Request for Qualifications: impact evaluations of programmes targeting moderate acute malnutrition in humanitarian situations

3ie Humanitarian Assistance Thematic Window  
RFQ TW6.02

Issue date: 10 February 2015  
Deadline: 23.59 GMT, 10 March 2015

1. Introduction

The International Initiative for Impact Evaluation (3ie) requests research or evaluation organisations or consortia to submit qualifications for a proposal preparation grant, under 3ie’s Humanitarian Assistance Thematic Window (HATW) grant programme.

The proposal will be for **rigorous impact evaluations** of completed, ongoing or planned initiatives that aim to prevent and/or treat moderate acute malnutrition (see section 3) in humanitarian situations.

3ie’s overall thematic window grant programme is designed to support the generation of high-quality evidence on important topics in international development, where impact evaluations and evidence of effectiveness are lacking.

2. Overview of the Humanitarian Assistance Thematic Window

3ie promotes theory-based impact evaluations that make use of counterfactual (using experimental or quasi-experimental methods) to examine the full causal chain to answer questions about what works, why, how and at what cost. 3ie’s HATW supports mixed-method impact evaluations commissioned by policymakers and programme managers to answer questions about the attributable impact of interventions they implement in humanitarian contexts.

Funding support for this window is provided by the World Food Programme (WFP) and UKaid through the UK Department for International Development. The total funding available in the HATW is US$ 3 Million. 3ie expects to support eight to ten full impact evaluations under this call, of which four will be impact evaluations of WFP-funded programmes. Details on countries and selected programmes where these impact evaluations can be undertaken are provided in section 3 and in Appendix A.

The grants under this thematic window will be awarded in two phases.
2.1 Phase one: qualifications and proposal preparation

The first phase begins with this request for qualifications (RFQ). The qualifications will be reviewed and scored by at least one internal 3ie reviewer, two external reviewers, and representatives from implementing agencies.

Teams will be requested to indicate where and which programme they will be evaluating. Some previous engagement with implementing agencies is preferred. Teams that would like to undertake impact evaluations of WFP programmes will be asked to identify which programme they are qualified to evaluate and why (see section 3). Other teams will also be asked to identify where and which possible programmes they are aiming to evaluate, and why they are best suited to undertake these impact evaluations. All teams should specify previous impact evaluation experience, sector experience and relevant country experience to the extent possible. If they are keen to collaborate with a specific implementing agency, they should specify previous experience in undertaking such collaborations.

Fifteen research teams will receive Preparation Grants (PG) of up to US$25,000 each (see section 4.3). Please see the 3ie PG agreement and grant administration templates for more details.

The PG covers costs associated with proposal preparation activities, including costs of engaging with the implementing agency and 3ie. The costs include a field visit and one or more visits to undertake initial field work and engage with relevant staff of the implementing agency and to conduct capacity-building workshops. These visits and capacity-building workshops help ensure dialogue between implementing agency staff and the research team, initiating and sustaining a regular process of engagement and communication on impact evaluation questions and designs. Through this process, the PG grantee (evaluation research team) will be responsible for ensuring that the implementing agency understands impact evaluations so that they can participate effectively in identifying questions and developing the evaluation design as well as changing implementation plans, if required. At the end of the proposal preparation period, the PG grantees will submit the proposal(s), including proposed budget(s), using the 3ie evaluation proposal form. The proposed design(s) is (are) due within three months of the signing of the PG grant agreement. More details are provided below.

2.2. Phase two: full proposal and impact evaluation

The proposed impact evaluation designs and budgets will be reviewed and scored by at least two internal and at least three external reviewers, including representatives from the implementing agencies. All 15 proposals will be judged on the strength, relevance and value for money of the technical proposal and all teams will receive feedback on the proposals. It is 3ie’s intent, although not a guarantee, to fund eight to ten of the proposed evaluations, conditional on the proposals receiving adequate scores on all selection criteria (see section 4.5 for selection criteria). 3ie may request a resubmission of a proposal that does not
receive adequate scores or ask for changes in team composition and evaluation design as a condition for supporting the full impact evaluation. 3ie reserves the right not to award any follow-on impact evaluation grant.

Please see the How to Apply page for the 3ie grant agreement and grant administration agreement templates.

The eight to ten teams selected after phase 1 will attend an inception workshop. The workshop will provide an opportunity for grantees to get useful feedback on their study designs and policy influence and pre-analysis plans (further details in section 4.2).

3. Background

3.1 Moderate acute malnutrition (MAM)

Globally, 51 million children under five years of age were estimated to be wasted in 2013, of which 17 million were severely wasted. Although severe acute malnutrition (SAM) has the highest risk of mortality, the number of children affected by MAM is much higher, and therefore, absolute mortality is higher from MAM than SAM.

The prevalence of MAM can double during the lean season when food availability is lower or in emergency settings. Seasonal variations in diseases such as diarrhoea also contribute to seasonal variation in MAM and SAM. Reduced caloric intake together with an increase in morbidity can lead to dramatic increase in the prevalence of acute malnutrition in children and vulnerable populations. Prevention programmes can mitigate these risks and prevent an increase in the incidence and prevalence of acute malnutrition. The targeted populations for prevention are mainly children 6-23 months of age, as the prevalence of acute malnutrition is often higher in this age group and among pregnant and lactating women (PLW) supported through Blanket Supplementary Feeding Programmes (BSFP).

While there is considerable evidence of the effectiveness of MAM treatment interventions in optimal conditions, there is insufficient and equivocal understanding of how effectiveness varies in crisis and post-crisis conditions and, especially, the difference in impact of MAM treatment programmes when prevention interventions are also present. The nature of the two interventions differs (thus potentially complicating evaluability) but their interaction seems crucial. Children recovering after MAM treatment are at risk of reverting, where there is no MAM prevention. Thus, there are a number of issues to consider such as prevention versus treatment, when to shift from one to the other, the cost-effectiveness of different approaches, heterogeneity of impact based on sex, and how context affects the most appropriate way to deal with the issue.
3.2 Eligible programmes and countries

Study teams should identify the programmes in humanitarian contexts countries that they would like to evaluate and mention that in their covering letters.

For WFP, priority countries with ongoing prevention and treatment programmes are Chad, Niger, Sudan and Somalia. If study teams would like to evaluate WFP programmes, they should indicate the top three countries in which they would be interested in working, stating why and any previous work experience that makes their team especially suitable for undertaking the study. WFP programmes in other countries that meet the terms of reference (see Appendix A for programme and country details) will also be considered.

Alternatively, teams may propose any suitable country and implementing partner for evaluation of a programme that targets prevention and treatment of malnutrition in humanitarian contexts. In such cases, preference will be given to programmes in low-income countries and evidence of prior engagement with the implementing partner at the time of application will be looked at preferentially. Teams are required to include a short description of the programme of interest in the cover letter.

4. Thematic Window Preparation Grant (phase one)

4.1 Eligibility

1. Only legally registered organisations, and consortia of registered organisations, not individuals, may apply.

2. The lead organisation and principal investigators (PIs) may be located anywhere. However, it is preferred that at least one PI is a resident of the country in which the programme or initiative is being implemented.

3. Ideally, the team should include a research or academic organisation based in the country of the programme or initiative being evaluated. However, teams located outside the country of implementation that then partner with in-country organisations will also be considered favourably. The organisation submitting the application must have clear, ongoing and substantive roles in the study, including for design, analysis, policy engagement and research communication for uptake into policy and practice.

4.2 Preparation process

3ie expects each selected study team (PG grantee) to hold at least two capacity-building workshops to build capacities of the implementing agencies to generate wider discussion about and understanding of the impact evaluation amongst the staff of the implementing agency during the preparation grant period. 3ie expects the study team to engage with the implementing agency to explain the rationale for conducting an impact evaluation, what will be learned from it and the implications for programme design, implementation, data collection, analysis and use of results.
During the preparatory phase, the research teams will need to secure the cooperation and agreement of the in-country implementing agency programme staff for the chosen evaluation questions and study designs. 3ie anticipates that the workshops for implementing agency staff and other key stakeholders will ensure an ongoing process of involvement, communication and consensus-building on the impact evaluation questions and designs between the implementing agency staff and the research team.

Workshop presentations and discussions with the implementing agency staff should have the following components:

- Determine evaluation questions and timeframes for evaluation;
- Discuss a feasible evaluation design including identification methods;
- Discuss data collection methods;
- Develop and present a survey template to collect baseline data; and
- Agree on and carry out scoping and other background information needed to develop a policy engagement and research communication and uptake plan, using 3ie guidance and templates.

During the preparatory phase, 3ie expects research teams to take stock of relevant administrative and pre-existing data that may strengthen the evaluation and do formative, preparatory, and engagement work and field visits with the implementing agency.

In addition to the two capacity-building workshops mentioned above, at least one member of each of the eight to ten selected study teams (preferably the lead PI) will also be expected to attend a grantee inception workshop, organised by 3ie, that will bring together representatives from implementing agencies, DFID and WFP representatives and other research teams selected for phase 2 (full impact evaluation grant). This two-day workshop will be held in September 2015 in Rome and the budget for economy-class travel for one member from the research team should be included in the budget. Additionally the economy-class travel of one relevant staff member of the implementing agency will also need to be covered by the selected research team from the preparation grant awarded to the team by 3ie.

The purpose of this workshop is to ensure coordination between programme implementers and the evaluation study team. The aim of these inception workshops will be to discuss the evaluation questions, to articulate and have a common understanding of the programme’s theory of change and to discuss the most appropriate methods for impact evaluations to be used depending on specific programme components and geographic locations. The inception workshop will also familiarise programme staff and impact evaluation researchers about 3ie’s processes and standards to be followed during the study. During the workshop, programme staff and study team members will also finalise their full implementation plans and discuss timelines and implications of the evaluation design for the implementation plans. An important objective of the inception workshop will also be to discuss a final synthesis report that is planned for this window. Teams will be expected to use a common conceptual
framework and share experience on methodologies and processes to ensure consistency and coherence between country level evaluations.

Study teams must demonstrate their ability to conduct the study for which they win an award and their availability to start and finish the study within the timeframe indicated in this RFQ. During the preparation stage, grantees are responsible for developing their research proposals. 3ie will also plan one or two phone calls or Skype meetings to ensure that the preparatory work is progressing well and that there is sufficient understanding and awareness of the proposed evaluation within the evaluation team and the implementing agency.

4.3 Budget

A preparation grant of up to US$25,000 will be made to the qualifying research teams. The grant will cover costs associated with the necessary activities for producing a strong impact evaluation research proposal, including evaluation questions, a feasible identification strategy and capacity-building plan. Eligible activities include a short and relevant literature review, formative field research, researcher time and travel to meet with implementing partners, engagement workshops (inception and capacity building), preliminary checking of relevant administrative data and site visits.

4.4 Timeline

The following table includes an indicative list of deliverables and deadlines for both the preparatory phase (phase 1) and the full impact evaluation proposal phase (2).

<table>
<thead>
<tr>
<th>Activity or Deliverable</th>
<th>Key dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFQ is posted</td>
<td>10 February 2015</td>
</tr>
<tr>
<td>Deadline for submitting queries related to the RFQ</td>
<td>20 February 2015</td>
</tr>
<tr>
<td>Deadline for posting responses to queries on the 3ie website</td>
<td>23 February 2015</td>
</tr>
<tr>
<td>Deadline for submission of applications to RFQ</td>
<td>10 March 2015</td>
</tr>
<tr>
<td>Decision about selection of PGs announced</td>
<td>20 March 2015</td>
</tr>
<tr>
<td>PG Phase</td>
<td>7 August 2015</td>
</tr>
<tr>
<td>Full impact evaluation proposal is submitted to 3ie. This includes the primary evaluation question(s), the main outcomes, the identification strategy, a survey instrument, policy influence plan and a detailed provisional overall budget for a full evaluation</td>
<td>7 September 2015</td>
</tr>
<tr>
<td>Proposals reviewed and scored for impact evaluation grants</td>
<td>28 September 2015</td>
</tr>
<tr>
<td>3ie decision on awarding full impact evaluation (provisional) grant announced</td>
<td></td>
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</table>

4.5 Selection criteria

The qualifications submitted in response to the RFQ will be reviewed and scored according to the following criteria:
Preparation grant: phase one

<table>
<thead>
<tr>
<th></th>
<th>Weight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research credentials of the PIs and relevance to the chosen country and programme</td>
<td>45</td>
</tr>
<tr>
<td>Research credentials of in-country researchers</td>
<td>15</td>
</tr>
<tr>
<td>Organisational capabilities to hold and manage the grant</td>
<td>20</td>
</tr>
<tr>
<td>Experience in humanitarian and/or nutrition-related programmes of research organisation and developing countries researchers</td>
<td>15</td>
</tr>
<tr>
<td>Associate membership of 3ie</td>
<td>5</td>
</tr>
</tbody>
</table>

The full proposal(s) will be reviewed against the following criteria:

Full impact evaluation application: phase two

<table>
<thead>
<tr>
<th></th>
<th>Weight (%)</th>
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</thead>
<tbody>
<tr>
<td>Qualifications of research team</td>
<td>15</td>
</tr>
<tr>
<td>Substantive involvement of developing country researchers</td>
<td>15</td>
</tr>
<tr>
<td>Quality of technical proposal and internal validity</td>
<td>30</td>
</tr>
<tr>
<td>Quality of technical proposal and external validity (theory of change, contextual analysis, heterogeneity analysis)</td>
<td>15</td>
</tr>
<tr>
<td>Demonstrated relevance of research question to the need of the implementing agency and potential for uptake of study findings</td>
<td>15</td>
</tr>
<tr>
<td>Value for money</td>
<td>10</td>
</tr>
</tbody>
</table>

4.6 Qualification review process

Qualifications will be reviewed and scored by one 3ie internal reviewer and at least three external reviewers. It is 3ie’s intent, although not a guarantee, to award the proposal preparation grant, conditional on the applicant receiving adequate scores on all criteria. 3ie may provide comments and request applicants to make changes to their proposal to strengthen their capacities. 3ie reserves the right to not award any grant in case no applicant meets the requirements.

5. Instructions for applicants

RFQ applications must include the following information:

1. Cover letter (indicating country and describing programme of interest and evidence of prior engagement with the implementing agency, as applicable).
2. Completed organisation information form, available on the 3ie website.
3. Curriculum vitae (CV, not to exceed three pages each) of all proposed PIs, along with a signed letter from each indicating the share of working time expected to be spent on the proposal preparation work and confirming availability for that expected share of working time. It is expected that these PIs will participate in the proposed impact evaluation. Applicants are required to provide only information relevant to the grant in their CV.
4. If applicable, include CVs (not to exceed three pages each) of additional researchers who will be involved in conducting the impact evaluation, if proposal is selected. Applicants need to provide only information relevant to the grant in their CV.

5. Copies of up to three impact evaluation reports or publications relevant for this call, with proposed PIs as named authors.

6. Proposed budget, not to exceed US$25,000 for the proposal preparation costs, which includes the cost of two engagement workshops. The proposed budget must follow 3ie’s direct cost and indirect cost policies. The budget should be presented in 3ie budget format and follow 3ie budget guidelines.

6. Submission guidelines

- Please submit all files in a single email message (not to exceed 10MB) to tw6@3ieimpact.org mentioning ‘TW6.02 Nutrition’ in the subject line no later than 23:59 GMT, 10 March 2015.

- Components three and four, above, should be submitted in a single Microsoft Word or .rtf file in font size equal to or larger than 11 point.

- The signed letters from the PIs and sample impact evaluation studies relevant to the grant may be submitted as separate pdf files.

- Budget notes may be submitted as a separate Microsoft® Word or .rtf file in font size equal to or larger than 11.

- Incomplete submissions will not be considered.

Please direct any questions related to this RFQ to tw6@3ieimpact.org mentioning ‘TW6.02’ in the subject line by 23:59 GMT, 20 February 2015. By 23 February 2015, a single document with all questions and answers will be made publicly available here.

This RFQ does not constitute a guarantee of an award.
Appendix A: WFP terms of reference

EVALUATION QUALITY ASSURANCE SYSTEM
Office Of Evaluation
Measuring Results, Sharing Lessons

GENERIC TERMS OF REFERENCE
SERIES OF EVALUATIONS OF THE IMPACT OF WFP’S WORK ON
MODERATE & ACUTE MALNUTRITION

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1 This document has been prepared by WFP.
1. Background

1.1. Introduction

1. These Terms of Reference (TOR) are generic to the proposed series of evaluations of the impact of WFP’s work on Moderate Acute Malnutrition in collaboration between WFP Office of Evaluation (OEV) and the International Initiative for Impact Evaluation (3ie). The series will be carried out within the Thematic Window on Humanitarian Action. The scope of the Thematic Window covers prevention and treatment of moderate acute malnutrition in emergency and post-emergency contexts.

2. 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: Section 1 provides background information including on the subject matter of the evaluation; Section 2 presents the reasons for the evaluation; Section 3 highlights the key parameters of the evaluation; Section 4 indicates the evaluation approach and methodology; Section 5 indicates how the evaluation will be organized.

1.2. Definitions

3. The evaluations will assess the impact of WFP’s MAM interventions. In these evaluations impact is defined as the “lasting and/or significant effects of the intervention – social, economic, environmental or technical – on individuals, gender and age-groups, households communities and institutions. Impact can be intended or unintended, positive and negative, macro (sector) and micro (household).”

4. Acute malnutrition: Acute malnutrition, also known as wasting, develops as a result of recent rapid weight loss or a failure to gain weight. In children, it is assessed through the nutritional index of weight-for-height (WFH) or mid-upper arm circumference (MUAC). Acute malnutrition is also assessed using the clinical signs of visible wasting and nutritional oedema. In adults, wasting is assessed through MUAC or Body Mass Index (BMI). In pregnant and lactating women (PLW), wasting can be assessed through MUAC. The degree of acute malnutrition of an individual is classified as either moderate (MAM) or severe (SAM) according to specific cut-offs and reference standards. At the population level, acute malnutrition is categorized in three ways: 1) Global Acute Malnutrition (GAM), 2) Moderate acute malnutrition (MAM), 3) severe acute malnutrition (SAM).

1.3 WFP’s Context and Corporate Approach to Moderate Acute Malnutrition (MAM) Interventions

5. Globally, 51 million children under 5 years of age were estimated to be wasted in 2013, of which 17 million were severely wasted. Although Severe Acute Malnutrition (SAM) brings the highest risk of mortality, the number of children affected by MAM is much higher, and therefore, absolute mortality is higher from MAM than SAM.

6. As the United Nations agency responsible for addressing MAM, WFP has extensive experience in MAM programs and has been a leader in this area, especially

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2 Based on definitions used by ALNAP, OECD/DAC and INTRAC.
3 World Bank, UNICEF, WHO 2013
4 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
in emergency situations. In recent years, WFP’s MAM programmes have grown considerably, both as treatment programmes and prevention programmes. They represent 2 of the 5 fundamental pillars covered by the WFP Nutrition Policy framework aimed at accomplishing WFP’s mission in nutrition.

7. The objectives of MAM treatment are: 1) to rehabilitate individuals with MAM from specific target groups; 2) to reduce mortality risk associated with MAM; 3) to prevent individuals with MAM from developing SAM; 4) to provide follow-up support for individuals who have been treated for SAM to prevent relapse into SAM; 5) to prevent deterioration of maternal nutritional status and subsequent poor birth rate. WFP supports the treatment of MAM through targeted supplementary feeding programmes (TSFPs) which can be implemented both in emergency and development contexts.

8. In emergencies, among other indicators, the context and the pre-existing levels of GAM guide if and when TSFP is part of the emergency nutrition response. The TSFP programmes are normally implemented in countries or district where GAM prevalence is at least 10% among children aged 6-59 months, or where it is 5-9%, but aggravating factors exist. The target groups for TSFP are children 6-59 months of age with MAM, PLW with MAM and malnourished individuals with HIV and TB.

9. In all contexts, WFP works with partners and governments to strengthen the capacity of the countries to treat MAM. Areas of continued focus and efforts are identifying affected populations, improving coverage and the cost effectiveness of programming.

10. The prevalence of MAM can increase very significantly during the lean season when food availability is lower or during emergency settings. The reduced caloric intake together with an increase in morbidity can lead to dramatic increase in the prevalence of acute malnutrition in children and vulnerable populations. Prevention programmes are intended to mitigate these risks and prevent an increase in the incidence and prevalence of acute malnutrition. Children recovering after MAM treatment are at risk of reverting, where there is no MAM prevention. Furthermore, the absence of MAM prevention may result in an increase of beneficiary caseloads and the overload of treatment facilities. The targeted populations for prevention are mainly children 6-23 months of age as the prevalence of acute malnutrition is often higher in this age group and PLW supported through Blanket Supplementary Feeding Programmes (BSFP).

2. Reasons for the Evaluation

11. While there is considerable evidence of the effectiveness of MAM treatment interventions in optimal conditions, there is insufficient and equivocal understanding of the relationship between malnutrition treatment and prevention work. WFP seeks evidence of the value of the interrelationship; how effectiveness varies in emergency and post emergency conditions; and the extent to which impact of MAM treatment programmes varies when prevention interventions are also present. This and the increased levels of investment in MAM treatment and

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5 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
6 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
7 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
8 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
prevention, motivated OEV to select this topic for the next series of impact evaluations.

12. In addition to the above, OEV considers this a ripe moment for the evaluation. The OEV work-plan 2015-2017 includes a number of evaluations concerning WFP's nutrition work including the evaluation of WFP's 2012 Nutrition Policy. Together, these will provide an important body of evidence to feed into WFP’s future strategic thinking and its translation into operations.

13. The proposal below takes into account:
   a) strategic issues – such as, the prevailing trends in the international nutrition field, WFP’s mandate and density of existing evidence and body of knowledge;
   b) utility for WFP’s learning and accountability;
   c) evaluability issues – such as, clarity of standards, data availability, multiplicity of actors etc.

3. Subject of the Evaluation

3.1. 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. |

14. OEV commissioned an evaluability assessment, conducted in 2013. It highlighted that, beyond certain commonalities, MAM programmes are highly diverse, appropriately reflecting the diverse contexts in which WFP works, potential partnership arrangements, etc. They are described as “simple interventions in complex contexts” due to the multi-causal nature of malnutrition. In particular, there is a clear distinction between MAM treatment and MAM prevention activities in terms of their design, theory of change, implementation, partners, outcomes, etc.

15. The Evaluability Assessment developed a typology of 4 main scenarios in which WFP activities take place:
   I) Acute emergency response
   II) Post-emergency / non-emergency activities
   III) Seasonal (acute) prevention
   IV) Non-emergency / integrated programs

16. The 3ie Humanitarian Assistance Thematic Window focuses on the first two scenarios. From discussions with key internal nutrition stakeholders in October 2014 - subsequent to the Evaluability Assessment - it has become clear that the most valuable question for WFP relating to effectiveness in Scenario’s I and II concerns the inter-play between MAM treatment and MAM prevention interventions. Because of the complications for evaluability arising from the different nature of the two interventions differs, the evaluations will focus on the effect of treatment interventions where the extent of prevention interventions varies and in varying circumstances.

9 Table 2, EA
3.2. Objectives

17. Like all evaluations at WFP, this evaluation serves accountability and learning purposes. The evaluation will:

- provide robust evidence on the effectiveness of a core component of WFP’s Nutrition Policy and the component unlikely to change in the next few years;\(^{10}\)
- contribute to the wider international body of evidence on conditions for effectiveness of interventions to treat MAM;
- evaluate the outcomes and impacts achieved by MAM programmes in the time period (to be specified);
- Identify changes needed to enable fulfilment of the potential impact of MAM interventions.

18. Building on the experience of OEV’s previous three series of impact evaluations, this series will once again consist of 4 stand-alone evaluations, each in a different country, with high utility for programme and strategy improvement at country level.

19. In addition, a separate synthesis report will be produced, drawing out evidence from the individual evaluations for influencing policy beyond each individual country context.

3.3. Scope of the Evaluation

20. The evaluation will focus on the relationship between prevention and treatment programmes for moderate acute malnutrition in emergency and post-emergency contexts. The evaluation will analyse the effect of treatment interventions and its inter-relationship with complete, interrupted\(^{11}\) or absent prevention programmes\(^{12}\).

21. Evaluations will be conducted in four countries. Candidate countries were selected, using objectively verifiable criteria. The country selection process aimed to reflect the profile of MAM programme dimensions and contexts so that the data collection will be as useful as possible. The process started by combining and condensing data on nutrition specific activities to create a ‘map’ of the universe of countries with relevant programmes and their programme profile. Selection criteria were then applied to shortlist countries.

22. Selection criteria included: number of MAM beneficiaries, countries with both prevention and treatment interventions, malnutrition figures, mix of programme categories and geographic representation. Preference was given to the countries having both treatment/complete prevention and treatment/absent prevention. As stated above, the Humanitarian Action Thematic Window will focus on the prevention and treatment of MAM in emergency and post-emergency contexts,

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\(^{10}\) Under current directions in policy thinking, MAM prevention work is likely to be subsumed over the coming years into large multi-sectoral programmes to prevent chronic malnutrition (stunting), largely the responsibility of governments supported by development, rather than humanitarian, agencies. Stunting prevention programmes are currently ongoing in several countries. Among others, the CIFF is a key initiative in piloting prevention of stunting and carefully documenting results.

\(^{11}\) Prevention programmes designed to prevent seasonal increases in acute malnutrition are implemented during specific parts of the year and are not generally in place the whole year. This however may not be the case in an emergency and would depend on the scale, type and duration of the shock.

\(^{12}\) Complete programmes are those fully implemented as per the planned duration, number and type of beneficiaries, geographical coverage, ration size etc. These include programmes that are not implemented through the year, but only during specific seasons. Interrupted programmes are those that are not fully implemented as planned as per the above definition. Absent programmes denote the inexistence of MAM nutrition activities.
therefore, development contexts were excluded. In order to maximise the evaluation resources and accountability, highlight pointers for learning and increase the number of potential evaluation scenarios priority was given to countries with larger number of beneficiaries. See annex 2 for a more detailed description of the selection process.

23. The short-list was further reviewed to address contextual factors that could interfere with the evaluation (political unrest, security problems etc.) as well as availability of the Country Offices and timeliness for corporate decision-making either at policy level or at operational level.

24. According to WFP’s nutrition programming guidelines13, by default, MAM prevention programmes target children under 2 years of age and pregnant and lactating women (PLW). The age group for children can be extended to 3 or 5 years of age based on the food security situation and/or when coverage and quality for treatment of MAM is limited. The default target groups of MAM treatment programmes are children under 5 years of age and PLW. In view of this, it is proposed to restrict the scope of the evaluation to children under 2 and PLW. This proposal should be validated taking into consideration the actual programmatic practices in the selected countries, and adapted if necessary to maximize the comparability of results. It is also proposed to exclude HIV/TB patients because the nature of the interventions is quite specific and would reduce the comparability of results and the extrapolation of findings.

3.4. Stakeholders and Users of the Evaluation

25. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and many of these will be asked to play a role in the evaluation process. The following preliminary analysis of stakeholders will be further developed for specific country circumstances during the inception phase of each country level evaluation and finalised in the Inception Report:

At the national level:

- Local communities and beneficiaries of nutrition interventions
- WFP Country Offices and Sub-offices
- Key NGOs in the treatment and prevention of MAM
- Government in host countries
- Academic institutions and think tanks
- Private sector

At Global Level:

- WFP policy and programme designers and decision-makers
- Regional WFP programme and nutrition staff
- Technical units in WFP Headquarters concerned with nutrition, primarily Programme Design and Policy
- WFP Executive Board
- WFP donors interested in nutrition activities

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13 Nutrition at the World Food Programme, programming for nutrition-specific interventions, December 2012, WFP.
• UN agencies, especially UNICEF and UNHCR
• Key partners in the treatment and prevention of acute malnutrition
• Inter-Agency Standing Committee (IASC) Global Nutrition Cluster
• Academic institutions and knowledge networks on nutrition
• Private sector

4. Evaluation Approach and Methodology

4.1. Theory of Change

26. The series will be based on a theory of change for the interventions within each country. Each theory of change will be nested within the WFP corporate theory, so that all the evaluations are using the same over-arching conceptual framework, while enabling adjustment for country context. Building on this, the synthesis product will be designed at the outset in order to maximize the generalizability of the findings from the different country evaluations.

27. At the time of writing, the evaluability assessment concluded that the existing WFP logic model -Theory of Change\(^{14}\)- was a good starting point for the evaluations but it would need to be further refined to provide a relevant framework for the impact evaluations at the country level. In particular, some of the proposed steps to achieving outcomes and impacts could be more defined and assumptions about the roles of other factors made more explicit. The conceptual approach will be revisited based on the revised logic model released in 2015, ensuring an adequate balance between contextual adaptation to suit programmatic realities on the one hand, and comparability of results on the other.

28. To enhance the potential for wider generalization from the results, all the evaluations will be developed within the same over-arching evaluation framework, and will consider adopting similar methodological approaches while allowing for contextual adaptation.

4.2. Evaluation Questions

29. The core evaluation question is:

What is the difference in impact of MAM treatment on the incidence and prevalence of MAM in acute and protracted emergencies on children under 2 years of age\(^{15}\) (or under 5 years of age based on the actual programmatic practices) and PLW (pregnant women, especially those in the last trimester of pregnancy, and lactating women until 6 months after giving birth), when MAM prevention is present, interrupted, or not present?

Sub-questions include:
- Implementation effectiveness\(^{16}\): Participation and attendance? Dosage- how much,

\(^{14}\) WFP has developed a Theory of Change model that presents the linkages between inputs, activities, outputs, outcomes and impacts for each different pillar of nutrition programming.

\(^{15}\) MAM prevention programmes target children under 2 years of age and pregnant and lactating women (PLW), while MAM treatment programmes target children under 5 years of age and PLW.

\(^{16}\) Assuming efficacy of MAM treatment in favourable conditions is proven
for how long?
- Uptake and contextual and implementation factors influencing the results.
- Cost measures & comparison (cost-efficiency/cost-effectiveness)

30. To maximize comparability across the results, each evaluation of WFP programmes will address the core questions above. These will form the core structure of the synthesis report. The design of the synthesis report will be considered in the Inception Workshop.

31. Although the 2013 Evaluability Assessment did not specifically recommend the proposed key questions, the considerable guidance it gives on possible and preferred designs remains to a large extent applicable to these questions too. The Evaluability Assessment will be distributed to qualifying firms.

4.3 Methodology

32. **Impartiality.** The methodology should demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using a mixed methodological approach (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means. The sampling technique to impartially select sites to be visited and stakeholders to be interviewed should be specified in the Inception Report.

33. **Mixed Methods.** The evaluation design is expected to use a mix of quantitative and qualitative methods appropriate to the evaluation focus and questions, combining experimental & quasi-experimental methods & process monitoring. Analysis of historical secondary data from the last ‘spike’ in emergency is likely to be included.

34. Measurement will be done in two successive years at the same time of year and data on a number of independent variables collected in order to assess impact of the interventions. It will draw on the body of existing data and research as far as possible.

35. Data from different methods will be systematically triangulated to verify and deepen insights. Qualitative methods seek to deepen the understanding and analysis of the data generated by the other methods and to add substance to the indicators. Participatory methods will be used with those intended to benefit from the programme and with those most closely involved in implementation.

36. The combination and balance between these different methods will be finalized by the evaluation team in the inception phase, selected as appropriate based on purpose and context. The evaluation team will also determine, in consultation with the evaluation specialist, the sequence and timing of the different types of fieldwork to ensure the overall data collection strategy generates the best possible results.

37. **Quantitative and Qualitative Data Collection.** Survey sampling will be representative and randomised. Counterfactual and comparison group will be defined as appropriate. The focus for qualitative field work will be carefully selected during the Inception Phase by the team in consultation with the Evaluation Specialist and Country Office, based on the most important data gaps undermining the team’s
ability to answer the evaluation questions. Data will be disaggregated by sex, age and other relevant group. The evaluation findings and conclusions will highlight differences in performance and results of the operation for different beneficiary groups as appropriate.

38. **Using Standards.** The evaluation will use established standards to assess WFP’s performance and impact. In some areas, the standards may have been set by WFP, in other internationally standards may have been developed by a group of stakeholders, with WFP being one of them. During the inception phase, the evaluation team will identify which standards are applicable to the subject under evaluation and will build these standards into the evaluation methodology/matrix.

39. **Evaluation Matrix.** An evaluation matrix will be included to ensure that the methodology is consistently applied (with modifications, if needed) in each country evaluation.

5. **Organization of the Evaluation**

5.1. **Phases and Deliverables**

40. The evaluation will be organized in phases as shown in annex 1.

**Table 1: Timeline summary of the key evaluation milestones**

<table>
<thead>
<tr>
<th>Main Phases</th>
<th>Timeline</th>
<th>Tasks and Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preparation and Selection Phase</td>
<td>Nov 2014- Apr 2015</td>
<td>Final TOR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation Teams contracted.</td>
</tr>
<tr>
<td>2. Inception/Design Phase</td>
<td>Apr- Sep 2015</td>
<td>Baseline instruments/technical proposal agreed/synthesis report of proposal agreed</td>
</tr>
<tr>
<td>3. Evaluation Phase</td>
<td>Sep 2015- Sep 2016</td>
<td>Baseline and endline data collected and analysed (quantitative &amp; qualitative)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final Synthesis report</td>
</tr>
<tr>
<td>5. Dissemination</td>
<td>After Nov 2017</td>
<td>After November 2017</td>
</tr>
</tbody>
</table>

5.2 **Inception Phase.**

40. The purpose of the inception phase is to build upon the TOR to develop a detailed plan for the the evaluation and the synthesis report. It will include a more detailed analysis of country level issues and how they will be addressed in the evaluation. Identified important issues will be addressed in the inception phase of the evaluation.
5.3 Evaluation Component.

41. The evaluations will be conducted by independent teams of evaluators, working with national research institutions. The latter will work with the Country Offices involved to improve their M&E systems, such that they feed the evaluation requirements. The team will be multi-disciplinary and include members who together include an appropriate balance of practical knowledge and expertise in: nutrition programming in humanitarian contexts, impact evaluations, food security, gender mainstreaming, partnerships.

5.4 Roles and Responsibilities.

42. The evaluation series will be managed by the 3ie. The evaluation Specialist (ES) in 3ie will be Tara Kaul under the supervision of the 3ie Head of Evaluation. The ES is responsible for managing the preparation and design, follow-through and quality assurance throughout the process of the individual evaluations and the synthesis report.

43. Quality assurance will be the responsibility of 3ie. The 3ie will conduct this series of evaluations to the standards, phases, and key products of its extensive quality assurance system, which will meet or exceed that of WFP's Office of Evaluation. The latter is based on the UNEG norms and standards and good practice of the international evaluation community (ALNAP and OECD-DAC). Within this, 3ie will be responsible for selecting and contracting the evaluation teams; preparing and managing the budget; assisting in the preparation of the field missions; ensuring that the evaluation teams have prepared adequately for field work and have undertaken documents review and assessment of data already present, and logistics have been coordinated with WFP; ensuring that each selected evaluation team is conducting field work including testing and piloting of survey instruments; providing oversight of the sampling methodology, providing post-field work technical proposal comments including comments on the pre-analysis plan that matches the questions asked to indicators and indicators to variables in the questionnaire; providing comments on the identification methods for causality, allowed for a discussion of attrition, spillovers and methods to alleviate other sources of bias, sample size and power calculations, theory of change discussion, use of methods such as mixed methods and discussion of engagement with implementing agency in the technical proposal submission; consolidating comments from stakeholders on the various evaluation products.
44. **3ie** will coordinate communications between evaluation teams, WFP, internal stakeholders, and with the WFP Office of Evaluation.

45. **OEV** Evaluation Officer, Diego Fernandez, will be the counterpart contact in WFP OEV to ensure that 3ie has access to all relevant programme, policy, monitoring and management information and people necessary for 3ie to manage the conduct of the series. He will also conduct the first level WFP quality assurance. He will set up a WFP internal reference group and coordinate communications to this group from 3ie and evaluation teams. OEV Senior Evaluation Officer, Sally Burrows, will oversee the series and conduct second level WFP quality assurance of the principal products and processes.

46. **Country Office Roles:** COs play a critical role in 1) providing access to information and data that is necessary to prepare and conduct the evaluation; 2) participating in the evaluation process as specified in the methodology for each country; 3) discussing with the team all the relevant aspects of the programme; 4) facilitating the evaluation team’s contacts with stakeholders; 5) arranging in-country meetings and field visits, and providing support during fieldwork.

47. **WFP stakeholders** at CO, RB, and HQ levels are expected to provide information necessary to the evaluation; be available to the evaluation team to discuss the programme, its performance and results; facilitate the evaluation team’s contacts with stakeholders in each country; set up meetings and field visits, organise for interpretation if required and provide logistic support during the fieldwork. A detailed consultation schedule will be presented by the evaluation team in the Inception Report.

5.5 **Series Coordination and Management.**

48. Coordination structures and processes will be established to ensure a harmonized approach across all the evaluation series. OEV will be a member of the Humanitarian Action Thematic Window Steering Committee.

5.6 **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.*

49. The evaluation specialist will ensure consultation with the internal reference group on each of the key outputs of the evaluations.

50. A dissemination strategy and communication plan are under development.
### Annex 1: Detailed Evaluation Timeline

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. MOU SIGNED WITH WFP</strong></td>
<td><strong>JANUARY 2015</strong></td>
</tr>
<tr>
<td><strong>2. PREPARATION &amp; SELECTION PHASE</strong></td>
<td></td>
</tr>
<tr>
<td>TORs finalized – Consultation within WFP; shortlisting of eligible countries</td>
<td><strong>End of January 2015</strong></td>
</tr>
<tr>
<td>RFQ finalized and scoring templates finalized</td>
<td><strong>End of January 2015</strong></td>
</tr>
<tr>
<td>WFP country teams documentation prepared</td>
<td><strong>February 2015</strong></td>
</tr>
<tr>
<td>RFQ posting (along with the TORs)</td>
<td><strong>10 February 2015</strong></td>
</tr>
<tr>
<td>Deadline for submitting queries related to the RFQ</td>
<td><strong>20 February 2015</strong></td>
</tr>
<tr>
<td>Deadline for posting responses to queries on the 3ie website</td>
<td><strong>23 February 2015</strong></td>
</tr>
<tr>
<td>Deadline for submission of applications to RFQ</td>
<td><strong>10 March 2015</strong></td>
</tr>
<tr>
<td>Decision about selection of PGs announced</td>
<td><strong>20 March 2015</strong></td>
</tr>
<tr>
<td>Financial and administrative due diligence undertaken</td>
<td><strong>28 March 2015</strong></td>
</tr>
<tr>
<td>Final team asked for additional information</td>
<td><strong>28 March 2015</strong></td>
</tr>
<tr>
<td>Recommendations made to A&amp;F team and acceptance</td>
<td><strong>14 April 2015</strong></td>
</tr>
<tr>
<td>All templates shared with identified teams</td>
<td><strong>18 April 2015</strong></td>
</tr>
<tr>
<td>Contracts sent and signed with teams</td>
<td><strong>27 April 2015</strong></td>
</tr>
<tr>
<td><strong>3. INCEPTION/DESIGN PHASE (5 MONTHS)</strong></td>
<td></td>
</tr>
<tr>
<td>Secondary data and document review (reading and preparing) including review of data systems at Country Office and wish-list communicated to country. (Mapping of availability and quality)</td>
<td><strong>29 April-18 May 2015</strong></td>
</tr>
<tr>
<td>Phone calls between 3ie and teams on next steps and expectation with OEV and country teams.</td>
<td><strong>29 April-18 May 2015</strong></td>
</tr>
<tr>
<td>Proposed dates for travel to field sites for formative work including interviews and additional qualitative work.</td>
<td><strong>8 May 2015</strong></td>
</tr>
<tr>
<td>Baseline instrument draft and piloted</td>
<td><strong>During May and June 2015</strong></td>
</tr>
<tr>
<td>Onsite workshops; qualitative work; building relationships with national teams</td>
<td><strong>Finishes by 8 July 2015</strong></td>
</tr>
<tr>
<td>Submission of mission reports</td>
<td><strong>8 July 2015</strong></td>
</tr>
<tr>
<td>Post field work proposal preparation</td>
<td><strong>1 month</strong></td>
</tr>
<tr>
<td>Full impact evaluation proposal is submitted to 3ie. This includes the primary evaluation question, the main outcomes, the identification strategy, a survey instrument, policy influence plan and a detailed</td>
<td><strong>7 August 2015</strong></td>
</tr>
</tbody>
</table>
provisional overall budget for a full evaluation

| Comments for responses and budgets comments for response prepared and communicated | 7 September 2015 |
| Inception workshop (post selection of 8 IE proposals) | 15 September 2015 |
| Design of synthesis report (based on proposals) finalized | 21 September 2015 |
| Finalisation and revised technical proposal and submitted and baseline survey instrument submitted. | 28 September 2015 |
| Contract signed for full proposal with 3ie | 14 October 2015 |

4. **FULL EVALUATION PHASE* (12 MONTHS)**

- Training of field teams and finalisation of survey instrument: Starts by mid-October 2015
- Data collection / field work (data collection, process monitoring)
- Baseline data collection
- Progress reports (including PIP, finance reports, evaluation implementation reports)
- Endline data collection: End of October 2016

5. **REPORTING PHASE**

- Progress reports
- Analysis and final qualitative work: November 2016 to mid-Jan 2017
- Writing up and Draft Final Report: February-March 2017
- Technical and policy and budgetary comments conveyed to ensure high quality of submissions: 2 months
- Synthesis report: Mid-May 2017
- Final report and 5000 word summaries for WFP Board: Mid-May 2017
- Synthesis report finalized for WFP Board: Mid-August 2017
- Final reports disseminated: Mid-November 2017
Annex 2: Country Selection Process

Four countries were selected for the evaluations. The process started by combining and condensing data on nutrition specific activities based on the 2013 number of actual beneficiaries extracted by DACOTA17 dataset.

- Although, the nutrition specific activities include prevention of stunting and micronutrient supplementation, the focus of the data was centred around MAM activities and therefore around the following interventions: Boys & Girls 6 to 23 months given food under blanket supplementary feeding (prevention of acute malnutrition)
- Boys & Girls 24 to 59 months given food under blanket supplementary feeding (prevention of acute malnutrition)
- Pregnant and lactating women participating in blanket supplementary feeding (prevention of moderate acute malnutrition)
- Boys & Girls 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)
- Boys & Girls 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)
- Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition).

**First step:** the first step was to get a list of countries having any of the above MAM interventions. The list was based on the latest year available (2013). 58 countries were found to have MAM interventions in 2013.

**Criterion 1: Inclusion of countries with MAM (58)**

**Second Step:** Countries were classified in 1) countries with both treatment & prevention; 2) treatment only and 3) prevention only. The final countries were selected, to the extent possible, from the group of countries having both prevention and treatment. Preference was given to countries having both treatment/complete prevention, and treatment/absent prevention. This criterion was applied to the countries short-listed and further validated with Country Offices and/or Nutrition Unit at WFP Head Quarters (OSZAN). Alternatively, countries could be selected from both group 1 & 2.

**Criterion 2: identify countries having both treatment and prevention (30)**

**Third Step:** as specified in the TOR, the Humanitarian Action Thematic Window will focus on the prevention and treatment of MAM in emergency and post-emergency contexts. Therefore, development contexts were excluded. 10 countries having MAM interventions in DEV or CP only were identified and excluded from the final list.

**Criterion 3: exclusion of countries having MAM in CP and/or DEV only (10)**

**Fourth Step:** Insert the actual number of beneficiaries for the above list of MAM activities by country. This information helped to determine the size of the MAM activities in the countries.

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17 Data collection system for WFP reports.
To maximise the evaluation resources and highlight pointers for learning, priority was given to countries with larger number of beneficiaries.

**Indicators:** i) No. of beneficiaries for each singular MAM intervention; ii) total No. of beneficiaries for MAM.

**Fifth Step:** Populating the universe by introducing the following additional indicators for consideration:

- Wasting % moderate & severe, defined as the percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards. Data was taken from the SOWC 2014.
- WFP focus countries. Priority was given to countries meeting the above criteria and also falling within the group of 23 countries in which WFP focuses nutrition specific interventions.
- Country-specific findings on evaluability from the Evaluability Assessment, conducted in 2013. However, the EA did not drive the final selection of countries given the different and singular scope of the proposed series of evaluations.

The final country selection was reviewed to ensure adequate coverage of different regions and to balance evaluation coverage across all of OEV’s ongoing and planned evaluations.

The list can be further reviewed to address contextual factors that could interfere with the evaluation (political unrest, security problems etc.) as well as availability of the Country Offices and timeliness for corporate decision-making either at policy level or at operational level.

A preliminary analysis generated a list of potential countries for inclusion in the proposed series. The list resulted from the application of the first 3 above criteria. The indicators under step 4 were used to sort countries by total number of MAM beneficiaries from largest to smallest. The first top 10 countries were selected. The additional indicators under step 5 were taken into consideration for further analysis and thinking.

**Notes:**

1. Beneficiary data should not be used to make assumptions at a global WFP level.

2. The total number of beneficiaries for MAM activities should be used with caution. It is a proxy to determine the size of MAM activities in the country and identify large or small programmes. It is not the actual total because it may contain double-counting of beneficiaries between projects (in the same country) or within projects when a beneficiary may be covered by two or more activities.
Annex 3: Country profiles

The information contained in the following country profiles was obtained from the respective 2013 WFP Standard Project Reports, the WFP Dacota database and the various Country Office project documents.

Niger

Country background

It is estimated that 2.5 million people in Niger are in a state of chronic food insecurity. Millions more fall into a state of transitory food insecurity during seasonal periods of constrained access to food, reflecting the limited resilience of poor households. There have been ten food crises since 1967, four since 2000.

Global acute malnutrition (GAM) among children aged 6-59 months is consistently above the World Health Organization (WHO) "serious" threshold of 10 percent. According to the June 2013 national nutritional survey, Standardized Monitoring and Assessment of Relief and Transitions (SMART), it was found that 13.3 percent of children 6-59 months suffer from GAM. The national GAM prevalence of 22.9 percent among children aged 6-23 months is of particular concern. Since 2007, the proportion of chronically malnourished children aged 6-59 months has remained above the 40 percent "critical" threshold.

WFP assistance

WFP provided food and nutrition assistance to vulnerable populations of Niger through three frameworks, including a Country Programme (CP), a Protracted Relief and Recovery Operation (PRRO) and a regional EMOP. Through the PRRO, WFP supported food assistance-for-assets activities (FFA), targeted food assistance (TFA) and blanket supplementary feeding (BSF) during the lean season targeted children aged 6-23 months and pregnant and lactating women (PLW) contributing to reducing acute malnutrition among children. TFA and BSF were implemented in parallel to maximize the impact of nutritional support for children aged 6-23 months. Year-round targeted supplementary feeding (TSF) ensured treatment of children aged 6-59 months with moderate acute malnutrition (MAM) and malnourished PLW. WFP maintained parallel school feeding activities to improve attendance and reduce drop-out rates under the country programme (CP).

WFP operations supported the government’s Nigeriens Feeding Nigeriens (3N) initiative under the national Social and Economic Development Programme (PDES). In addition, WFP provided technical assistance to the government under the Renewed Efforts Against Child Hunger (REACH) partnership for ending child hunger and under nutrition.

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beneficiaries in 2013</td>
<td>1,215,689</td>
<td>1,634,747</td>
<td>2,850,436</td>
</tr>
</tbody>
</table>

Nutrition interventions

One of the main expected outcomes of the PRRO was to reduce the level of acute malnutrition among children under 5. In line with the integrated food security and nutritional approach, only children 6 to 23 months and PLW in households targeted to receive targeted food assistance (TFA) through HEA were eligible for BSF. Around three quarters of TFA households had children 6 to 23 months and PLW who received BSF for the prevention of acute malnutrition. Children aged 6 to 23 months were provided with a ration of Super Cereal Plus while PLW received Super Cereal and oil. Children identified as malnourished during the BSF activity were referred to health centres for treatment. PLW received BSF as poor nutrition of pregnant women can increase the risk of childhood malnutrition.

WFP supported year-round treatment for moderate acute malnutrition in government health centres. Malnourished children aged 6 to 59 months received a daily ration of Plumpy' Sup or Super Cereal Plus and sometimes Super Cereal and oil when Plumpy' Sup and Super Cereal Plus were not available. It is worth noting that a sizeable proportion of children recovered and exited the programme within 60 days, which is 30 days sooner than the recommended 90-day treatment (based on the National Nutrition Protocol).

Malnourished PLW were provided with a daily ration of Super Cereal and oil. PLW planning was based on malnutrition prevalence by Body Mass Index (BMI), whereas targeting in health centres is done by Mid-Upper Arm Circumference (MUAC).

Nutrition Specific Interventions - MAM Treatment & Prevention

Source: Dacota – WFP

Chad

Country background

In 2013, 2.1 million people were food insecure in Chad, out of which 1.5 million living in the Sahelian belt, according to a National Food Security Assessment (ENSA) conducted in March 2013.

Child malnutrition and recurrent epidemics are a major problem in the country, and even in non-crisis years, malnutrition and mortality rates are alarming. A Standardized Monitoring and Assessment in Relief and Transition (SMART) nutrition survey was carried out in July 2013 and reported global acute malnutrition (GAM) rates above the 15 percent 'critical' threshold in 6 out of the 11 regions of the Sahelian belt of Chad, and serious GAM rates (over 10 percent) in 3 additional regions.

WFP assistance

In Chad, WFP provided food and nutrition assistance under a protracted relief and recovery operation (PRRO) and a development project. The PRRO targeted food insecure local
populations and refugees through general food distributions, asset creation activities, as well as nutritional programmes for children under five and pregnant and lactating women.

### Chad - Total number of beneficiaries 2013

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beneficiaries in 2013</td>
<td>599,259</td>
<td>675,760</td>
<td>1,275,019</td>
</tr>
</tbody>
</table>

Source: Chad Standard Project Report 2013

**Nutrition interventions**

The PRRO focused on reducing the prevalence of acute malnutrition among children under 5 and pregnant and lactating women through treatment and prevention activities and on ensuring adequate food consumption for food insecure households and Sudanese and Central African refugees.

In 2013, WFP implemented a Blanket Supplementary Feeding Programme (BSFP) using Plumpy'Doz and Super Cereal for the prevention of acute malnutrition targeting children 6 to 23 months and lactating mothers of children less than 6 months old, in regions where global acute malnutrition (GAM) rates exceeded 15 percent. The Targeted Supplementary Feeding Programme (TSFP) provided treatment for children aged 6 to 59 months with moderate acute malnutrition (MAM) and undernourished pregnant and lactating women (PLW) in areas where GAM rates exceeded 10 percent. In 2013, WFP completed its transition from Super Cereal Plus to Plumpy'Sup as the commodity for the treatment of MAM.

**Nutrition Specific Interventions - MAM Treatment & Prevention**

Source: Dacota – WFP

**Sudan**

**Country background**

Food security is not ensured for a large part of the population. In July 2013, WFP assessments estimated that 3.7 to 4 million people in Sudan were food insecure. Malnutrition is at alarming levels. Thirty-five percent of children of 6-59 months are chronically malnourished (stunted) and 16 percent are acutely malnourished, which is much above the WHO recognized emergency levels.

**WFP assistance**

Under the emergency operation (EMOP) 200457, WFP planned to support beneficiaries with emergency food assistance, while activities for prevention and treatment of malnutrition targeted children under five and pregnant and lactating mothers. In addition, school children
from severely food insecure and fragile settings with high dropout rates were also targeted to help retain enrolment in targeted primary and secondary schools.

**Sudan - Total number of beneficiaries 2013**

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beneficiaries in 2013</td>
<td>1,699,045</td>
<td>1,944,532</td>
<td>3,643,577</td>
</tr>
</tbody>
</table>

Source: Sudan Standard Project Report 2013

**Nutrition interventions**

To address the alarming rates of malnutrition, in 2013 WFP scaled up its nutrition programmes for children and pregnant and lactating women (PLW). Nutrition interventions - targeted seasonal supplementary rations (TSSR), a 12-month integrated blanket supplementary feeding programme (IBSFP), and a targeted supplementary feeding programme (TSFP) - were also prioritized. TSSR (a local premix made of Super Cereal, dried skimmed milk, oil and sugar) were distributed to all children aged 6 to 59 months in households receiving GFD in North and South Darfur during the May-September lean season to prevent seasonal peaks in acute malnutrition. IBSFP included the provision of Super Cereal, oil and sugar to meet the nutrient gap of children aged 6 to 36 months throughout the year, complemented by behaviour change training on feeding practices and diet diversity, health and hygiene, targeting caregivers. Through TSFP, WFP provided Super Cereal, oil and sugar to children aged 6 to 59 months with moderate acute malnutrition (MAM) and malnourished PLW.

**Nutrition Specific Interventions - MAM Treatment & Prevention**

<table>
<thead>
<tr>
<th>COUNTRY NAME</th>
<th>Sum of Boys &amp; Girls 6 to 23 months given food under blanket supplementary feeding (prevention of acute malnutrition)</th>
<th>Sum of Boys &amp; Girls 24 to 59 months given food under blanket supplementary feeding (prevention of acute malnutrition)</th>
<th>Sum of Boys &amp; Girls 6 to 23 months given food under supplementary feeding for treatment of moderate malnutrition</th>
<th>Sum of Boys &amp; Girls 24 to 59 months given food under supplementary feeding for treatment of moderate malnutrition</th>
<th>Sum of Pregnant women participating in targeted supplementary feeding for treatment of moderate malnutrition</th>
<th>Sum of Pregnant women participating in blanket supplementary feeding for prevention of moderate acute malnutrition</th>
<th>Sum of Total MAM prevention and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudan Country Office</td>
<td>127,562</td>
<td>155,646</td>
<td>46,271</td>
<td>92,551</td>
<td>40,067</td>
<td>462,097</td>
<td>462,097</td>
</tr>
</tbody>
</table>

Source: Dacota – WFP

**Somalia**

**Country background**

Somalia has experienced significant improvement in the food security and nutrition situation since the July 2011 famine as a result of favourable seasonal rainfall performance and continued humanitarian response. However, the gains made are fragile and humanitarian assistance is still vital. According to the Food Security and Nutrition Analysis Unit for Somalia (FSNAU) Technical Release issued in September 2013, the number of people in Crisis and Emergency (IPC Phases 3 and 4) in Somalia is estimated to have decreased from 1 million in June 2013 to 870,000 between September and December 2013. A further 2.3 million people were classified as Stressed (IPC Phase 2) and were struggling to meet their minimum food requirements. Critical levels of acute malnutrition persisted in 2013 with more than 206,000 children under the age of five acutely malnourished; two thirds of these were from southern Somalia. By the third quarter of the year, the overall Global Acute Malnutrition (GAM) prevalence in the country was estimated at nearly 15 percent.

**WFP assistance**
The end of 2013 marked the completion of year one of the Protracted Relief and Recovery Operation (PRRO) 200443 titled “Strengthening Food and Nutrition Security and Enhancing Resilience”. Launched in January 2013, the PRRO has the overarching goal of enhancing vulnerable populations’ resilience to shocks, providing protective safety nets and saving lives in Somalia. Among the activities of the PRRO were: mother and child health and nutrition (MCHN), targeted supplementary feeding programme (TSFP) and blanket supplementary feeding programme (BSFP).

### Somalia - Total number of beneficiaries 2013

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of beneficiaries in 2013</td>
<td>801,474</td>
<td>967,571</td>
<td>1,769,045</td>
</tr>
</tbody>
</table>


**Nutrition interventions**

The PRRO incorporates a flexible nutrition responses allowing for both preventative (Blanket Supplementary Feeding, BSFP) and curative (Targeted Supplementary Feeding, TSFP) approaches. Targeted nutrition programmes to support vulnerable groups including children under the age of five, pregnant and lactating mothers and IDP populations were also prioritized in 2013.

According to the Food Security and Nutrition Analysis Unit for Somalia’s (FSNAU) nutrition survey findings (Post-Gu 2013 Nutrition Analysis Technical Report - October 2013) children 24 to 59 months were likely to be more prone to acute malnutrition than children 6 to 23 months in Somalia.

WFP's food basket for nutrition programmes in Somalia consisted of 2.7 kg rations of Plumpy'Sup per month for TSFP (children under five and PLW); Plumpy’Doz for mother and child health and nutrition (MCHN) and BSFP beneficiaries.

**Nutrition Specific Interventions - MAM Treatment & Prevention**

Source: Dacota – WFP