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EVALUATION OF THE INTERVENTION FOR THE TREATMENT OF MODERATE ACUTE MALNUTRITION IN NGOZI, KIRUNDO, CANKUZO AND KUTANA (2016-2019)

BACKGROUND CONTEXT

Subject of the Evaluation

The Moderate Acute Malnutrition (MAM) treatment programme was implemented by the WFP Burundi Country Office, in the provinces of Ngozi, Kirundo, Cankuzo and Rutana, for a period of four years (2016-2019). It was funded by the United States Agency for International Development (USAID) / Food For Peace (FFP). The objective of this programme was to improve the nutritional status of children under five years of age and pregnant and lactating women (PLW).



Areas of intervention of the MAM treatment programme

Purpose of the Evaluation

As the funding had come to an end, WFP Burundi Country Office commissioned an evaluation to ensure learning and accountability. The evaluation took place from September 2019 to May 2020, covering the four provinces.

Methodology

The evaluation was designed to assess the MAM treatment programme against the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability.

The evaluation questions were answered through a combination of qualitative and quantitative methods to triangulate primary and secondary data collected.

KEY RESULTS

Relevance

The evaluation team concluded that the MAM treatment programme remains relevant in Burundi. It met the government's priorities and the expectations of recipients. However, combining the treatment of MAM with prevention interventions is crucial for a long-term effect.

Other categories of beneficiaries such as the physically and mentally disabled, orphans and street children should also be taken care of by the programme.

The implementation modalities of the programme constituted a security risk for some PLW and mothers of children as beneficiaries spent most of the day at the health centers on distribution day.

Coherence

The evaluation concluded that the programme was coherent with other nutrition-specific interventions through collaboration between WFP, UNICEF and NGOs addressing acute malnutrition.

However, the team pointed out a lack of close coordination with nutrition sectors during the planning and implementation phase.

Effectiveness

Overall, admission rates were as expected or even exceeded expectations and programme's performance was good. The availability of nutritional supplements presented a significant incentive for beneficiaries. However, negative consequences included close pregnancies (Kirundo province) and family sharing of food supplements, as well as illicit sales of these supplements. Irregular monitoring and supervision of programme activities resulted in poor-quality of service delivery.

Efficiency

A six months lapse between ordering and delivery of food supplements delayed the start of treatment of beneficiaries admitted to the programme.

In addition to the fact that the number of beneficiaries exceeded expectations, stock shortages were caused by the difficulties of access to health centers and the insufficient storage capacity of these centers, as well as the illegal sale of food supplements and admission of severe acute malnutrition cases (admissions criteria were not always observed).

Operational costs related to dietary supplements represented the largest item of expenditure (67.4 percent). Using the national supply chain or purchasing food supplements produced in neighboring countries would have made it possible to reduce the costs.

Impact

The intertwining of the MAM treatment programme and prevention interventions has reduced the prevalence of acute malnutrition in Kirundo province and kept it at a low rate.

The inclusion of men as recipients of awareness-raising messages has increased their understanding of the importance of their role in family nutrition and of the support they need to provide to their pregnant and breastfeeding wives and children.

Programme planning was not conducted collaboratively, which was uncondusive to government ownership of the programme.

Sustainability

With the exception of the health information system, the evaluation team concluded that WFP partially integrated the MAM treatment programme into Burundi's health system. Major efforts still need to be made in terms of financial ownership of the programme by government authorities.

Thanks to the awareness-raising messages received, mothers of children under five years of age and the PLW have made positive changes to the eating habits in their households, despite the financial difficulties they experience in obtaining all the necessary foods for preparing balanced meals.

RECOMMENDATIONS

Recommendation 1. Strengthen the capacity of government authorities in planning, implementation and coordination.

Recommendation 2. Conduct regular joint supervision in order to strengthen the capacities of the health center officials and Supplementary Feeding Programmes (SFP) managers.

Recommendation 3. Systematically integrate gender and women's empowerment aspects into programme monitoring activities and tools.

Recommendation 4. Review the process of service delivery in health centers to reduce the workload on distribution days and minimize the risk of violence against women.

Recommendation 5. Study the possibility of applying a simplified protocol for the management of acute malnutrition.

Recommendation 6. Develop and implement joint programmes to optimize long-term outcomes and prevent malnutrition.

Photo: WFP/ Will Baxter

Reference:

Full report of the evaluation is available at <https://www.wfp.org/publications/burundi-treatment-moderate-acute-malnutrition-intervention-ngozi-kirundo-cankuzo-and>

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