



World Food
Programme

Decentralized evaluation for evidence-based decision making

WFP Office of Evaluation

Decentralized Evaluation Quality Assurance System (DEQAS)

Terms of Reference

EVALUATION of

**Treatment of Moderate Acute Malnutrition intervention in Ngozi, Kirundo, Cankuzo and Rutana
from 2016 to 2019**

World Food Programme in Burundi, Republic of (BI)

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List of accronyms

BI	Republic of Burundi
CO	Country Office
CFSVA	Comprehensive Food Security and Vulnerability Analysis
DEQAS	Decentralized Evaluation Quality Assurance System
EB	Executive Board
EC	Evaluation Committee
EFSA	Emergency Food Security Assessment
EM	Evaluation Manager
EQAS	Evaluation quality assurance system
ER	Evaluation Report
ERG	Evaluation Reference Group
FSMS	Food Security Monitoring System
GBV	Gender-based violence
GEEW	Gender equality and women's empowerment
HDI	Human development index
IDPs	Internally displaced persons
IOM	International Organization for Migration
IR	Inception Report
MAM	Moderate Acuate Malnutrition
M&E	Monitoring and Evaluation
NGOs	Non-governmental Organisation
OEV	Office of Evaluation
PLW/G	Pregnant and lactating women and girls
PLW	Pregnant and lactating women
UNCT	UN Country Team
UNDSS	UN Department of Safety & Security
UNEG	United Nations Evaluation Group
UNHCR	UN Refugee Agency
UN	United Nations
QS	Quality Support
RB	Regional Bureau
RBN	Regional Bureau in Nairobi
SUN	Scale Up Nutrition
TOC	Theory of Change
TOR	Term of References
FFP	Food For Peace
VAM	Vulnerability, Assessment, Mapping
WFP	World Food Programme

1. Introduction

1. These Terms of Reference (TOR) are for an evaluation of the treatment of Moderate Acute Malnutrition (MAM) for children 6-59 months, and pregnant and lactating women and girls (PLW/G), a sub-component of the Assistance to Vulnerable Food-Insecure Populations project, implemented in Ngozi, Kirundo, Cankuzo and Rutana from 2016 to 2019, and mainly funded by USAID/Food for Peace (FFP). This is an activity evaluation commissioned by World Food Programme (WFP) Burundi Country Office (CO) and will cover the period from 2016 to 2019.
2. These TOR were prepared by WFP Evaluation Manager based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.

2. Reasons for the Evaluation

2.1. Rationale

3. USAID/FFP is an important donor to WFP in Burundi to address the humanitarian needs of the Burundian population and has funded MAM treatment interventions for the last three years in four provinces of the country. The evaluation will primarily be used by WFP Burundi to enhance project accountability towards the donor. A secondary objective is to produce strong evidence to feed into WFP evidence base for the improvement of future programmes.

2.2. Objectives

4. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.
 - **Accountability** – The evaluation will assess and report on the performance and results of the MAM sub-component, to present high quality and credible evidence of actual impact to USAID/FFP. It will provide evidence-based findings to inform the relevance and effectiveness of the MAM treatment for operational and strategic decision-making.
 - **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems. For these reasons, both accountability and learning have equal weight.

2.3. Stakeholders and Users

5. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the Inception phase.
6. Accountability to affected populations is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. As such, WFP is committed to ensuring gender equality and women's empowerment (GEEW) in the evaluation process, with participation and consultation in the evaluation by women, men, boys, and girls from different groups.

Table 1: Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
World Food Programme Burundi	Responsible for the planning and implementation of WFP interventions at country level. It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its programmes.
Regional Bureau for East and Central Africa (RBN)	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The Regional Evaluation Officers supports CO/RB management to ensure quality, credible and useful decentralized evaluations.
WFP Headquarters (HQ)	WFP HQ technical units are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Relevant HQ units should be consulted from the planning phase to ensure that key policy, strategic and programmatic considerations are understood from the onset of the evaluation.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP programmes. This evaluation will not be presented to the Board but its findings may feed into thematic and/or regional syntheses and corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation with all beneficiaries and users, especially women, girls and disadvantaged groups will be engaged, their views and perspectives will be taken into consideration and will be determined and their respective perspectives will be sought.
United Nations Country team (UNCT's)	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level.
Implementing partner	<i>Programme National Intégré pour l'Alimentation et la Nutrition (PRONIANUT)</i> is the main WFP's partners for the implementation of the MAM treatment activities. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. Information related to strategic operations and orientation, capacity development, handover and sustainability will be of particular interest.
Donors USAID/FFP	WFP operations are voluntarily funded by a number of donors. Donors have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. Donors would be interested to assess what are strengths, gaps and lessons learned of MAM treatment.

7. The primary users of this evaluation will be:

- The WFP Burundi Country Office and its partners in decision-making, notably related to programme implementation and/or design, Country Strategy and partnerships.

- Given the core functions of the Regional Bureau (RB), the RB is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight.
 - WFP HQ may use evaluations for wider organizational learning and accountability.
 - OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.
 - The findings will also feed into annual corporate reporting and donor reporting.
8. The secondary users of this evaluation will be the Ministry of Health, through PRONIANUT and the non-governmental organizations (NGOs). The findings will be relevant for decision-making, notably related to programme implementation and/or design, and partnerships.

3. Context and subject of the Evaluation

3.1. Context

9. Burundi is one of the poorest countries in the world, ranking 185 out of 189 on the human development index (HDI) with over 65 percent of the population living under the national poverty line of \$1.90 per day. The country is the 9th most food insecure country in the world, sharing similar levels with Somalia, according to the 2018 World Food Security Report. Over 90 percent of the population are dependent on agriculture as their main source of income. With a population estimated at 11.7 million in 2017, Burundi has the second highest population density in Sub-Saharan Africa with more than 400 inhabitants per square kilometer. The high population density as well as the ongoing influx of returnees and refugees from DRC contributes to competition and disputes over scarce natural resources. It is worth noting that women play a major role in Burundi's national economy and represent 55.2 percent of the workforce. Women are particularly active in the agricultural sector, which provides 90 percent of food production and 90 percent of the country's export.
10. Globally, Burundi has the highest level of chronic malnutrition, with current prevalence level at 56 percent. According to the Demographic and Health Survey (DHS 2016/2017), stunting prevalence is above 50 percent in all 18 provinces except for Bujumbura Mairie, with some provinces in the north east over 60%. Global acute malnutrition (5-8 percent) has been rising over the past few years. Localized surveys have found prevalence levels far higher than 10 percent. The prevalence of anemia among children aged 6-59 months is above 60 percent, exceeding the WHO threshold of 40 percent.
11. Underlying drivers for undernutrition include poverty, poor access to clean water, and worsening access to basic services such as health and education. A high prevalence of infectious diseases, lack of diversity in diets and poor hygiene make the situation worse. Adding to the pressure on Burundi's limited resources, over 45,000 refugees, mainly from the Democratic Republic of the Congo, are hosted in already food-insecure areas and rely on assistance for basic food and nutrition.
12. The Government of Burundi's efforts to ensure long-term solutions to food and nutrition insecurity challenges in the country are translated into relevant country's policies including the National Development Plan, Burundi's Vision 2025, and the National Agricultural Investment Plan (2012-2017). The government also adhered to international initiatives, including the Scale Up Nutrition (SUN) movement. WFP's long-term vision in Burundi is to support the government's efforts to achieve Sustainable Development Goal (SDG) 2: end hunger, achieve food security and improve nutrition by 2030.
13. WFP's focus is to reshape the food system in Burundi by promoting a multi-sectorial and systems approach to food access and utilization. The overall country strategy is aligned with national food and nutrition security policies and tools, and the United Nations Development Assistance Framework (UNDAF) for 2018-2022.
14. The UN family (UNICEF, WFP, WHO, IFAD), INGOs, NGOs and governmental bodies have been working on a comprehensive package of nutrition interventions: Severe Acute Malnutrition (SAM) treatment, MAM treatment, prevention of undernutrition, fortification programmes, HIV programme (preventative

actions, capacity strengthening, facilitate access to anti-retroviral treatment), and governmental capacity-building in nutrition.

15. WFP and UNICEF worked jointly to tackle malnutrition in the country. Through the national protocol, UNICEF delivers SAM treatment to targeted children and WFP delivers MAM treatment to targeted PLAW and their children between 6-59 months. In partnership with local NGOs, both agencies also implement prevention actions on chronic malnutrition. Moreover, WFP implement fortification programme to prevent micronutrient deficiencies targeting children between 6-23 months.
16. WFP activities are aligned with national food security and nutrition strategies. WFP humanitarian, community recovery and development interventions are aligned with the communal development plans, nutrition activities are defined based on National Protocols, and the school meals programme aligns with the government's reform of the education system. During implementation, WFP works with decentralized structures of the line ministries, which is a good mechanism to detect gaps in expertise and organize capacity strengthening training with a view to transferring skills to local institutions for a future programme handover.
17. In Burundi, women represent around 55 percent of the total labour force. Despite some improvements in women's representation in decision-making positions, women still face many challenges. A research conducted by the "Ministère de la Fonction Publique, du Travail et de l'Emploi" (PNRA) and supported by United Nations Development Program (UNDP) in 2017, showed that women only account for the 14.5 percent in the political sector, 29.1 percent in the economic sector, and 42.2 percent in the social sector, making an average of 39.7 percent women compared to 60.3 percent of men.
18. Gender disparities are reflected differently according to provinces and economic activities. Culturally, men are the head of the households. In regions where, contracted labour is the main source of income, women and children work on the house and farming, and the money earned by men sometimes does not reach other household members. Gender disparities continue to affect households' food security.¹
19. *" Food utilization and consumption refers to the socioeconomic aspects of household food and nutrition security, determined by knowledge and habits. Assuming that nutritious food is available and accessible, the household has to decide what food to purchase, how to prepare it, and how to consume and allocate it within the household. Women's health and nutrition affect newborns' birth weight and the mother's ability to breastfeed her infant for the first six months. Chronic energy deficiency (CED), as measured by body mass index (body mass divided by the square of the body height in kg/m²), is a measure of women's nutritional status. In Burundi, 16 percent of women of childbearing age have CED. Both adolescent girls 15 to 19 years and women 40 to 49 years are slightly more likely to have CED than other women. Household-level approaches to nutrition hide intra-household inequality in food consumption. Nutrition programmes that provide food to the household as a whole, as opposed to specifically to pregnant and lactating women, result in an unequal distribution of food within a household. Men control the distribution of resources at the household level, and do not share the distribution equally with or prioritize pregnant and lactating women and children. "*²
20. In addition, Gender-based violence (GBV) is widespread in Burundi. According to UNICEF (June 2018), nearly one in four Burundian women (23 percent) and 6 percent of men have experienced sexual violence, and children are particularly at risk. Only a small percentage of sex-related incidents are reported, so the actual number is likely much higher. Acknowledging the extent of the problem, the government established a law for the prevention, protection and punishment of GBV, which was adopted in December 2015. This law has now been in existence for three years yet, the texts of the law are generally not applied. This means those experiencing GBV are unaware there is a law that protects them. Thus, when they suffer

¹ World Food Programme in Burundi, Republic of (BI), 2018. *Assistance to Refugees and Vulnerable Food-Insecure Populations, Standard Project Report 2018*, p.15-16.

² USAID, 2017. *Burundi Gender Analysis, Final Report*. URL: <https://banyanglobal.com/wp-content/uploads/2017/07/USAID-Burundi-Gender-Analysis-Final-Report-2017.pdf>

it is not clear who to turn to or what to do. Rather, most of those who experience violence decide to remain silent or allow their families to settle the issue with the perpetrators.³

3.2. Subject of the evaluation

21. The decentralized evaluation will focus on MAM treatment for children 6-59 months, and pregnant and lactating women and girls (PLW/G), implemented as part of the Supplementary Feeding Programme, in accordance with the National Protocol for Integrated Community Management of Acute Malnutrition validated on October 2017 with the participation of WFP-Burundi. With USAID/FFP funding, the activity was implemented in provinces of Ngozi, Kirundo, Cankuzo and Rutana provinces.
22. The scope of this evaluation will focus on the project implemented between July 1st, 2016 to March 31st, 2019. The rationale behind the scope of the evaluation is that relevant data started to be collected in 2016. WFP Burundi Country Office received an annual grant from FFP from 2016 to 2019. The total amount financed by Food for Peace is \$47,923,099 USD. The table below disaggregates the grant amount per year. The details amount allocated only for the MAM treatment will be share during the inception pahse with the evaluation team.

Table 2: Food for Peace fund per year.

Year/Total	2016	2017	2018	2019	Total
Amount	\$8,000,000	\$12,697,577	\$13,935,000	\$13,290,522	\$47,923,099

23. The MAM treatment activity is contributing to Burundi Strategic Outcome 03: Children 6-59 months, adolescent girls, and pregnant and lactating women and girls (PLW/G) in the targeted provinces and communes have improved nutritional status throughout the year. This Strategic Outcome’s aim is to improve the nutrition status by focusing on the treatment MAM, prevention of stunting, and prevention of micronutrient deficiencies, targeting children aged 6-59 months, adolescent girls and pregnant and lactating women (PLWs) and other nutritionally vulnerable populations.
24. The MAM treatment activity was implemented in partnership with the Ministry of Health and through its decentralized structures, health centers, health districts, community relay. The collaboration between WFP and PRONIANUT ensures an extensive field presence and offers the best prospects for sustainability. However, there are also some areas for future improvements: high staff turnover, insufficient level of capacity and ownership, short staff number, low level of information sharing and dissemination among staff.
25. The geographic area of the intervention includes the provinces of Ngozi, Kirundo, Cankuzo, and Rutana. The choice of these provinces was motivated by a prevalence of global acute malnutrition higher than or equal to 10 percent, or between 5 and 9 percent with aggravating factors such as: food insecurity, morbidity, displacement and population density.
26. Once children and PLW/G are screened for malnutrition, moderately malnourished children aged 6-59 months are given a daily ration of 100g of ready to use supplementary food (RUSF) while PLWs receive 250g of SuperCereal. The nutrition support provided is crucial for improving the nutrition status of the beneficiaries. For example, the recovery rate of the MAM treatment surpassed the set target, while the mortality rate approached zero in the targeted provinces. In addition, in 2018, the MAM treatment intervention covered a higher number of beneficiaries than initially planned (109 percent) due to returnees, movement of internally displaced persons and admissions of beneficiaries from other catchment areas.
27. Depending on the nutritional status of the targeted population and the region of intervention, beneficiaries may receive SAM treatment at first, and continue with the MAM treatment, once their status

³ World Food Programme in Burundi, Republic of (BI), 2018. *Assistance to Refugees and Vulnerable Food-Insecure Populations, Standard Project Report 2018, p.15-16.*

is enhancing. Most of them will then be targeted for SAM, implemented by UNICEF or MAM treatment, implemented by WFP. Although this evaluation will only focus on the MAM treatment, it is important to clarify that the SAM treatment, the MAM treatment, and prevention interventions are interrelated. A theory of change (TOC), in annex 6, has been developed with relevant stakeholders to prepare this evaluation. No specific logical framework is available for the MAM component.

28. Although no specific gender analysis has been made to develop the MAM treatment actions funded by USAID/FFP, the evaluation should mainstream gender perspectives and considerations through all stages of the evaluation and making sure that the most vulnerable women and women-headed households would be considered adequately. In addition of sex-disaggregated data, the information collected should include GEEW analysis and the evaluation findings should draw clear perspectives of the different targeted groups as well as pay attention to gender inequalities and specific gender vulnerabilities and concerns. Gender issues and gender dimensions will need to be clearly stated.
29. No specific information from past evaluations can be used for this current evaluation.
30. The total number of planned and actual beneficiaries for 2016, 2017, 2018, 2019 are presented under Table 3. Additional disaggregated data will be made available to the evaluation team at the inception stage.

Table 3. Actual total beneficiaries from 2016 to 2019

Type of beneficiaries	Planned				Actual			
	2016	2017	2018	2019	2016	2017	2018	2019
Children (6-23 months)	35,868	9108	26,832	18,447	21,525	42,344	45,947	13,817
Children (24-59 months)	18,232	4630	53,168	36,553	10,941	21,523	43,998	13,275
PLW (18 plus)	18,159	11,096	17,100	7,500	12,566	19,789	32,462	13,288
Total beneficiaries	72,259	24, 834	62,500	45,032	45,032	83,656	40,380	24, 834

31. The decentralized evaluation will focus on the implementation period between 2016 and 2019.
32. The other documents specifically related to the USAID/FFP MAM component are listed under section 4.3.
33. Please refer to annex 1 to visualize the country map. Additional programming details will be made available at the inception stage of the evaluation.

4. Evaluation Approach

4.1. Scope

34. The evaluation will cover the activities related to MAM treatment for pregnant and lactating women and children aged 6-59 months, in provinces of Ngozi, Kirundo, Cankuzo and Rutana provinces. WFP nutrition programming aims to both prevent acute malnutrition where required, as well as ensure adequate capacity for treatment of MAM. WFP's programming to treat MAM relies on the provision of specialized nutrition products where appropriate, in addition to the provision of routine medical care and promotion of optimal health and nutrition practices through nutrition assessment, education, and counselling. The TOC (Annex 6) provides a complete visual perspective of the main actions and assumptions for the MAM treatment financed by FFP in Burundi.
35. The target groups for this evaluation are pregnant and lactating women and girls, and children aged 6-59 months receiving MAM treatment.
36. Funded by USAID/FFP and implemented by WFP Burundi, the decentralized evaluation will focus on the implementation period between 2016 and 2019.

37. The evaluation team may face some of the following challenges while undertaking the evaluation process:
- a. Programming followed the annual grant cycle and annual projects mainly focused on outputs;
 - b. The annual projects proposal were activity-based rather results-based (no baseline or logframe are available); However, to some extent, the evaluation team will have access to specific data that will allow them to rebuild a baseline on the acute malnutrition status for the targeted provinces.
 - c. The annual project proposals were not informed by a previous gender analysis;
 - d. While WFP has maintained an accurate quantitative database of MAM treatment cases, only limited qualitative data is available.
38. To address these limitations:
- a. A TOC has been recently developed with relevant stakeholder to structure this evaluation;
 - b. The evaluation team will have access to quantitative data through the WFP database to be able to be aware of the situation at the beginning of the interventions; The evaluation team will be expected to review the TOC in the inception report.
 - c. The evaluation will integrate specific gender-sensitive data and will draw specific attention to gender perspectives;
 - d. Qualitative and participatory data collection methods will be used to collect qualitative information.
39. All data will need to be at least disaggregated by age, sex, and region.

4.2. Evaluation Criteria and Questions

40. The evaluation will focus on the six DAC evaluation criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability.⁴ The evaluation will address the key questions outlined in Table 2, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aimed at highlighting the performance of MAM treatment, and lessons learned could inform future strategic and operational decisions.
41. Allied to the evaluation criteria, the evaluation will address the key questions outlined below, which will be further developed/revised by the evaluation team during the inception phase. The evaluation team is expected to further develop the main evaluation questions in an evaluation matrix annexed to the inception report. The matrix will include: main evaluation question, sub-questions, data sources, and data collection methods.
42. The evaluation should analyze how GEEW objectives and GEEW mainstreaming principles were included in the intervention design, and whether the object has been guided by WFP and system-wide objectives on GEEW. The GEEW dimensions should be integrated into all evaluation criteria as appropriate.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance	<ul style="list-style-type: none"> • To what extent the MAM treatment was in line with the needs of the most vulnerable, most particularly with pregnant and lactating women and girls, and children? • Did distribution schedules, logistics, access, and MAM treatment interventions were aligned with realities and needs of the targeted beneficiaries, as well as disabled persons?

⁴ DAC Evaluation criteria: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

	<ul style="list-style-type: none"> To what extent is the intervention aligned with the needs and priorities of the government?
Effectiveness	<ul style="list-style-type: none"> What were the major factors influencing how MAM treatment contributed to meet the performance indicator on recovery, death and dropout in the targeted provinces? To what extent did the intervention deliver results for pregnant and lactating women, girls and children 6-59 months? Were there unintended positive/negative results?
Coherence	<ul style="list-style-type: none"> To what extent the MAM treatment interventions funded by FFP were coherent with other donors interventions in nutrition programme? To what extent the programme was aligned with government policies and nutrition protocols? How did the referral mechanisms to other nutrition programmes (health facility to community and vice-versa) worked?
Efficiency	<ul style="list-style-type: none"> What is the cost-effectiveness analysis of MAM treatment in the targeted regions compare to similar programmes in the country or within the sub-region? Did MAM treatment has the most cost-efficient performance for coverage and adherence? How can the cost-efficiency of MAM treatment be improved? With specific attention to: <ul style="list-style-type: none"> Cost per ration distributed; Cost per beneficiary reached; Cost per beneficiary effectively adhering to an established protocol; What factors drive the cost-efficiency of MAM treatment?
Impact	<ul style="list-style-type: none"> To what extent has the MAM treatment contributed to changing the nutrition status of the targeted beneficiaries (lactating and pregnant women and girls, children 6-59 months)? To what extent has the MAM treatment contributed to meet the performance indicator on recovery, death and dropout in the targeted provinces? To what extent has the government being influenced to increase investments in nutrition?
Sustainability	<ul style="list-style-type: none"> To what extend did the intervention implementation arrangements include considerations for sustainability, such as capacity-building of national and local government institutions, communities and other partners? To what extent will the benefits of the intervention continue for pregnant and lactating women and girls and children 6-59 months after the end of WFP's intervention?

4.3. Data Availability

43. The main sources of information available to the evaluation team, including qualitative and quantitative data, are listed below.

Primary data:

- Annual FFP Proposal;
- FFP Concept Notes;
- FFP Biannual Reports;
- FFP Annual Results Reporting;
- WFP Burundi Nutrition Database;
- WFP Post Distribution Reports;

- g. WFP Burundi Country Annual Report;
- h. Burundi Interim Country Strategic Plan 2018-2020;

Secondary data:

- a. Burundi National guideline on Integrated Management of Acute Malnutrition (IMAM);
- b. Implementing partner's reports;
- c. USAID Gender Analysis 2017, Burundi;
- d. USAID Food Assistance Factsheet;
- e. Additional documents may be made available to the evaluation team at the inception stage of the evaluation.

44. Concerning the quality of data and information, the evaluation team should:

- a. Assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection.
- b. Systematically check accuracy, consistency, and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

4.4. Methodology

45. The evaluation team will conduct a comprehensive realistic evaluation approach. . The adoption of participatory and innovative approaches is highly encouraged.

46. To answer the evaluation questions, a mixed-methods approach is proposed:

- **Desk Review and Context Analysis:** A careful analysis of existing data and information from secondary sources including policy documents, programme documents, monitoring reports, annual project reports;
- **Quantitative primary data collection:** from a representative number of pregnant and lactating women, health workers, and other significant actors, through a carefully designed survey, bearing in mind that gender dimensions vary from one region to the other and there are key elements to be assessed;
- **Qualitative primary data collection:** through interviews, focus group discussions, key informative interviews, storytelling and most significant change approach, as well as other participatory methods, if relevant. This should cover pregnant and lactating women, health workers, and other significant actors.
- **Costs Analysis:** to answer the questions related to efficiency will require cost-effectiveness analysis and cost-efficiency analysis on MAM treatment intervention.

47. The full methodology will be confirmed and refined by the evaluation team during the inception phase, but it should:

- Employ the relevant evaluation criteria listed above;
- Use mixed methods (quantitative, qualitative, participatory, etc.) to ensure triangulation of information through a variety of means;
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (stakeholder groups, including beneficiaries, etc.). The selection of field visit sites will also need to demonstrate impartiality. The evaluation team should ensure that the methodology and evaluation implementation are ethical and conform to the UNEG Ethical Guidelines for Evaluation;
- Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints;
- Ensure through the use of mixed methods that women, men, girls, and boys from different stakeholder's groups participate and that their different voices are heard and used;
- Mainstreams gender equality and women's empowerment in the way the evaluation is designed, collected and analysed (as above) and the ways findings are reported, and conclusions and

recommendations are made. The methodology should emphasize learning perspectives, such as good practices, strengths, gaps, lessons learned and recommendations for MAM treatment intervention in the four provinces.

48. The methodology should be GEEW-sensitive, indicating what data collection methods are employed to seek information on GEEW issues and to ensure the inclusion of women. Particular attention should be made to marginalized groups and people with disabilities. The methodology should ensure that data collected is disaggregated by sex and age; an explanation should be provided if this is not possible. Triangulation of data should ensure that diverse perspectives and voices of both males and females are heard and taken into account.
49. Looking for explicit consideration of gender in the data after fieldwork is too late; the evaluation team must have a clear and detailed plan for collecting data from women and men in gender-sensitive ways before fieldwork begins.
50. The evaluation findings, conclusions and recommendations must reflect gender analysis, and the report should provide lessons/ challenges/ recommendations for conducting gender-responsive evaluation in the future.
51. To ensure independence and impartiality, an Evaluation Committee, and an Evaluation Reference Group will be appointed and involved through all the evaluation phases.
52. The Evaluation firm will be asked to set out how ethics can be ensured at all stages of the evaluation and that they seek appropriate ethical clearances (institutional and local) for the design ahead of going to the field.
53. The Evaluation team will need to expand on the methodology presented in the TOR, and develop an Evaluation Matrix as part of this.

4.5 Quality Assurance and Quality Assessment

54. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.
55. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the [DEQAS Process Guide](#) and for conducting rigorous quality control of the evaluation products ahead of their finalization.
56. WFP has developed a set of [Quality Assurance Checklists](#) for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.
57. In addition, to enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides a review of the draft inception and evaluation report (in addition to the same provided on draft TOR), and provide:
 - a. Systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report;
 - b. Recommendations on how to improve the quality of the final inception/evaluation report.
58. The evaluation manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/ evaluation report. To ensure transparency and credibility of the process in line with the United Nations Evaluation Group ([UNEG](#))

[norms and standards](#)^[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report.

59. This quality assurance process as outlined above 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.
60. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in [WFP's Directive CP2010/001](#) on Information Disclosure.
61. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.

5. Phases and Deliverables

62. The evaluation will proceed through the following phases. Annexes 2 and 5 provide a more detailed timeline.
 - **Phase 1 – Preparation phase (12th June – 12th August)**
 - Preparation will be done by WFP Country Office including preparation for the TOR selection of the evaluation team, and contracting of the evaluation company. This is done in collaboration with WFP's regional and headquarter evaluation offices. The TOR is used for competitive tendering for an evaluation team through the WFP Burundi procurement function.
 - **Phase 2 – Inception (27th August – 21st October)**
 - Based on an initial mission by the evaluation team leader, possibly including other members of the team, an inception report will be produced. The inception report, following WFP DEQAS guidance, will detail how the team intends to conduct the evaluation with an emphasis on methodological and planning aspects including the theory of change and evaluation matrix. (deliverables: inception report).
 - **Phase 3 – Fieldwork (05th November – 05th December)**
 - Data collection is expected to take 3-4 weeks, with some primary data collection in the four intervention provinces and secondary data analysis forming the majority of the work. (deliverables: fieldwork debriefing).
 - **Phase 4 – Analyses and reporting (06th December – 12th February)**
 - Based on the data collection and analysis, the desk review, and additional consultations with stakeholders as needed, a draft and final evaluation report will be produced. The draft report is to be circulated by the evaluation manager for comments and thereafter comments considered by the evaluation team in the final evaluation report. (deliverables: draft and final evaluation reports).
 - **Phase 5 – Dissemination and follow-up (17th February – 17th March)**
 - WFP Burundi will disseminate the final evaluation report to key internal and external stakeholders. In addition, the recommendations from the evaluation team will be considered in future programming decisions (deliverables: Case study, Data storytelling, Storytelling products, Video, PowerPoint presentation).

[1] [UNEG Norm #7](#) states “that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability”

63. The expected deliverables from the evaluation exercise are the following:
- a. **Inception report**, using WFP recommended template. The evaluators will confirm the final evaluation questions, the approach and the methods that will be used to answer the evaluation questions. This means setting out a full study design including what data is being collected and for what purpose, how sampling is done, how the data is being analysed and triangulated. The inception report should outline the roles and responsibilities of the evaluation team in alignment with the deliverables. The inception report must also include how the data has been quality-assured, and how the evaluators will manage and safeguard ethics during the life of evaluation. The inception report will include the list of outcome indicators that will be monitored during the evaluation process. Annexed to the inception report, the evaluation team should include a detailed work plan, including timeline and activities, and a communications and learning plan;
 - b. **Evaluation report**, including a first draft, using WFP recommended template. It must set out a detailed methodology section, study design, and any limitations or where the study design was compromised. Should detail how data was collected, validated and analysed, and how conclusions were drawn. How different types of methods were brought together in the analysis. Annexes to the final report include but are not limited to a copy of the final TOR, bibliography, detailed sampling methodology, maps, a list of all meetings and participants, final survey instruments, transcripts from key informant interviews, focus group discussions, table of all standard and custom indicator with baseline, and endline values;
 - i. **Clean data sets**, including quantitative data sets in Excel, statistical software code, and transcripts and/or notes from focus group discussions and key informant interviews, a satisfying ethic protocol to ensure anonymous data.
 - c. **Dissemination**
 - i. **Case study** of MAM treatment, including main findings, good practices, most significant changes, lessons learned, limitations, conclusions, and recommendations;
 - ii. **Storytelling products** for each of the targeted beneficiaries of MAM treatment, representing the four regions of interventions;
 - iii. **Data storytelling** (2 pages) of the main findings of the evaluation;
 - iv. **Dissemination video** on the main findings of the evaluation;
 - v. **PowerPoint presentation** of main findings and conclusions for debriefing and dissemination purpose, dissemination videos on the main findings of the evaluation.
 - vi. **Two-page summary of the evaluation report**

6. Organization of the Evaluation & Ethics

6.1 Evaluation Conduct

64. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following the agreement with WFP on its composition.
65. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the [code of conduct of the evaluation profession](#).

6.2 Team composition and competencies

66. The evaluation team is expected to include 3-4 members, including the team leader. To the extent possible, the evaluation will be conducted by a gender-balanced, geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR. At least one team member should have WFP experience.

67. The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:
- One team member with sound expertise in nutrition, public health and/or nutrition anthropology with previous experience of work with WFP;
 - One team member with strong expertise in economic development and health economists;
 - One team member with strong expertise in gender equality;
 - One team member with strong competencies in communication, visual information dissemination, graphic design, and videos ;
 - Prior experience evaluating multi-stakeholder programmes, e.g. UN and donor programmes, is required;
 - Prior experience in humanitarian interventions;
 - Experience in the evaluation of large scale nutrition delivery programmes, preferably with integrated management of acute malnutrition, supplementary feeding, maternal and child health nutrition programmes, etc.
 - Sound experiences in data collection and analysis (quantitative and qualitative) skills and experience from similar exercises;
 - Experience with USAID/FFP is an advantage;
 - Familiarity with Burundi context is a significant advantage;
 - All team members should have strong analytical and communication skills, evaluation experience. A majority of team members should be fluent in English and French (oral and written).

68. The Team leader will:

- a. The Team Leader assumes responsibility for the entire evaluation processes and is the main contact with the evaluation manager.
 - b. Have advanced University degree in International Affairs, Economics, Nutrition/Health, Agriculture, Environmental Science, Social Sciences or another field relevant to international development assistance.
 - c. More than 15 years of progressively responsible professional experience in evaluation, including at least 5 previous assignments as Team Leader.
 - d. Have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations.
 - e. She/he will also have leadership, analytical and communication skills, including a track record of excellent English and French writing and presentation skills.
69. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of fieldwork (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

70. The Senior Evaluator (co-team leader) will:

- a. Take a leading role in the design, data collection, data synthesis and analysis, and report writing.
- b. Advanced University degree in International Affairs, Economics, Nutrition/Health, Agriculture, Environmental Science, Social Sciences or another field relevant to international development assistance, or First University Degree with two additional years of relevant work experience from the minimum experience requirement stated below.
- c. More than 10 years of progressively responsible professional experience in evaluation.

71. Her/his primary responsibilities will be: Co-lead on evaluation and approach, co-author of all deliverables (especially the integration of quantitative/survey results), support expert for nutrition development economics and gender analysis.
72. The other team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.
73. **Team members will:** i) contribute to the methodology in their area of expertise based on a document review; ii) conduct fieldwork; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

6.3 Security Considerations

74. **Security clearance** where required is to be obtained from WFP Burundi Country Office.
 - As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.
75. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:
 - The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
 - The team members observe applicable UN security rules and regulations – e.g. curfews etc.

6.4 Ethics

76. WFP's decentralised evaluations must conform to WFP and UNEG ethical standards and norms. The contractors undertaking the evaluations are responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle (preparation and design, data collection, data analysis, reporting and dissemination). This should include, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.
77. Contractors are responsible for managing any potential ethical risks and issues and must put in place in consultation with the Evaluation Manager, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.

7. Roles and Responsibilities of Stakeholders

78. The WFP Burundi Country Office:

The WFP Burundi Country Office Management (Director or Deputy Director) will take responsibility to:

- Assign an Evaluation Manager for the evaluation: Ms. Gabrielle Tremblay;
- Compose the internal evaluation committee and the evaluation reference group (see below);
- Approve the final TOR, inception and evaluation reports;
- Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group;
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team;
- Organise and participate in two separate debriefings, one internal and one with external stakeholders;
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations.

a- The Evaluation Manager:

- Manages the evaluation process through all phases including drafting this TOR;
- Ensures quality assurance mechanisms are operational;
- Consolidates and shares comments on draft TOR, inception and evaluation reports with the evaluation team;
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensures that the team has access to all documentation and information necessary to the evaluation; facilitates the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required;
- Organises security briefings for the evaluation team and provides any materials as required.

b- An internal Evaluation Committee has been formed as part of ensuring the independence and impartiality of the evaluation. The evaluation committee will approve the products from all the processes.

79. **An Evaluation Reference Group** has been formed, as appropriate, with representation from internal and external stakeholders for the evaluation. The ERG members will review and comment on the draft evaluation products and act as key informants in order to further safeguard against bias and influence.

80. **The Regional Bureau:** the RB will take responsibility to:

- Advise the Evaluation Manager and provide support to the evaluation process where appropriate;
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as required;
- Provide comments on the draft TOR, Inception and Evaluation reports;
- Support the Management Response to the evaluation and track the implementation of the recommendations;
- While the Regional Evaluation Officer will perform most of the above responsibilities, other RB relevant technical staff may participate in the evaluation reference group and/or comment on evaluation products as appropriate.

81. **Relevant WFP Headquarters divisions** will take responsibility to:

- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
- Comment on the evaluation TOR, inception and evaluation reports, as required.

82. **The Office of Evaluation (OEV).** OEV, through the Regional Evaluation Officer, will advise the Evaluation Manager and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft ToR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.

8. Communication and budget

8.1 Communication

83. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders during the inception period.

84. Dissemination products should include gender-sensitive data.

85. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, the report will be made public.

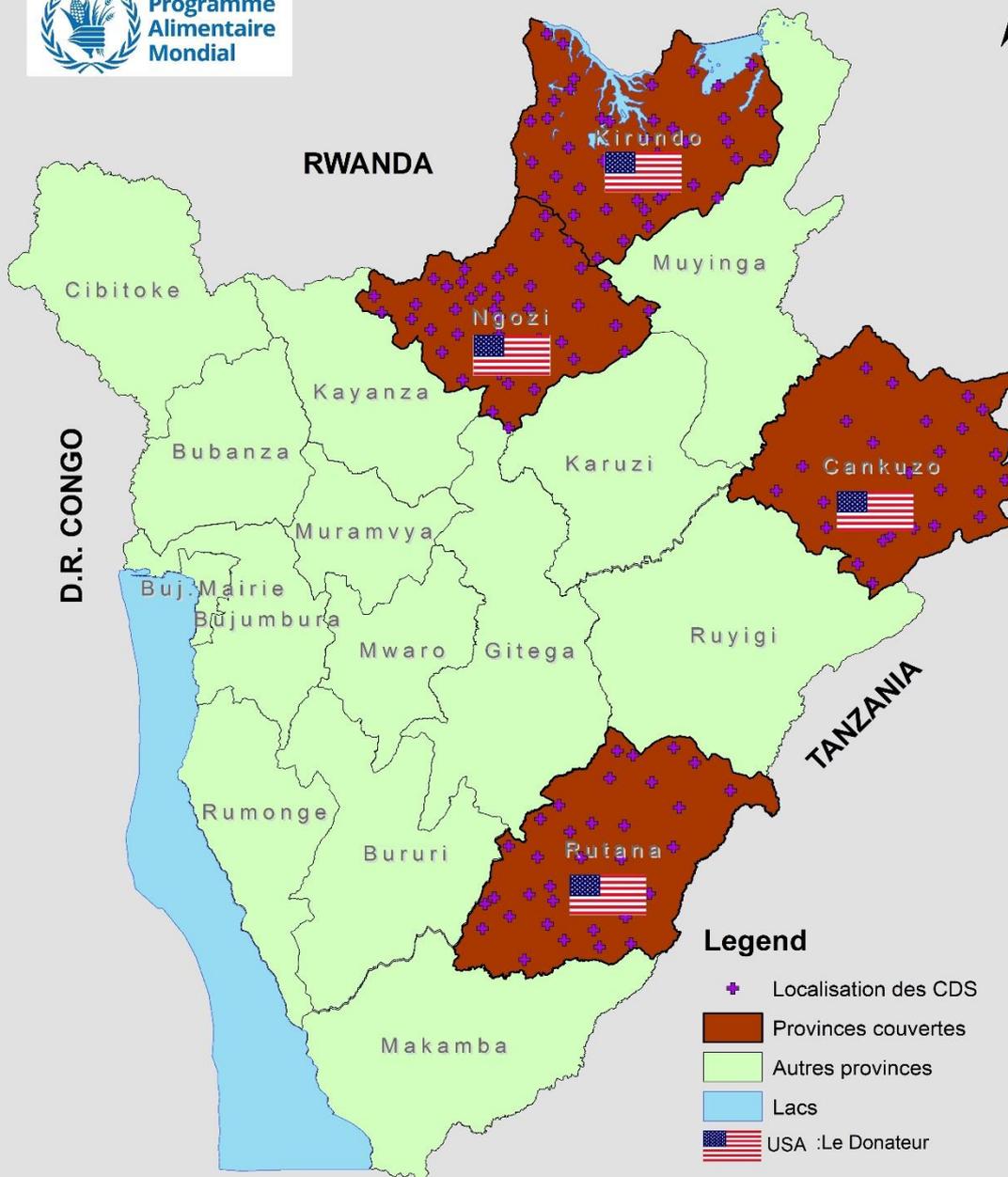
86. All deliverables have to be written in French, and the Evaluation firm is responsible to provide an English translation for the inception report and evaluation report.

87. The following dissemination products should produce by the evaluation team:
- a. **Case study;**
 - b. **Storytelling products;**
 - c. **Data storytelling;**
 - d. **Dissemination video;**
 - e. **PowerPoint presentation.**
 - f. **Two-page summary**
88. It is strongly recommended that the evaluation team include the case study, the storytelling products, as well as the data storytelling into the final report.
89. WFP Burundi will also use dissemination products for awareness-raising and programme communication.

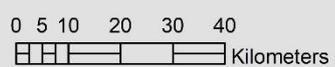
8.2 Budget

90. For the purpose of this evaluation, WFP will procure an evaluation firm through Long-term Agreements (sometimes called 'service level agreement'). Bidding firms will have to submit their proposals using the [template for the provision of decentralized evaluation services](#) (document attached), by August 5th 2019.
91. The total budget for the evaluation is \$160,000 USD, released in tranches against the high quality and timely delivery of specific key deliverables. The proposals will be assessed according to technical and financial criteria. Firms are encouraged to submit realistic, but competitive financial proposals. The budget is inclusive of all travel, subsistence and other expenses; including any workshops or communication products, and translation costs that need to be delivered.
92. Please send any queries and submit proposals to Gabrielle Tremblay, Evaluation Manager, at gabrielle.tremblay@wfp.org, copying Roberto Borlini, Regional Evaluation Officer, roberto.borlini@wfp.org.

COUVERTURE DU PROGRAMME DE TRAITEMENT DE LA "M.A.M" AU BURUNDI



- Legend**
- ✚ Localisation des CDS
 - Provinces couvertes
 - Autres provinces
 - Lacs
 - 🇺🇸 USA :Le Donateur



Annex 2 Evaluation Schedule

	Phases, Deliverables and Timeline	Key Dates
Phase 1 - Preparation		Up to 9 weeks
	Desk review, draft of TOR and quality assurance (QA) using ToR QC	(3 weeks)
	Sharing of draft ToR with outsourced quality support service (DE QS)	(3 days)
	Review draft ToR based on DE QS feedback	(3 days)
	Circulation of TOR for review and comments to ERG, RB and other stakeholders (list key stakeholders)	(2 weeks)
	Review draft ToR based on comments received	(1 week)
	Submits the final TOR to the internal evaluation committee for approval	
	Sharing final TOR with key stakeholders	
	Selection and recruitment of evaluation team	(3 weeks)
Phase 2 - Inception		Up to 7 weeks
	Briefing core team	(1 day)
	Desk review of key documents by evaluation team	3 days
	Inception mission in the country (if applicable)	(1 week)
	Draft inception report	(1 week)
	Sharing of draft IR with outsourced quality support service (DE QS) and quality assurance of draft IR by EM using the QC	(1 week)
	Revise draft IR based on feedback received by DE QS and EM	(1 week)
	Submission of revised IR based on DE QS and EM QA	
	Circulate draft IR for review and comments to ERG, RB and other stakeholders (list key stakeholders)	(2 weeks)
	Consolidate comments	
	Revise draft IR based on stakeholder comments received	(1 week)
	Submission of final revised IR	
	Submits the final IR to the internal evaluation committee for approval	
	Sharing of final inception report with key stakeholders for information	
Phase 3 – Data collection		Up to 3 weeks
	Briefing evaluation team at CO	(1 day)
	Data collection	(3 weeks)
	In-country Debriefing (s)	(1 day)
Phase 4 - Analyze data and report		Up to 11 weeks
	Draft evaluation report	(3 weeks)
	Sharing of draft ER with outsourced quality support service (DE QS) and quality assurance of draft ER by EM using the QC	(1 week)
	Revise draft ER based on feedback received by DE QS and EM QA	(1 week)
	Submission of revised ER based on DE QS and EM QA	

	Circulate draft ER for review and comments to ERG, RB and other stakeholders (list key stakeholders)	(2 weeks)
	Consolidate comments	
	Revise draft ER based on stakeholder comments received	(2 weeks)
	Submission of final revised ER	
	Submits the final ER to the internal evaluation committee for approval	
	Sharing of final evaluation report with key stakeholders for information	
Phase 5 - Dissemination and follow-up		Up to 4 weeks
	Case study	
	Data storytelling	
	Storytelling products	
	Dissemination video	
	PowerPoint presentation	
	Prepare management response	(4 weeks)
	Share final evaluation report and management response with OEV for publication	

Annex 3 Membership of the Evaluation Committee

Purpose: The overall purpose of the evaluation committee is to ensure a credible, transparent, and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021. It will achieve this by supporting the Evaluation Manager (EM) through the process, reviewing evaluation deliverables (TOR, inception report and evaluation reports) and submitting them for approval to the Chair of the Committee.

The composition of the evaluation committee:

- WFP Country Director or delegated to the Deputy Country Director (Chair)
- WFP EM (Secretary)
- WFP Nutrition Team Leader
- WFP Head of Programme or Deputy Head of Programme
- RBN Regional Evaluation Officer
- WFP M&E officer

Responsibilities of the Evaluation Committee: the EC is responsible for approving the TOR, inception report, baseline and endline report of the evaluation.

Input by Phase and Estimated time per EC member (excluding the Evaluation manager) – (1/2 day)

Phase 1: Planning

- Nominates an EM.
- Decides the evaluation budget.
- Decides the contracting method, well in advance to enable the evaluation manager to plan for the next phase of the evaluation.

Phase 2: Preparation (½ to 1 day)

- Reviews the TOR on the basis of:
 - o The external Quality Support advisory service feedback
 - o ERG comments
 - o The EM responses documented in the comments matrix
- Approves the final TOR.

Phase 3: Inception (2 days)

- Briefs the evaluation team including an overview of the subject of the evaluation.
- Informs the design of the evaluation during the inception phase as key stakeholders of the evaluation.
- Supports the identification of appropriate field visit sites on the basis of selection criteria identified by the evaluation team noting that the EC should not influence which sites are selected.
- Reviews the draft IR on the basis of the external Quality Support advisory service feedback

Phase 4: Data Collection and Analysis (2 days)

- Are key informants during the data collection
- Act as sources of contextual information and facilitating data access as per the needs of the evaluation.
- Attend the validation/debriefing meeting, and support the team in clarifying/validating any emerging issues and identifying how to fill any data/information gaps that the team may be having at this stage.
- Facilitate access to stakeholders and information as appropriate
- Attend debriefing meeting with Evaluation Team.

Phase 5: Report (2 days)

- Review the draft ER on the basis of :

- The external Quality Support advisory service feedback
- ERG comments
- The Evaluation team responses documented in the comments matrix
- Approve the final ER.

Phase 6: Disseminate and Follow-up Phase (1 day)

- Facilitate preparation of the management response to the evaluation recommendations
- Approve the Management Response
- Disseminate evaluation results
- Make the report publicly available
- Is finally responsible to ensure periodic follow up and updating of the status of the implementation of the recommendations.

Procedures of Engagement

- The Chair of the Committee will appoint members of the evaluation committee
- The EM will notify the members of the time, location and agenda of meetings at least one week before the meeting, and share any background materials for preparation.
- Approval can be made via email on the basis of submission to the EC chair after endorsement by all EC members
- EC meetings will be held face-to face and/or via electronic conference call/Skype and/or email depending on the need, the agenda and the context

Annex 4 Membership of the Evaluation Reference Group

Purpose: The overall purpose of the ERG is to support a credible, transparent, impartial and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021. ERG members review and comment on evaluation TOR and deliverables. The ERG members act as experts in an advisory capacity, without management responsibilities. Responsibility for approval of evaluation products rests with the Country Director/Deputy Country Director as Chair of the Evaluation Committee.

Composition of ERG:

- a. WFP Country Director or delegated to the Deputy Country Director (Chair)
- b. WFP Evaluation Manager
- c. WFP Nutrition Team Leader
- d. WFP Head of Programme and Deputy Head of Programme
- e. RBN Regional Evaluation Officer
- f. WFP M&E officer
- g. WFP Gender officer
- h. WFP Nutrition officer
- i. Representatives of other key stakeholders

Tasks: the ERG will review the evaluation products and provide comments to the evaluation team.

Time commitment:-

ERG members responsibilities by Evaluation Phase	Estimated time required
Phase 2: Preparation <ul style="list-style-type: none"> • Review TOR and provide feedback ensuring that the TOR will lead to a useful evaluation output and provide any additional key background information to inform the finalization of the TOR. • Identify source documents useful to the evaluation team. • Attend ERG meeting/conference call etc. 	1 day
Phase 3: Inception <ul style="list-style-type: none"> • Meet with evaluation team (together and/or individual members). The ERG is a source of information for the evaluation, providing guidance on how the evaluation team can design a realistic/practical, relevant and useful evaluation. • Assist in identifying and contacting key stakeholders to be interviewed, identifying and accessing key documentation and data sources, and identifying appropriate field sites. This is important in their role of safeguarding against bias. • Review and comment on the draft Inception Report (see inception report Template, Quality Checklist, and Comments Matrix). 	1 day
Phase 4: Data collection and analysis <ul style="list-style-type: none"> • Act as key informant during the data collection stage. • Assist the evaluation team by providing sources of information and facilitating data access. • Attend the validation /debriefing meeting conducted by the evaluation team at the end of the fieldwork. 	1.5 days
Phase 5: Report <ul style="list-style-type: none"> • Review and comment on the draft evaluation report (see evaluation report Template, Quality Checklist, and Comments Matrix), specifically focusing on accuracy and on quality and comprehensiveness of evidence base against which the findings are presented, and conclusions and recommendations are made. <ul style="list-style-type: none"> ○ Particular attention should be given to ensuring that the recommendations are relevant, targeted, realistic and actionable. 	2+ days

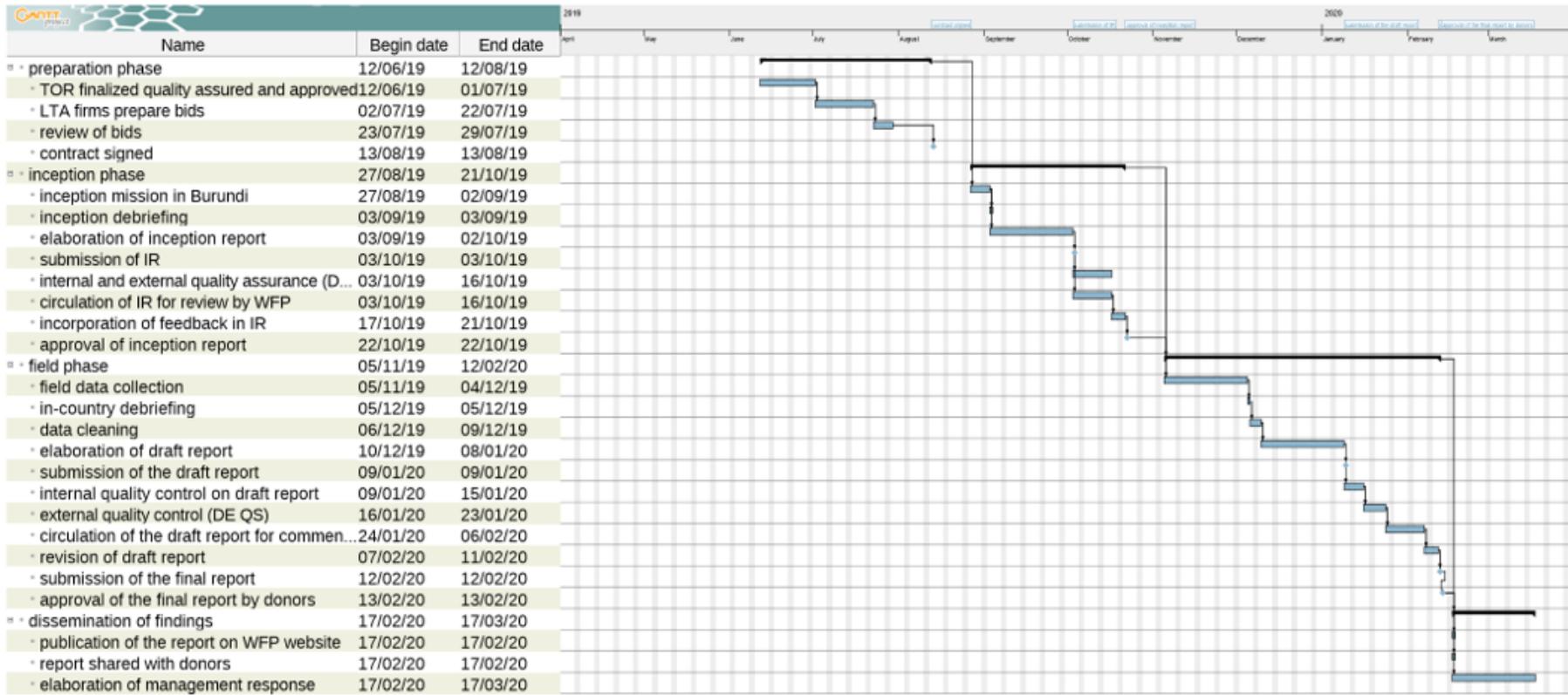
<ul style="list-style-type: none"> ○ The ERG must respect the decision of the independent evaluators regarding the extent of incorporation of feedback provided to them by the ERG and other stakeholders, as long as there is sufficient transparency in how they have addressed the feedback, including clear rationale for any feedback that has not been accepted. 	
<p>Phase 6: Disseminate and Follow-up</p> <ul style="list-style-type: none"> ● Disseminate final report internally and on websites of ERG members as relevant; ● Share as relevant evaluation findings within respective units, organizations, networks and at key events; ● Provide input to management response and its implementation (as appropriate). 	2 days

Procedures of Engagement:

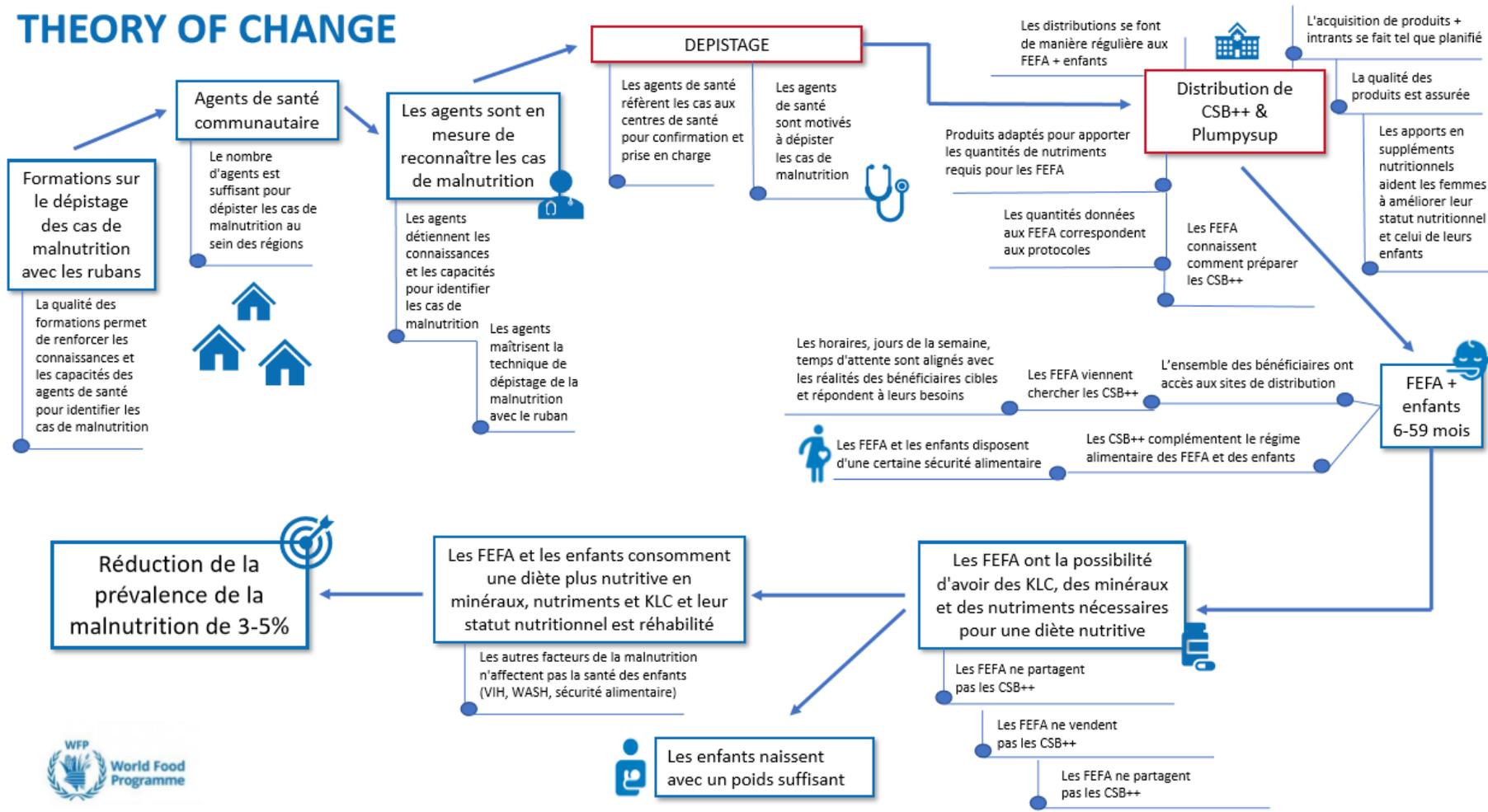
- The EM will notify the ERG members the time, location and agenda of meeting at least one week before the meeting, and share any background materials for preparation
- ERG meetings will be held via electronic conference call/Skype.
- The ERG will meet at least once per quarter;
- ERG members, representing their organizations will also be interviewed by the evaluation team during the inception and data collection phases. This will be indicated in the evaluation schedule, and ideally confirmed prior to the commencement of the data collection phase
- For each of the key evaluation products (Terms of Reference, Inception Report, Evaluation Reports), the ERG members will provide feedback electronically to the EM. For the Inception Report and Evaluation Report, the EM will consolidate all feedback for forwarding to the Evaluation Team and will ensure that these have been appropriately responded to by incorporating them in the reports or providing rationale where feedback is not incorporated.

Annex 5 Gantt Chart Project

Gantt Chart



THEORY OF CHANGE



FEFA : Femmes enceintes, femmes allaitantes
CSB++ : Super céréales plus
KLC : Calories
VIH : Virus de l'immunodéficience humaine
WASH : Eau, Hygiène, Assainissement