E:</b></p> <ul style="list-style-type: none"> <li>• Be critical about monitoring and evaluation performance, and assist the government in improving existing systems or creating a new one, if necessary.</li> </ul>

Key Success Factors and Lessons Learned	Recommendations
<b><i>Pakistan: Local Production of SNFs</i></b> (WFP 2015h)	
<p>Between 2009 and 2014, WFP has provided specialized nutritious food to almost 1.5 million vulnerable children in Pakistan through local production of Lipid-Based Nutrient Supplements (LNS). WFP lead the development of Wawa Mum and Acha Mum, with the Country Office launching the initiative and providing technical assistance to the private sector in all steps from product development to final production.</p>	
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Senior management direct involvement is crucial for success.</li> <li>• Clearly define skills required, create additional positions if not available within team, and recruit the right staff.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Senior management leadership and active engagement is required throughout the project timeframe.</li> <li>• It is important to have specific technical expertise in food technology with strong food industry background and nutrition technical expertise.</li> <li>• Close collaboration with Regional Bureau/Headquarters on staffing is required, and/or look to hire consultants with expertise in food technology and nutrition to assist the team further.</li> </ul>
<p><b>Private sector partnerships:</b></p> <ul style="list-style-type: none"> <li>• WFP must set and adhere to clear criteria for the selection of a manufacturer. Manufacturers need to understand and agree to these criteria at the start of the partnership.</li> <li>• Continuous intense technical support by WFP to private sector partners is required.</li> </ul>	<p><b>Private sector partnerships:</b></p> <ul style="list-style-type: none"> <li>• Be clear with the private sector on the minimum technical capacity, e.g. being able to apply ISO 22000 standards, is required or production is not possible.</li> <li>• WFP needs to be ready for a longer term engagement with the PS to generate their buy-in.</li> <li>• Required investments need to be clearly discussed with manufacturers, and WFP needs to be transparent about the level of possible financial commitment (if any).</li> </ul>
<p><b>Generating sustainable demand for SNFs:</b></p> <ul style="list-style-type: none"> <li>• In-country production is only advisable when there is demand.</li> <li>• WFP cannot be the sole demand for a sustainable market.</li> </ul>	<p><b>Generating broader demand for SNFs:</b></p> <p>WFP can support a sustainable market by:</p> <ul style="list-style-type: none"> <li>• effectively engaging other nutrition stakeholders to add LNS to their programming if appropriate (e.g. UNICEF, Government, NGOs); and</li> <li>• facilitating safe commercialisation of LNS products.</li> </ul>

Key Success Factors and Lessons Learned	Recommendations
<b><i>Ecuador: Nutrition-sensitive programming (voucher distribution) (WFP 2015i)</i></b>	
<p>From 2011 – 2013 WFP redefined its role in Ecuador, a middle income country, by introducing innovative ways to continue to contribute to food and nutrition security in the changing economic, social, and political environment. Informed by results from a joint study with IFPRI and recognizing WFPs comparative advantage for linking local food production and supply to vulnerable groups, WFP developed two voucher programmes aiming to increase access to and promote consumption of fruits and vegetables (where vouchers can only be used to purchase pre-specified, locally produced nutritious foods). Furthermore, the programmes conduct strong sensitization and capacity building for beneficiaries, venders, smallholder farmers and Government and programme staff.</p>	
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Senior management support is crucial for success.</li> <li>• When capacities are not equivalent to programming needs, capacity development should be prioritized and can be accomplished in numerous ways.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Continuous senior management support needs to be provided throughout project timeframe, in addition to staff with specific technical or programmatic expertise in nutrition and gender.</li> <li>• If expertise in CO is not available, request support from RB/HQ and/or look to hire specific expertise in form of consultants to assist team.</li> </ul>
<p><b>Use of Research:</b></p> <ul style="list-style-type: none"> <li>• Based on research results, using a voucher was the most cost effective modality for improving dietary diversity in this context.</li> <li>• In addition, other research results underscored the importance of nutrition sensitization, via trainings, for improving dietary habits and diversity.</li> </ul>	<p><b>Use of Research:</b></p> <ul style="list-style-type: none"> <li>• Commitment to conduct research on the best modality to use given country or programme- specific requirements is important to garner support.</li> <li>• Specific context for programme implementation should be considered and programmes tailored to context through research/ data/information.</li> </ul>
<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Importance of aligning WFP goals with governmental priorities and communicating that back to Government.</li> <li>• Importance of being perceived as credible by the government through demonstration of expertise and experience.</li> <li>• An analysis of governmental structures can open avenues for improved engagement at multiple levels, particularly in decentralised contexts.</li> </ul>	<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Using strong leadership and flexibility to select goals, and aligning them with Government, both national and local.</li> <li>• Support innovation to foster receptiveness by staff to change.</li> <li>• Continuous dialogue with partners to increase credibility so that they will also be receptive to change.</li> </ul>

Key Success Factors and Lessons Learned	Recommendations
<b><i>Dominican Republic : Nutrition-sensitive programming (social protection programme) (WFP 2015e)</i></b>	
<p>Since 2009, the Government of the Dominican Republic and WFP have collaborated to integrate a nutrition component into the governmental social protection programme, Solidaridad. The nutrition component includes capacity development, growth monitoring, nutrition education, and the distribution of Micronutrient Powders to young children. WFP provides critical technical assistance, capacity development, and monitoring and evaluation support. The partnership continues today.</p>	
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Senior management support is pivotal for success in programme of such large scale.</li> <li>• When developing and implementing a programme, examine the type of staff currently employed and look externally, if necessary, to assist with political, communications and technical challenges.</li> <li>• It is important for staff directly involved in the implementation of the programme to be trained in nutrition and for field monitors to have education and technical background.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Besides having a committed and dedicated team, consider the importance of having technical expertise in nutrition, programme development or Micronutrient Powders, in particular, as part of your staffing plan.</li> <li>• If expertise in country is low, look to hire specific and strategic consultants with expertise in programme development or Micronutrient Powders to assist team (look for RB/HQ advice on potential candidates).</li> </ul>
<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Advocate and work with partners to determine the right champion for your project.</li> </ul>	<p><b>Engagement with Government:</b></p> <ul style="list-style-type: none"> <li>• Consult with all relevant stakeholders to determine the best strategic partner or government ministry to help champion project, noting this might not be the Ministry of Health.</li> </ul>
<p><b>Use of data:</b></p> <ul style="list-style-type: none"> <li>• Use an MOU to ensure efficiency of work and inclusion and collaboration of all parties involved in programme.</li> </ul>	<p><b>Use of data:</b></p> <ul style="list-style-type: none"> <li>• Capitalize on other strategic goals (re: economic) important for Government or ministry in charge of making decisions about moving forward.</li> <li>• To align your goals with the goals of this ministry, prioritize the collection of appropriate data.</li> </ul>
<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Use an MOU to ensure efficiency of work and inclusion and collaboration of all parties involved in programme.</li> </ul>	<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Make sure every key ministry or partner(s) are brought into the discussion from an early stage in a process.</li> <li>• Once it is clear that a project is moving forward, sign an MOU or similar document that clearly define the roles and responsibilities of each participating organization or ministry.</li> </ul>
<p><b>Capacity building:</b></p> <ul style="list-style-type: none"> <li>• Develop a training programme to make sure that there is consistency within the programme and that any staff turnover will not overly disrupt the programme.</li> <li>• Prepare to repeat training and provide continued and consistent follow-up.</li> </ul>	<p><b>Capacity building:</b></p> <ul style="list-style-type: none"> <li>• If a programme involves many levels of supervision, it is recommended to ensure that everyone receives the same training on the programme.</li> <li>• This training should include basic nutrition, programmatic instructions as well as specific information on any products being used, for example Micronutrient Powders, and how to administer them.</li> </ul>

Key Success Factors and Lessons Learned	Recommendations
<b><i>Niger: scaling-up nutrition interventions</i></b> (WFP 2015g)	
<p>Between 2005 and 2014, in addition to country programmes, the WFP Country Office in Niger implemented a series of emergency operations (EMOP) and protracted relief and recovery operations (PRRO), which shaped WFP nutrition programming in the country. During that time, Niger went from having no scaled nutrition programming to large-scale treatment of acute malnutrition to prevention of acute and chronic malnutrition and integration of nutrition with other recovery and resilience activities. WFP scaled up its own nutrition interventions, worked with the government of Niger to integrate and scale up its own treatment of acute malnutrition, and implemented prevention-oriented nutrition programmes.</p>	
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Nutrition technical programming requires sufficient technical staff who should be located where programmes are operating (i.e. sub offices), as well as in the Country Office.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Carefully consider the number and technical qualifications of staff working on nutrition programmes at all levels and locations. To ensure high quality programming ,nutrition technical expertise is required at field level.</li> </ul>
<p><b>Leadership:</b></p> <ul style="list-style-type: none"> <li>• WFP's role in nutrition can initiate change for nutrition programming.</li> <li>• High level engagement within WFP can sustain action.</li> </ul>	<p><b>Leadership:</b></p> <ul style="list-style-type: none"> <li>• Leadership from WFP is important to provide WFP the space to act as an accepted key nutrition partner with in-country stakeholders.</li> <li>• Depending on the country context, support from higher level management may be required to sustain momentum.</li> </ul>
<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Creating and maintaining a long-term partnership requires investment of time and human resources.</li> <li>• Outcomes of such partnerships surpass the investment and can lead to lasting programmatic change.</li> </ul>	<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Outcomes of joint UN efforts are well recognised and should be considered as viable strategies to reach programmatic success.</li> <li>• Capitalize on REACH or the SUN movement if these formalised partnerships for nutrition are in place in country to ensure solid coordination and joint advocacy measures.</li> </ul>
<p><b>Use of research:</b></p> <ul style="list-style-type: none"> <li>• VAM assessments and operational research are important tools to inform programming. Improved programming adaptation and efficiency helps WFP regain costs associated with data collection, monitoring and evaluation, and operational research.</li> </ul>	<p><b>Use of research:</b></p> <ul style="list-style-type: none"> <li>• Nutrition indicators can be incorporated into VAM assessments to inform nutrition policy and programming.</li> <li>• Operational research should be considered, when feasible, because outcomes can generate evidence for WFP Country Office programming decisions and add to the global evidence base.</li> <li>• It's important to have regular nutrition data collection and analysis to ensure up-to-date information for programming and advocacy efforts.</li> </ul>

Key Success Factors and Lessons Learned	Recommendations
<b>Malawi: scaling-up nutrition interventions</b> (WFP 2015j)	
<p>Since 2012 WFP has been working with the Government, and with financial support from CIFF, to implement a stunting prevention programme in Ntchisi District of the Central region of Malawi, as part of the national Scaling-Up-Nutrition movement. This programme is a large-scale, community-based intervention, which includes a social and behaviour-change communication campaign around appropriate dietary intake during pregnancy, optimal infant and young child feeding practices, and hygiene promotion. The programme also provides a small-quantity LNS to all children 6-23 months of age and supports the treatment of moderate acute malnutrition in PLW.</p>	
<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Nutrition activities within a country can take advantage of global movements such as SUN to build momentum and gain credibility.</li> <li>• Working with government structures is a facilitating factor for strong programme development.</li> <li>• Before putting entirely new structures in place, review of the local landscape revealed existing structures that required strengthening.</li> </ul>	<p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Prior to the development of a new programme or initiative, it is crucial to assess guiding global, national, and local policies which may be important for programme development.</li> <li>• Engage consistently and closely, with policy makers, stakeholders, and other partners at all levels to align goals and activities of a new programme, as well as to define the roles and responsibilities of each partner.</li> </ul>
<p><b>Use of research:</b></p> <ul style="list-style-type: none"> <li>• Taking the time during a formative planning period to understand the proposed target area is important for programme development.</li> <li>• Utilizing new technologies in the field can allow for near real time information gathering and course corrections when needed.</li> </ul>	<p><b>Use of research:</b></p> <ul style="list-style-type: none"> <li>• Take advantage of approaches or tools such as “bottleneck analyses” or “rapid assessments” to gain understanding of local contexts prior to initiating new programme activities in a new place.</li> <li>• Investing in new approaches, technologies, and knowledge platforms can pay dividends for programmes that are willing to go the extra step in creating sound programme designs.</li> </ul>
<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Strong nutrition capacity at multiple levels is imperative for lobbying efforts, communication among partners, and local capacity building.</li> <li>• Creating a sustained, local presence in the district, rather than just in the capital of Malawi, proved very important in programme roll-out.</li> </ul>	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Taking the time to choose a strong team with nutrition capacity and leadership is invaluable when scaling up nutrition efforts in a new setting.</li> <li>• When a programme is the first of its kind with new activities in place, creating a local and sustained presence is essential for garnering stakeholder support and enhancing programme quality.</li> </ul>

## Annex O Summary Findings on the Theory of Change Assumptions

Theory of change assumption		Findings	Implications for WFP
1	Evidence on modalities for prevention of acute malnutrition and stunting is robust	<ul style="list-style-type: none"> <li>Treatment of acute malnutrition at individual level is robust. Evidence not very robust once you go to scale: even where there is evidence that a product will suit an individual, it is a leap to say that that is the basis for a good programme and will have the same effects at scale. ¶40</li> <li>In 2012 – it was known that treatment of MAM was important and could save life with a product; but knowing products were useful was not the main barrier to effectiveness (i.e. programme design is key). ¶40</li> <li>Evidence about prevention of acute/stunting is only just emerging. ¶39</li> </ul>	<ul style="list-style-type: none"> <li>Should be more cautious in drawing blanket (!) conclusions</li> <li>Need to support further strengthening of the evidence base</li> <li>Need to avoid excessive reliance on products, and maintain links to multi-sector approaches</li> </ul>
2	Nutrition-sensitive programmes are funded and are effective despite limited evidence	<ul style="list-style-type: none"> <li>Very difficult to know precisely what to do on nutrition-sensitive. Limited global evidence. ¶46</li> <li>Funding, particularly for non-emergency programmes is certainly a constraint in WFP experience. ¶145</li> <li>Interviews with donors: many donors consider WFP should stick to what it traditionally does. C&amp;V an exception broadly applauded. However, the desire to claim C&amp;V as nutrition-sensitive, pushes WFP towards conditional vouchers rather than flexible cash; which may not be optimal when a holistic view is taken. ¶103</li> <li>As yet, WFP is not systematically identifying programmes as nutrition sensitive, but there are examples where it is incorporating nutritional components and nutrition indicators into ongoing programmes outside the nutrition-specific realm,</li> </ul>	<ul style="list-style-type: none"> <li>Cost-effectiveness a key issue</li> <li>Care needed not to overstate the nutrition benefits of nutrition-sensitive programmes, especially if target groups of such programmes are not exclusively infants, young children, pregnant and lactating mothers (remaining aware of coverage issues of key target groups within broader targeting criteria).</li> <li>Similarly, need to be careful that by focusing on only on the nutrition benefits, WFP does not make misleading comparisons between modalities (e.g. comparing C&amp;V vs. food assistance only on the basis of nutrition benefits when nutrition is only part of the benefits of a social protection programme).</li> </ul>



Theory of change assumption		Findings	Implications for WFP
		<p>e.g. safety nets (Bangladesh), school feeding (Burkina Faso). ¶102</p> <ul style="list-style-type: none"> <li>• There are also examples (e.g. Bangladesh Transfer Modality Research Initiative) of WFP conducting operational research with research institutes to develop evidence for nutrition-sensitive approaches. More creative approaches could be a niche (Bangladesh and Burkina). ¶151</li> <li>• Limited contribution to research [at least under auspices of OSN]. ¶151</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need to strengthen the evidence base around nutrition-sensitive interventions.</li> <li>• There is a need to develop advocacy and capacity development skills to work with governments to develop nutrition-sensitive social protection programmes if WFP sees this as an area to further develop expertise/comparative advantage.</li> </ul>
3	WFP is a leader in specialised food products	<ul style="list-style-type: none"> <li>• Most of the products now in use were developed prior to the Nutrition Policy, but WFP is more active in product development than other UN agencies. Good collaboration with USAID. Annex J ¶18.</li> <li>• WFP good partner on products. COs willing to collaborate. Can take things to scale if funding available. Annex J ¶18</li> <li>• Food fortification: rice in Bangladesh Annex J ¶41</li> <li>• Complementary food in Bangladesh developed without a clear market: development for its own sake. (Table K1)</li> <li>• Place in broader context of effectiveness: work well at individual level but with high default rate – won't translate into an effective programme. ¶40</li> <li>• Sustainability – equates with getting the government to buy it or getting it in the markets and convincing people to buy. ¶156b)</li> </ul>	<ul style="list-style-type: none"> <li>• This is an area of WFP comparative advantage, but care needed not to reinforce a stereotype of excessive product focus.</li> <li>• Undue bias towards products comes up consistently throughout the findings (in terms of evidence base, in terms of external perceptions and even in internal staff perceptions of appropriate areas for more emphasis). Need to be clear about how to use them, when and for how long (might suit an emergency). Closer link to needs assessment required – why they need it needs to be justified.</li> </ul>
4	WFP has a unique cross-sectoral reach	<ul style="list-style-type: none"> <li>• Claims in WFP that unlike other agencies they are involved in many stages in the value chain – gives them an entry into these things. But in practice this</li> </ul>	<ul style="list-style-type: none"> <li>• Do have a variety of entry points, but will not always be senior partner.</li> </ul>

Theory of change assumption		Findings	Implications for WFP
		<p>is very specific to countries. Relationships and which sectors they work with varies greatly. ¶132</p> <ul style="list-style-type: none"> <li>• But COs often lack the strength of relationships and durability of them due to short funding cycles and inadequate nutrition staff profile with the skill set to engage in policy and capacity development. ¶156a)</li> <li>• Cross-sectoral approaches: limited, some involvement in SUN and REACH. Not specified as cross-sectoral. Potential opportunity at sub-national level due to WFP’s field presence, but as yet largely unexploited (CIFF pilot on Malawi is exceptional.)¶127</li> </ul>	<ul style="list-style-type: none"> <li>• Also have weaknesses – e.g. short-term funding base makes strategic approaches more difficult.</li> <li>• Frequently WFP struggles to exploit synergies across sectors within its own programming; need to bring this together more and develop capacity to dialogue across sectors.</li> </ul>
5	WFP has effective partnerships with the stakeholders needed to generate changes in policy and practice	<ul style="list-style-type: none"> <li>• Lower profile and staff capacity vs. UNICEF ¶156a)</li> <li>• In cluster countries, they are effective in the cluster system. Typically, will chair the FS cluster (UNICEF chair nutrition), but attend and engage with nutrition cluster. ¶127</li> </ul>	<ul style="list-style-type: none"> <li>• Needs pro-active efforts to develop skills and capacity for partnership working and maximise inputs to partnerships such as REACH and SUN.</li> </ul>
6	WFP's partners are doing effective complementary activities	<ul style="list-style-type: none"> <li>• There are examples (e.g. BCC and positive deviance approach in Lesotho). Making programmes operational and effective has a lot to do with what partners are doing. Important to contextualise the product: e.g. health needs to be right for a MAM programme to be effective and SAM treatment in place. ¶134</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot assume this – requires good contextual analysis to inform WFP country approaches.</li> <li>• Selection of strong/appropriate cooperating partners is necessary to implement activities.</li> </ul>
7	In contexts where stunting prevalence is high, access to the right food is lacking	<ul style="list-style-type: none"> <li>• Not necessarily: this needs to be examined for each context. Sometimes it’s behavioural change requirements/IYCF practices or utilisation of food that are more important than access to the ‘right’ food. Sanitary environment may also play a significant role.(Annex J)</li> <li>• Documented cases of MAM recovery without nutrition-specific intervention implies that SNF</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen WFP causal analysis (considering food security at community, household and individual levels, WASH context, as well as IYCF practices, gender analysis, practices around care and nutrition of pregnant women and access to ante-natal care etc.)</li> <li>• Strengthen programme design and make it more tailored to specific contexts.</li> </ul>

Theory of change assumption		Findings	Implications for WFP
		may be neither necessary nor sufficient. Annex J ¶28	
8	The Nutrition Policy is applicable/adaptable to all contexts in which WFP works	<ul style="list-style-type: none"> <li>It is quite adaptable (especially as COs can focus on selected elements, e.g. in emergencies ) but there are gaps , e.g. overweight and obesity.¶66</li> <li>The policy (and supporting guidelines) do not provide enough guidance on working with governments. ¶156a)</li> </ul>	<ul style="list-style-type: none"> <li>Need for further elaboration of the policy, and to be less prescriptive about food-based remedies and specific thresholds for their application</li> <li>Contextualising approaches calls for stronger initial analysis, more stress on multi-sector approaches and stronger M&amp;E.</li> </ul>
9	The WFP corporate environment is flexible enough to allow the policy to be interpreted according to country context	<ul style="list-style-type: none"> <li>True to an extent – don't have to do all the pillars. HQ/RB can't tell COs what to do. Fit for purpose has increased flexibility.¶147</li> <li>Not flexible in terms of product specifications (e.g. S Sudan difficulty in getting approval for a product more suited to air drops)¶101</li> <li>Not given advice on obesity and double burden, so less relevant in contexts where this issue is salient. ¶66</li> </ul>	<ul style="list-style-type: none"> <li>Need to strike a balance between flexibility and uniform standards.</li> <li>Flexibility and decentralisation can have downside, e.g. in making it hard to have a coherent WFP-wide OR strategy</li> <li>Also little room for manoeuvre on local production quality control (can't compromise on food safety).</li> </ul>
10	The Nutrition Policy is effectively disseminated to RBs and COs and external stakeholders	<ul style="list-style-type: none"> <li>Up to a point. There is a general consensus around the policy, and interest in using the flexibility and potential scope it provides, but also a lack of systematic guidance, training and follow-up ¶139–144</li> </ul>	<ul style="list-style-type: none"> <li>Stronger dissemination of internal guidance and training needed – key roles for RBs as well as OSN.</li> </ul>

Theory of change assumption		Findings	Implications for WFP
11	RBs and COs have sufficient capacity including human resource (nutritionists and non-nutritionists such as CD, Heads of Programme, M&E unit), financial) and motivation to operationalise the Nutrition Policy	<ul style="list-style-type: none"> <li>Staff numbers and capacity are increasing but this remains a significant constraint. ¶145</li> </ul>	<ul style="list-style-type: none"> <li>continued attention to capacity development, including, but not limited to, the cadre of nutritionists.</li> </ul>
12	Country level M&E system (WFP and national) is fit for purpose, functional and effective	<ul style="list-style-type: none"> <li>National M&amp;E systems are often very weak. ¶75-76</li> <li>Staff agree that outcome indicators are more useful for helping with programme implementation but are struggling with methodology (NCI, coverage). ¶74–79</li> <li>Nutrition indicators for nutrition-sensitive programmes: what would these be? Dietary diversity at HH level? ¶88</li> </ul>	<ul style="list-style-type: none"> <li>Joining with other stakeholders to support strengthening of national M&amp;E remains the right strategic approach.</li> <li>Also, further work on WFP M&amp;E design and implementation (see Recommendations).</li> <li>Most programmes are joint so WFP cannot claim sole responsibility for outcome/impact – so they should be measured collectively. WFP should be able to report coverage and default of their programmes.</li> </ul>
13	Rigorous assessments lead to interventions that are context appropriate and needs-based	<p>Evaluation notes need to strengthen guidance (cf. Annex M). For example:</p> <ul style="list-style-type: none"> <li>Use nutrition survey data and VAM, and trying to improve (e.g. nutrition causal assessments).</li> <li>Rigour isn't there, everywhere. Tendency to be formulaic and constrained by what donors are willing to finance. Some countries don't have much VAM capacity.</li> <li>SUN and REACH coordination should make them more rigorous on account of coordination</li> </ul>	<ul style="list-style-type: none"> <li>Need to strengthen assessment approaches and ensure thorough contextual analysis.</li> <li>Consider increasing investment in programme design to ensure appropriate approaches.</li> </ul>

Theory of change assumption		Findings	Implications for WFP
14	WFP approach enables communities and governments to sustain nutrition outcomes	<ul style="list-style-type: none"> <li>Project documents may include a hand over section. But substantive handover strategies are rare. Handovers are often rushed due to lack of funding or programmes simply stop.(e.g. Burkina Faso, Bangladesh). ¶156a)</li> <li>Ultimately, product-focused approaches are not sustainable unless part of national, multi-sector, food system approach. ¶156b)</li> </ul>	<ul style="list-style-type: none"> <li>Inherently hard to do if based on unaffordable products.</li> <li>Need to get over the local production issue for sustainability, many countries particularly in Asia won't take on imported products.</li> <li>Increased focus on prevention, particularly if creative models are explored could assist this objective.</li> </ul>
15	Those involved with nutrition in WFP (CD, Head of Programme, nutritionists) have the skill set and relationships to engage in policy dialogue with government	<ul style="list-style-type: none"> <li>WFP have tried to address this (e.g. senior officials seminar at IDS) but remains an issue. CD and Head of Programme has capacity in some COs, but lack the time or significant focus on nutrition amongst other commitments to do enough. Nutritionists are predominantly technicians in WFP COs; nutrition focal points at sub-national level often have minimal qualifications or experience in nutrition. ¶156a)</li> </ul>	<ul style="list-style-type: none"> <li>Need continued efforts to strengthen WFP capacity in this area</li> </ul>
16	The prevention interventions will be sufficiently funded to enable higher coverage <sup>169</sup>	<ul style="list-style-type: none"> <li>Evidence that preventive BSFP included in programme documents is significantly underfunded and ineffective/not started at all. Need more evidence including cost effectiveness data. Without such data, donor support will be lacking. ¶145</li> </ul>	<ul style="list-style-type: none"> <li>This is a clear flaw in the policy (cf. our assessment of its practicality). Not plausible that donors will fund WFP at the levels implied, especially for stunting prevention.</li> <li>In the short term need more realism (hence guidelines on prioritisation), while also seeking to strengthen the evidence base for approaches that work.</li> </ul>

<sup>169</sup> This really refers to prevention of stunting & 1,000 days: higher coverage of beneficiaries is implied (a much higher caseload to cover ALL children 6-23 or 6-59 months), as prior to this policy WFP largely focused on treatment of children with MAM (much smaller caseload).

Theory of change assumption		Findings	Implications for WFP
17	WFP corporately embraces having a higher nutrition prominence at global, regional and country level than before the policy	<ul style="list-style-type: none"> <li>Fair wind for the ideas and concepts; Policy in part cause and reaction to this. ¶138</li> </ul>	<ul style="list-style-type: none"> <li>Requires continued attention – e.g. vigorous WFP participation in SUN, REACH etc</li> </ul>
18	External partners support WFP taking on a more prominent role in nutrition at global, regional and country level	<ul style="list-style-type: none"> <li>There is recognition that WFP should consider the nutrition implications of everything it does, and should participate in the international nutrition architecture. ¶127</li> <li>At the same time there is not an appetite to fund WFP prevention programmes on the scale implied by the nutrition policy. For some donors this is explicitly because they see insufficient evidence to support WFP scaling up. ¶145</li> </ul>	<ul style="list-style-type: none"> <li>WFP needs to recognise donor perceptions. No longer controversial that WFP should have a nutrition policy, but still very different views of the appropriate scope and priority for WFP involvement, including vis-à-vis other UN agencies.</li> <li>Has implications for playing to WFP's perceived strengths (e.g. in FCAS contexts) as well as seeking to strengthen relevant evidence base.</li> </ul>
19	Efficiency (ratio of inputs to results, at output, outcome and impact levels) is considered when selecting approaches.	<ul style="list-style-type: none"> <li>Not given enough attention. ¶89</li> </ul>	<ul style="list-style-type: none"> <li>Needs more attention – both generally in OR and specifically in the selection and design of operations.</li> </ul>
20	Gender is understood and effectively mainstreamed through gender-sensitive programming	<ul style="list-style-type: none"> <li>Not sufficiently (beyond gender disaggregation of data). ¶117</li> <li>Evidence of some analyses of the gender context and barriers to change (e.g. Bangladesh and Burkina Faso), but converting this into programme design and effective action is slow and needs guidance. ¶117</li> </ul>	<ul style="list-style-type: none"> <li>Link strengthened guidance to the new WFP gender policy now under development.</li> <li>Ensure gender is considered in contextual analysis through an examination of gender roles and dynamics. Guidance material will be required for staff to do this effectively and to assist them converting this knowledge into programme design and effective action.</li> </ul>

## Annex P Mapping of Findings, Conclusions and Recommendations

Recommendation	Recommendation addressed to:	See main text paragraph number(s)	See SER paragraph number(s)
<p><b>R1. Revision</b> Do not revise the nutrition policy at this time. Ensure that nutrition objectives are embedded in the next Strategic Plan and consider a full revision of the nutrition policy during 2017, aligned with the new Strategic Plan. Submit annual nutrition policy updates to the Board in 2016 and 2017.</p>	<p>[Executive Board and Office of the Executive Director (OED) for decision-making; OSN to prepare annual updates]</p>	<p>25-28, 34,60, 155,157, 169</p>	<p>S9, S37-38, S47</p>
<p><b>R2. Development</b> Develop the policy further through subject papers to support improved guidance for policy implementation; include nutrition considerations in other WFP policies and guidelines. Subject papers should address such gaps as nutrition-sensitive programming and the “double burden”, and become building blocks for the policy’s revision after the new Strategic Plan is approved. This work should be undertaken in the framework of the United Nations Global Nutrition Agenda, collaborating with other United Nations agencies as much as possible.</p>	<p>[OSN and other units involved with nutrition-sensitive approaches (2016–2017)]</p>	<p>36, 39, 41, 56, 67-68, 155, 159</p>	<p>S9, S10, S11, S16, S29, S37. S43, S47,</p>
<p><b>R3. Guidance for policy implementation</b> Strengthen practical and targeted guidance to WFP staff and management, taking in account international best practices and findings from this evaluation and WFP’s operational research. New guidance should cover gender analysis and monitoring taking into account WFP’s new gender policy. Ensure that guidance is disseminated to staff regularly and is easily accessible.</p>	<p>[OSN liaising with the Policy and Programme Division (OSZ), the Gender Office, regional bureaux and country offices (2015, 2016 and 2017)]</p>	<p>36, 49, O, 64, 117, 141-144, 158, 161, 167</p>	<p>S9, S14, S30, S38, S44-45, S47</p>

Recommendation	Recommendation addressed to:	See main text paragraph number(s)	See SER paragraph number(s)
<p><b>R4. Monitoring and Evaluation</b> Strengthen M&amp;E of WFP nutrition operations by supporting country offices in reporting on the Strategic Results Framework indicators. This will involve: i) providing guidance on methodology; ii) providing guidance on supporting national M&amp;E systems; and iii) ensuring consistent prioritization of quality M&amp;E and utilization of its results (Recommendation 8).</p>	<p>[OSN working with OSZ, the Performance Management and Monitoring Division (RMP) and regional bureaux (2016 onwards)]</p>	<p>71-93, 162</p>	<p>S16, S40, S48</p>
<p><b>R5. Operational research and knowledge management</b> Develop, disseminate and implement a comprehensive operational research strategy that supports effective design, delivery and use of research within WFP and assures its quality. Develop a research agenda that addresses gaps in knowledge required for effective programming. The operational research strategy should emphasize effective partnering with international and national research bodies to guarantee quality and ensure the credibility of findings while strengthening national research capacity.</p>	<p>[OSN and the Programme Innovation Service (2016)]</p>	<p>151-152, 154, 162</p>	<p>S35, S40, S48</p>
<p><b>R6. Capacity development in WFP</b> Ensure an appropriate balance of competencies among country office and regional bureaux staff to ensure high-quality implementation of nutrition programmes and enable effective advocacy with external stakeholders – particularly governments – and effective support for national strategy and planning processes.</p>	<p>[OSN, the Human Resources Division and senior management in Headquarters and regional bureaux (2015 onwards)]</p>	<p>76, 79, 83-85, 99, 123-125, 145, 156, 165, 168</p>	<p>S9, S11, S14, S22, S23-24, S28, S30, S32-33, S36, S42, S46, S52.</p>



Recommendation	Recommendation addressed to:	See main text paragraph number(s)	See SER paragraph number(s)
<p><b>R7. Collaboration and multi-sector partnerships</b> WFP should continue to stress the importance of multi-sector partnerships in addressing undernutrition and supporting national nutrition policies and strategies. It should actively participate in these partnerships in emergency, transition and non-emergency contexts. It should also seek a cohesive United Nations nutrition strategy and actively participate in mechanisms such as SUN, the cluster system, REACH and the Committee on World Food Security. Its external communications strategy should make a measured case for WFP's added value in both emergency and development contexts.</p>	<p>[Board, OED and OSN at the global level; regional bureaux and country offices for country and regional partnerships (with support from the Government Partnerships Division for donor relations); and the Rome-based Agencies Division, the Committee on World Food Security and the Private Sector Partnerships Division (2015 onwards)]</p>	<p>35, 53-54, 64, 69, 127-129, 133-134, 146, 149, 158-159, 166, 168-169</p>	<p>S9, S11, S14, S15, S25-27, S34, S36, S39, S43, S49</p>
<p><b>R8. Resourcing the implementation of the nutrition policy</b> Seek to mitigate the resource constraints hampering nutrition policy implementation by addressing their systemic causes. This implies: i) continuing implementation of the Financial Framework Review and other reforms that increase funding flexibility; ii) improving financial monitoring and cost-effectiveness analysis; and iii) continuing to advocate with donors for the longer-term funding required for prevention activities (while strengthening evidence-based advocacy for this support).</p>	<p>[Board and OED (strategy); senior management and RMP (implementation and monitoring); Programme Review Committee (strategy and programme development); the Government Partnerships Division (donor relations); and OSN (through nutrition policy updates 2016 onwards)]</p>	<p>32, 0, 79, 85, 90, 136, 145, 160</p>	<p>S12, S16, S23, S31, S32-34, S45, S55</p>

## Annex Q Bibliography

“Location” in the listing below refers to folder and document numbers in the evaluation team's electronic library.

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## Acronyms

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
BCC	Behaviour change communication
C&V	Cash and vouchers
CAGR	Compound annual growth rate
CAN	Compendium of Actions for Nutrition
CBBP	Community based participatory planning
CBSF	Community based supplementary feeding
CCC	Child-centred nutrition counselling
CD	Country Director
CDS	Country Desk Study
CEO	Chief Executive Officer
CFS	Committee on World Food Security
CHAI	Clinton Health Access Initiative
CIFF	Children's Investment Fund Foundation
CMAM	Community-based management of acute malnutrition
CO	Country office
CP	Country Programme
CPE	Country Portfolio Evaluation
CSB	Corn-Soya Blend
CSO	Civil Society Organisation
CTC	Community-based Therapeutic Care
DAC	Development Assistance Committee (of the OECD)
DCD	Deputy Country Director
DACOTA	the data collection tool for WFP reports
DEV	Development Operation
DFID	UK Department for International Development
DRC	Democratic Republic of the Congo
DRM	Disaster Risk Management
EB	Executive Board (of WFP)
ED	Executive Director
EM	Evaluation Manager
EMOP	Emergency operation
EQ	Evaluation Question
EQAS	Evaluation quality assurance system (of WFP)
ER	Evaluation Report
ET	Evaluation Team
EU	European Union
FAO	Food and Agriculture Organization
FCAS	Fragile and conflict affected States
FFA	Food for assets

FFT	Food for training
FFW	Food for work
FNS	Food and Nutrition Security
FSC	Food Security Cluster
GAIN	Global Alliance for Improved Nutrition
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GFD	General Food Distribution
GNC	Global Nutrition Cluster
GNR	Global Nutrition Report
GRET	Groupe de Recherche et d'Echanges Technologiques (France)
HES	High Energy Supplements (locally produced in Malawi and Zambia)
HFA	height for age
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Virus
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICN	International Conference on Nutrition
IDA	iron deficiency anaemia
IDP	internally displaced person
IDS	Institute for Development Studies
IFAD	International Fund for Agricultural Development
IHPA	Institute for Health Policy Analysis
IR	Inception Report
IYCF	infant and young child feeding
IYCF-E	infant and young child feeding in emergencies
IYCN	infant and young child nutrition
JAM	Joint Assistance Mission
LIC	Low Income Country
MCHN	Lower Middle Income Country
LNS	Lipid-based nutrient supplements
M&E	monitoring and evaluation
MAD	Minimum Acceptable Diet
MCHN	Maternal and Child Health and Nutrition
MDG	Millennium Development Goal
MI	Micronutrient Initiative
MN	micronutrient
MND	Micronutrient deficiency
MNP	Micronutrient powder
MOU	Memorandum of Understanding
MQSUN	Maximising the Quality of Scaling-up Nutrition
MT	metric tonne
NCI	National Capacity Index for nutrition

NCSP	Nutrition Capacity Strengthening Plan
NGO	Non-Governmental Organisation
NP	Nutrition Policy
NSA	nutrition-sensitive approach
OCHA	Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OEV	(WFP) Office of Evaluation
OSN	(WFP) Nutrition Division
OSZI	(WFP) Programme Policy Innovation Service
OpEv	Operation Evaluation
OSN	Nutrition Advisory Office [before 2015] / Nutrition Division [from 2015] (in WFP)
OSZAN	Nutrition and HIV/AIDS unit (in WFP) [merged with OSN from 2015]
P4P	Purchase for Progress
PDR	People's Democratic Republic
PE	Policy Evaluation
PFs	Pooled Funds
PLHIV	person living with HIV
PLW	pregnant and lactating women
PMC	programme management committee
PPI	Policy, Programme & Innovation
PRC	Programme Review Committee (of WFP)
PRRO	Protracted Relief and Recovery Operation
QS	Quality Support
RB	Regional Bureau
RCT	randomised control trial
REACH	Renewed Effort Against Child Hunger and Undernutrition
RMP	(WFP) Performance Management and Monitoring Division
RUF	ready-to-use food
RUSF	ready-to-use supplementary food
RUTF	ready-to-use therapeutic food
S3M	Simple Spatial Survey Method
SBN	SUN Business Network
SCN	(UN) Standing Committee on Nutrition
SDG	Sustainable Development Goal
SF	School Feeding
SLEAC	Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage
SNF	Specialised Nutritious Food
SO	Strategic Objective
SP	Strategic Plan
SPA	System for Project Approval



SPR	Standard Project Report
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
SRF	Strategic Results Framework
SRH	sexual and reproductive health
SUN	Scaling Up Nutrition movement
TB	tuberculosis
TdH	Terre des Hommes (NGO)
TF	therapeutic feeding
TFD	Targeted Food Distributions
TFMI	the trust fund for NCSP
TL	Team Leader
ToC	Theory of Change
TOR	Terms of Reference
UMIC	Upper-Middle Income Country
UN	United Nations
UNAIDS	the joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNGNA	United Nations Global Nutrition Agenda
UNICEF	United Nations Children's Fund
UNSCN	UN Standing Committee on Nutrition
VAM	Vulnerability Assessment and Mapping
VC	video conference
WASH	Water, Sanitation and Hygiene
WFH	weight for height
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WINGS	WFP Information Network and Global System
ZHC	Zero Hunger Challenge

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