

Decentralized evaluation for evidence-based decision making

WFP Office of Evaluation



Decentralized Evaluation Quality Assurance System (DEQAS)

Terms of Reference

EVALUATION of

Mozambique Gender Transformative and Nutrition Sensitive (GTNS) Programme (2019 to 2021)

WFP Mozambique Country Office

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1. Introduction

1. These Terms of Reference (TOR) are for the evaluation¹ of the Mozambique integrated Gender transformative and nutrition sensitive programme titled *“Reaching the furthest behind first: Gender transformative and nutrition sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province”*. The programme aims to improve women and adolescent girls’ empowerment, improved nutritional diversity and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities: (i) Food Assistance for Assets (FFA) - construction of gender- and nutrition-sensitive household assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation) and community assets, (ii) Post-Harvest Loss (PHL) - trainings on post-harvest loss for smallholder men and women farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage) and (iii) Social and Behaviour Change Communications (SBCC) - multi-level social and behaviour change communication that is implemented at individual, household, and community level to address gender inequality with a focus on early marriage, sexual and reproductive, and health seeking behaviours. The evaluation 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.
2. This evaluation, commissioned by Mozambique Country office will cover the period **October 2019 to December 2021 and all activities implemented during this period**. This evaluation focuses on evaluating the contribution of the programme to outcomes of interest namely: reduced stunting and empowerment of women and girls, investigating factors that mediate or mitigate such contribution. It will do so by using a mixed method approach (see section 4.3 for details). The first round of data will be collected during the inception phase i.e. within the first 3 months of project start (October-December 2019) and the second round during the evaluation period i.e. within the last 6 months of implementation (July to December 2021).
3. These TOR were prepared by the WFP Country office with the support of the Regional Bureau based on initial document review and consultation with stakeholders, following a standard template. The purpose of the TOR is twofold: Firstly, it provides the overall objectives and design parameters of the evaluation thus providing key information to the evaluation team to guide them throughout the process; and secondly, it provides key information to stakeholders about the evaluation and the institutional arrangements through which they will be engaged during the process.
4. The estimated budget, which is informed by the size and coverage of the project (1 district) is US\$ 300,000 covering both first cycle of data collection (inception and baseline) and second cycle for the evaluation end line in 2021.

2. Reasons and Objectives for the Evaluation

2.1. Rationale and Objectives

5. As mentioned above, the reason for commissioning this Activity evaluation is to assess the contribution of the integrated nutrition and gender transformative programme on stunting and women and girls empowerment. It will address the dual and mutually reinforcing objectives of accountability and learning:
 - **Accountability** – assess and report on the performance of the programme
 - **Learning** – The project design is innovative and integrates multiple nutrition specific and sensitive interventions to address the determinants of malnutrition, with a focus on women’s empowerment. It is intended to prototype a model to reduce chronic malnutrition and increase women’s empowerment. It therefore requires a rigorous monitoring and evaluation process to generate information that can inform policy dialogue as well as decision on be upscaling.

¹ In WFP categorisation of types decentralised evaluations, this is an activity evaluation

2.2. Stakeholders, Users and uses of the evaluation

6. The main stakeholders include WFP Country office and their partners in the implementation of programme who include district level government; District Services of Health, Women and Social Action (SDSMAS), District Services of Economic Activities (SDAE), at community level working with Community Health Workers (Activists) from SDSMAS and Agriculture Extension Workers (APE) from SDAE. Community Health Workers are involved in activities related to SBCC and Agriculture Extension Workers are involved in activities related to Post-Harvest Loss activities., NGOs; World Vision International, Pathfinder, and PCI Media. The total number of primary beneficiaries are 1,500 households (7,500 Women, Men, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old, or a woman with obstetric fistula². The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. . **Annex 8** provides the full list of stakeholders, their stakes/interest in the evaluation and how they will be engaged.

7. The main uses and users of this evaluation will be:

- The **WFP Mozambique Country Office** and its partners (noted above) in decision-making;
- Given the core functions of the **WFP Regional Bureau (RB)** in providing technical support in design and implementation of programmes, and the importance of addressing malnutrition in the Southern Africa region, the RB will use the evaluation findings to provide strategic guidance, programme support, and oversight to Mozambique as well as other Southern Africa countries;
- WFP HQ **Nutrition Division** will use the findings in its ongoing work to enhance Nutrition sensitive programming in WFP in support of achievement of SDG 2.2 target³;
- **WFP Office of Evaluation** may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board on evaluation coverage;
- Other partners including UNICEF, FAO, World Bank etc may use the findings of this evaluation to inform their decisions and actions in relation to their engagement nutrition and gender programming in Mozambique;
- Cooperating partners implementing the activities, including district technical department, NGOs can use the recommendations to enhance their field activities;
- Austria Development Agency, as the donor for this project, will use the evaluation report to meet its accountability needs as appropriate.

3. Context and Subject of Evaluation

3.1. Context

8. Despite an average GDP annual growth rate of 7.9% for much of the post-war recovery period (1996-2015), economic expansion has only had a moderate impact on poverty reduction and Mozambique ranked 180th of 189 countries in the 2017 Human Development Index.⁴ The development challenges Mozambique faces are numerous and varied. Rates of malaria and HIV are high and there is poor and unequal access to improved drinking water and sanitation facilities, as well as health care infrastructure and services. Mozambique is highly susceptible to climate shocks, such as cyclones, floods and drought, as well as economic shocks.⁵
9. **Gender Equality and Women's Empowerment:** Mozambique is a signatory to all regional and international policy frameworks aimed at promoting equal rights for women and men.

² Based upon discussion with UNFPA obstetric fistula is included as its own category as it disproportionately affects adolescent mothers, leads to social isolation, and poor quality of life. These women are often turned away for surgery if they are not 'strong' enough and require the benefit of food assistance

³ By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons from <https://sustainabledevelopment.un.org/sdg2>

⁴ UNDP (2018), retrieved 26 September 2018 from <http://hdr.undp.org/en/composite/HDI>.

⁵ World Bank. (2017). Mozambique Overview. Retrieved October 10, 2017, from <http://www.worldbank.org/en/country/mozambique/overview>

Implementation is limited and Mozambique is ranked 138th out of 189 countries on the gender equality index. Both women and men in rural areas are heavily affected by poverty, but in addition, women and girls also face restrictive gender norms and high levels of domestic violence. Over 60% of women and 70% men believe that women should obey their husbands and over 50% of women and 60% of men believing that men should have the final say⁶. This is apparent through clear differences in access to resources (land, cash), limited decision-making power around crops and household purchases as well as reflecting in behaviours around food consumption with men often being prioritised for the best (most nutritious) foods with various myths also preventing women's consumption of certain foods. A barrier analysis conducted by Concern Worldwide in Manica Province in 2015 also found that men were the primary influencers for women's exclusive breastfeeding and children receiving a minimum acceptable diet⁷. Additional evidence shows that women suffer disproportionately in times of crises reflected in increases in already high workloads which equally impact on women being able to ensure sufficient food intake for themselves and their children as well as through negative coping mechanisms such as prioritising meals for certain household members and reducing meals. Additional child-marriage⁸ is a widespread negative coping mechanism in Mozambique, undertaken with the objective of reducing the burden on the household and earning a bridal price that can provide temporary relief. Mozambique has the tenth highest number of child-marriages globally with one out of two girls married before the age of 18 and 40% giving birth to their first child before the age of 18. Child-brides not only face high risks of physical and sexual violence, but also poor nutrition and increased chances of neonatal death⁹. Adolescent mothers are more likely to die in childbirth and more likely to have negative birth outcomes. The leading cause of death globally for adolescent girls 15-19 is due to complications related to pregnancy and childbirth. Young age at first birth also contributes to the high fertility rate of 6.6 in rural areas and a high maternal mortality rate of 489/100,000 live births, one of the highest in the world.

10. **Nutrition:** The Cost of Hunger in Africa analysis for Mozambique found that 10.94% of GDP is lost every year because of stunting (chronic malnutrition). The largest share of this cost is the potential loss of productivity due to malnutrition-related mortality, estimated at 53 billion meticaís, or 9.4% of GDP.¹⁰ One out of two children under-five are stunted, 26% of all child mortality in Mozambique is associated with undernutrition, and stunted children complete 4.7 years less of schooling. Furthermore, repeated episodes of acute malnutrition increase the likelihood that a child will be stunted and children that are stunted and wasted are 12 times more likely to die than their well-nourished peers.¹¹
11. Pregnant women and girls who were chronically malnourished as children, characterized by stunting, are more likely to deliver infants with a low birth weight (<2500g) and to experience life-threatening complications during pregnancy and delivery.¹² In Mozambique 28% of children under six months were already stunted.¹³ High stunting prevalence before complementary feeding is supposed to have begun is indicative of poor maternal nutrition status before, during and

6 Gender Links (2016) 2016 Southern Africa Gender Attitude Survey. Retrieved on 3 October 2019 from: <http://genderlinks.org.za/pressreleases/sa-scores-low-in-gender-attitude-survey/>

7 Men Care (2016) Retrieved on 3 October 2019 from: <https://men-care.org/2016/11/15/engaging-men-gender-equitable-fathers-caregivers-reduce-malnutrition-mozambique/>

8 UNICEF study in 2015, 48% of women between the ages of 20-24 were married or in 'união' before they turned 18 and 14% before the age of 15. <https://www.unicef.org/mozambique/media/586/file/Casamento%20Prematuro%20e%20Gravidez%20na%20Adolesc%C3%A2ncia%20em%20Mo%C3%A7ambique:%20Causas%20e%20Impacto.pdf>

9 Care (2016) Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique.

10 African Union (AU), NEPAD, World Food Program (WFP), & ECLAC. (2017). Estudo do Custo da Fome em África: Impacto Social e Económico Desnutrição em Crianças em Moçambique: Impacto Social e Económico da Desnutrição Infantil no Desenvolvimento a Longo Prazo de Moçambique a Longo Prazo. Maputo.

11 Tanya Khara and Carmel Dolan (2014). Technical briefing paper: The relationship between wasting and stunting, policy, programming and research implications.

12 SETSAN (2013). Baseline Survey for Food Security and Malnutrition. Maputo.

13 Instituto Nacional de Estatística (INE). (2013). Mozambique 2013 Statistical Yearbook. Maputo: INE.

immediately following pregnancy, including young age (adolescent pregnancy) as well as poor breastfeeding practices.

12. The most recently published, nationally representative anthropometric survey indicated that the prevalence of stunting ($HAZ \leq -2$) in Mozambique is 43% (44.7% Boys, 40.5% Girls), classified as *very high* by WHO standards and only a slight reduction from 45% in 1997.^{14,15,16} At this prevalence rate, an estimated 2.15 million children aged under five are affected by stunted growth in Mozambique. Consequently, Mozambique ranked 123rd out of 132 countries for stunting prevalence in the 2016 Global Nutrition Report (GNR).¹⁷ The first 1000 days of life, or 'the window of opportunity' lies with the target group of children <2 where it is a critical period in a child's development. Nutrition plays a fundamental role and poor nutrition within this critical period can cause irreversible damage to a child's brain growth, school performance and future productivity.

13. Nutrition and climate change in Mozambique: Agriculture is one of the key sectors in Mozambique, accounting for 80% of the country's Gross Domestic Product. Seventy-percent of agricultural production is done by smallholder farmers in rural areas under rain-fed systems. In this context, climate change and variability have a considerable impact on livelihoods, food security, and nutrition. Floods and drought are the principal climate hazards in Mozambique, with cyclones and tropical storms also a common occurrence. Floods are of concern in areas along the coastline and major river basins. Drought is a major concern in semi-arid areas of the country including provinces like Tete, Sofala, Inhambane, Gaza, and Maputo. A historical climate analysis (WFP, 2018) concludes that temperatures have already been increasing, rainfall variability has worsened, and vegetation coverage has consequently been decreasing. Climate model projections indicate significant temperature increases (2.2°C–3.3° C) by 2050 and more variable rainfall. In addition, across all projected climate models show increased heat stress, reductions in water availability, and more frequent and intense extreme weather events, which will exacerbate food insecurity and undernutrition. The impacts of the changing climate that are already felt, and will only be exacerbated if unaddressed through climate action, include: i) increase in mean temperatures during the growing season start, resulting in water evaporation and poor planting conditions; ii) decrease rainfall amounts during the growing season, with increased variability, resulting in dry spells and shorter growing seasons; iii) increase in flash flood incidence, when rain events do occur, promoting rainwater run-off and decreased infiltration; iv) decreases in the production of food staples, including maize, with yield reduction of up to 30-45%; and v) loss of biomass reducing grazing areas and livestock health

14. The implications of climate change for nutrition security merits closer attention. Climate Change will exacerbate undernutrition through three main causal pathways: i) impacts on household access to sufficient, safe and adequate food; ii) impacts on care and feeding practices; and, iii) impacts on environmental health and access to health services. Climate change affects nutrition through food security (reduced production, increased post-harvest loss, and decreased availability), increased disease prevalence and ranges (e.g. malaria, diarrhoea), and reduced dietary diversity and accessibility.¹⁸

15. Sustainable Development Goals (SDGs) Nutrition is both an input and output of all the SDGs.¹⁹ SDG 2 (zero hunger), 3 (good health and well-being), 5 (gender equality), 12 (responsible consumption and production), 13 (climate action) and 17 (partnerships) will be relevant across this gender-transformative, nutrition-sensitive project.

¹⁴ Instituto Nacional de Estatística (INE). (2013). Mozambique 2013 Statistical Yearbook. Maputo: INE.

¹⁵ WHO. (2017). Global Database on Child Growth and Malnutrition: Mozambique. Retrieved October 12, 2017, from <http://www.who.int/nutgrowthdb/database/countries/moz/en/>

¹⁶ Estimativas e Perfil da Pobreza em Moçambique: Uma Análise Baseada no Inquérito sobre Orçamento Familiar - IOF 2014/15. Direcção de Estudos Económicos e Financeiros (DEEF), Ministério de Economia e Finanças (MEF), Maputo, Mozambique.

¹⁷ International Food Policy Research Institute. (2016). Global Nutrition Report 2016: from promise to impact: ending malnutrition by 2030. Washington, D.C.

¹⁸ Global Nutrition Report (2015), Climate Change and Nutrition, chapter 6.

¹⁹ Global Nutrition Report (2017), <http://globalnutritionreport.org/the-report/>

16. National policies: Food security and nutrition are national priorities in the following policy frameworks that align with the objectives of the project:

- Mozambique Agenda 2025 prioritizes access to food with a view to improving living conditions and developing human capital.
- The Government's Five-Year Plan 2015–2019²⁰ focuses on empowering women and men for gender equity and equality, poverty reduction, economic development, and food security and nutrition.
- Strategic Gender Plan 2016-2020 and the 4th National Plan for the Advancement of Women 2018-2021
- The Operational Plan for Agricultural Development 2015–2027 aims to enhance food sovereignty by strengthening value chains, public–private partnerships and farmers' organizations.
- The National Multi-Sectoral Action Plan for the Reduction of Chronic Undernutrition 2011–2020²¹ and its Food Fortification Strategy aim to reduce stunting in children under 5, recognizing wasting in pregnant and lactating women and girls and in children under 2 as risk factors for stunting.
- The National Food Security and Nutrition Strategy 2008-2015²², aims at eradicating hunger and promote food security and nutrition in Mozambique and built on the experience and lessons learned from the implementation of previous ESAN I (1998).
- Social Behaviour Change Communication for the Prevention of Malnutrition in Mozambique 2015-2019²³, published by the Ministry of Health as a strategic tool to guide SBCC program implementers in promoting adequate practices towards improved nutrition in-country following an harmonized approach and the adequate nutrition and SBCC practices globally.
- The National Master Plan for the Prevention and Mitigation of Natural Disasters 2017–2030 is the basis for disaster risk management.²⁴

17. Furthermore, the proposed project is aligned with the Government's climate adaptation and mitigation policies, programmes, and priorities including:

- Initial National Communication to UNFCCC (2006)
- National Climate Change Adaptation and Mitigation Strategy (2013 – 2025) calling for increasing the adaptive capacity of vulnerable people, and promoting mechanisms for planting of trees, and establishing forests for local use.
- National Adaptation Programme of Action (MICOA, NAPA 2007) that prioritized installing small-scale sustainable irrigation systems and encourage the use of drought-tolerant crops.
- Intended Nationally Determined Contribution (INDC) to UNFCCC that also calls for increasing the adaptive capacity of the most vulnerable groups; and reducing soil degradation and promoting planting of trees for local use.

3.2. Subject of the Evaluation and Theory of Change

18. Funded by the Austrian Development Agency (3 million Euros), the programme, which started in June 2019 with an inception period of 3 months and ends in December 2021, aims to improve women and adolescent girls' empowerment, improve nutritional diversity and reduce stunting among girls and boys under the age of five in the context of a changing climate. This to be achieved through implementation of three main activities namely Food Assistance for Assets (FFA), Post-Harvest Loss (PHL) and Social and Behaviour Change Communications (SBCC). It supports the Government's 5 Year Programme (PQG) Priority 2: Developing human and social capital and aligns with the UNDAF core programming principles, which are to leave no one behind, human rights,

²⁰ This is in the process of updating. It will likely not change substantively and still include stunting as an indicator.

²¹ This action plan most likely will be updated based upon results of a mid-term review recently conducted and will likely take place in late 2019 or 2020

²² This was extended beyond 2015 and has recently been revised. It was presented to the National Council for Nutrition and Food Security (CONSAN) in December 2018 and is awaiting endorsement

²³ It is under discussion whether to extend or update this policy

²⁴ Additionally, informed by the Strategic Gender Plan of the National Institute for Disaster Management (INGC) 2016-2020

gender equality and women's empowerment, and resilience, and accountability. It supports Mozambique UNDAF (2017 –2020) **Outcomes 1:** Vulnerable populations are more food secure and better nourished and **Outcome 4:** Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights. This project is a contribution to the WFP Country Strategic Plan (2017-2021):

- **Strategic Outcome 1:** Households in food-insecure areas of Mozambique are able to maintain access to adequate and nutritious food throughout the year, including in times of shock and;
- **Strategic Outcome 4:** Targeted people in prioritized areas of Mozambique have improved nutrition status in line with national targets by 2021.

19. Geographic Targeting: WFP uses the Integrated Context Analysis (ICA) tool to inform its geographical targeting. The ICA is developed with the Government and makes use of historical trend data to identify geographical hotspots for intervention. The ICA²⁵ has classified Chemba district in Sofala province as category 1, which means that it experiences persistent food insecurity and recurrent natural shocks and per the Integrated Phase Classification Chronic Food Insecurity, Chemba is classified as category 3, severely chronically food insecure (see Map in Annex 1).

20. Household Targeting: Once the geographic intervention area is selected, household targeting can begin. Generally, Food Assistance for Assets (FFA) and Post-Harvest Loss (PHL) employ a self-targeting approach, whereby households can decide for themselves if they wish to participate. However, there are key considerations that are followed during the process to ensure that the program is well suited to the participants. These include, ensuring that the participants (from within the targeted household) are: abled bodied and willing to work; food and income insecure; of working age (above 18 years) ; equally men and women; and employing livelihoods based on the environment. Inter-household targeting criteria can be applied for the FFA/PHL depending on the objectives of the programme and for this project has been integrated as outlined in the section below under target group.

21. The CBT component: The project will supply 1500 households with the following basket, which will amount to around \$41 :

Table 1: Provisional daily ration per person per day for FFA (to be informed by further market assessments)

	Fortified maize meal	Beans	Fortified oil	Iodized salt	Eggs
g/pp/pd	266.7	133.3	20	5	20

22. The SBCC component of the project targets the households and communities where the FFA and PHL interventions are implemented. Three different approaches are utilized in SBCC: interpersonal, media and community mobilization. The targeting of the interpersonal component is the household couple that is participating in FFA and PHL. These households will benefit from gender dialogue clubs that tackle sensitive issues like gender roles and norms, family planning, and early marriage. The media component (community radio of Chemba)of the project benefits the community at large with targeted messaging related to different population groups (e.g. men, fathers, adolescent girls). Community mobilization engages community leaders (e.g. CHA, TEA, village leaders, religious leaders) to target all households within the community to disseminate key messaging and link community members to services.

23. Target group:

²⁵ Integrated Context Analysis (ICA), Technical Paper, Mozambique April 2017, WFP, from <https://geonode.wfp.org/documents/8178/download>

- a. The total number of primary beneficiaries are 1,500 households (7,500 Men, Women, Boys and Girls) including at least 500 pregnant women, 500 adolescent girls, and 750 children under two-years old.
- b. The secondary beneficiaries are 5,000 households (25,000 community members) via SBCC activities. Targeting of primary beneficiaries will focus on the first 1,000 days from conception until a child turns two years old as this is the internationally recognized window of opportunity to impact stunting. Therefore, the project will target vulnerable households that meet the following criteria²⁶ ***“Households with a pregnant woman or; a child under two-years of age or; an adolescent girl; or a woman with obstetric fistula”***²⁷. The secondary beneficiaries of the programme include:
 - At least 100 CHA and Agentes Polivalentes Elementares (APE)²⁸ trained on optimal dietary diversity practices and family planning and engaged in demand generation for nutritious foods, sexual and reproductive health services, and basic childhood health services
 - At least 15 TEA trained on post-harvest management and technology and optimal dietary diversity practices
 - At least 2 agro-dealers engaged to provide hermetic storage products at community level
 - At least 1 community radio station and its staff engaged and trained in the project to deliver uniform messages and programmes on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series
 - At least 5,000 households (25,000 individuals) benefit from SBCC activities on received messages on dietary diversity, the negative impacts of early marriage, the positive impacts of accessing SRH and basic childhood health services, and post-harvest loss technologies using multiple methods including talk shows, debates, and dramatic series

3.2.1 Key Actors/Stakeholders

24. A number of actors are critical to the successful implementation of the programme:

- Provincial Health Directorate (DPS) and Provincial Agriculture and Food Security Directorate (DPASA) will support capacity strengthening of district level staff and male and female volunteers through trainings, supervision, and monitoring of the project.
- District Services for Health, Women, and Social Action (SDSMAS) health facility staff, and network of Community Health Activists (CHA) will be integral to implementation of the SBCC interventions for community mobilization related to improved feeding practices, sexual and reproductive health, and basic childhood health services in addition to supporting the referral mechanism from community and household level to access health services.
- Local leaders (including religious leaders will be instrumental to facilitate local buy in and to facilitate a shift in behaviour change around gender norms given that they are the first port of call for resolution of household issues and as such are essential gate-keepers for change at the community level.
- District Services for Economic Activity (SDAE) and its Agriculture Extension Technicians (TEA) will be engaged to support FFA and PHL interventions, including demand generation for PHL technologies.
- Pathfinder (an international NGO), will provide technical support to SDSMAS and CHA related to SBCC and referral mechanisms for sexual and reproductive health and basic health seeking services for children under-two. Pathfinder will also support the community-based management

²⁶ Inter-household targeting will give preference to households that match the target criteria and have disabled members, chronically ill family members, elderly with responsibility for children, female-head households and child-headed households.

²⁷ Based upon discussion with UNFPA obstetric fistula is included as its own category as it disproportionately affects adolescent mothers, leads to social isolation, and poor quality of life. These women are often turned away for surgery if they are not 'strong' enough and require the benefit of food assistance

²⁸ APEs are trained community basic health care providers and paid a salary by MOH.

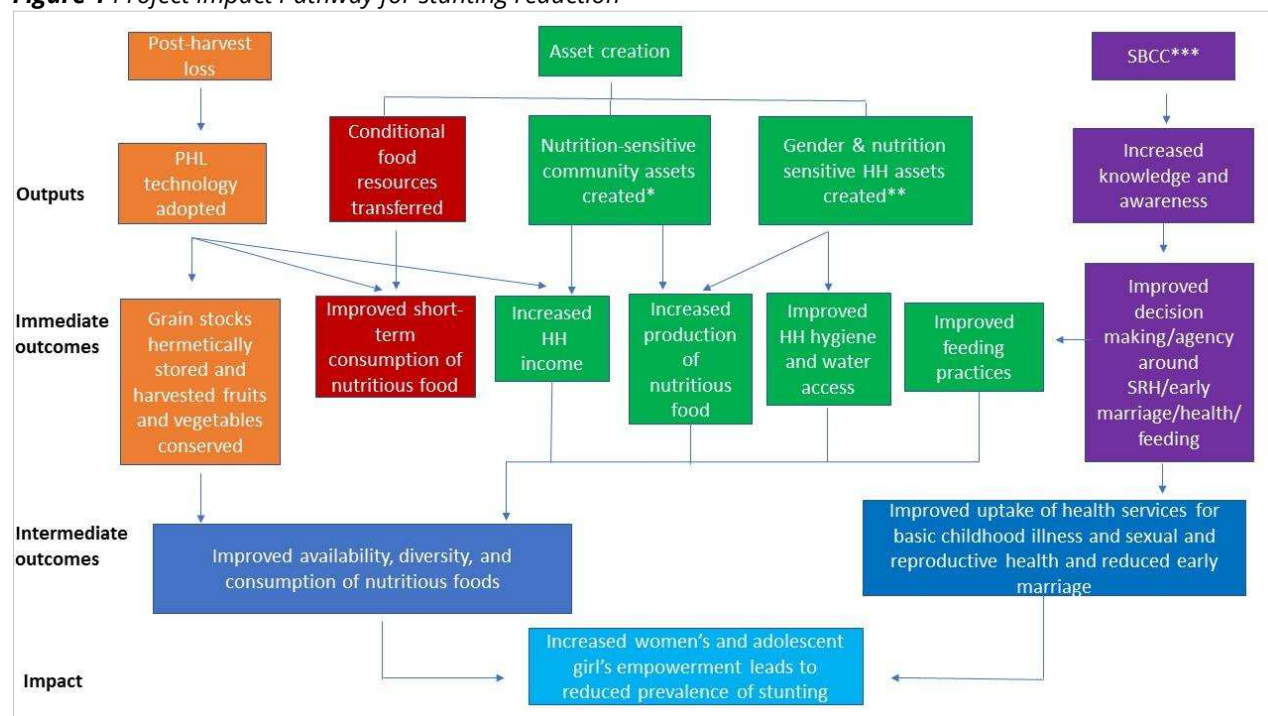
of moderate acute malnutrition utilizing locally available foods and ensure referral of children with severe acute malnutrition to at least two Sanitary Units(SU Mulima sede or SU Goe). Finally, Pathfinder will lead dialogue clubs on gender equality and women's empowerment that engage both men and women and tackle difficult topics, such as gender based violence, early marriage, family planning.

- PCI Media (an international NGO) that provides technical support to local community radio to deliver a diverse array of radio programming to engage community members on key topics. A multi-pronged approach to SBCC will be employed in this project. In addition to engagement of SDSMAS, CHA, SDAE, and TEA, community radio will be utilized to issue programme spots, to conduct live interviews, debates, and to deliver dramatic programmes. PCI Media supports local community radio specifically in the content development and methodology for interactive and engaging radio programming.
- FAO: The project will be co-located in Chemba alongside the FAO seed multiplication and banking project supported by the same donor (Austria Development Agency).
- National private sector companies with previous experience in providing post-harvest loss technologies (hermetically sealed bags and siloes) to ADA supported projects will be a key partner in this project too.

3.2.2 Theory of Change/Impact Pathway for stunting reduction

25. International policy and guidance which posits that to achieve a reduction in stunting multi-sectoral, multi-stakeholder programming is required. WFP, with its expertise in food security and nutrition, will focus on a nutrition-sensitive project that spans across agriculture, gender, health, and WASH sectors, thus, simultaneously targeting multiple underlying drivers of malnutrition. The project impact pathway reflects this logic (see figure 1).

Figure 1 Project Impact Pathway for stunting reduction



* Community assets will be informed directly by the outcome of interest, increased food availability and diversity and could include orange flesh sweet potato, bio fortified crops, fruit orchards, vegetative fencing, irrigation, among others.

** Household assets are gender responsive and nutrition sensitive and pre-defined. The package includes fuel efficient cook stoves, kitchen gardens, small scale water catchment and irrigation systems, and hygiene and sanitation facilities.

*** SBCC is focused on increased dietary diversity, increased uptake of SRH and basic childhood health services, reduced early marriage and pregnancy, and improved gender dynamics. It utilizes interpersonal, media, and community mobilization approaches to reach individuals, households, and communities and promote transformative nutrition and gender change

26. The programme has two outcomes as described below. The full logframe is in **Annex 5**.

Outcome 1: Improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender and nutrition sensitive household and community assets creation and post-harvest loss trainings in Chemba district that contribute to climate risk management. Contributes to WFP Mozambique Country Strategic Plan (2017-2021), Strategic Outcome 1.

Outcome 2: Increased women's and adolescent girl's empowerment related to early marriage, sexual and reproductive health, and health seeking behaviours for basic childhood illnesses through intensive Social and Behaviour Change Communication targeted towards men, women, boys and girls. Contributes to WFP Mozambique Country Strategic Plan (2017-2021), Strategic Outcome 4.

27. A recent evaluation that is relevant to this project is the 2015 evaluation of WFP Mozambique country programme (CP).²⁹ This evaluation recommended that *"Taking into account the high levels of chronic malnutrition in Mozambique and the priorities of the Government of Mozambique which are to reduce the levels of chronic malnutrition, WFP should prioritize reducing chronic malnutrition in its next CP. In line with global guidance from WHO, decisions on targeting for MAM in the nutrition component of the next CP should be based on a careful analysis of inequalities among populations and focus on areas where there are clusters of large numbers of wasting children. Finally, in 2015, it should conduct – with external consultancy support and in coordination with other partners (government and UN) - an assessment to identify the reasons for the high levels of MAM default rates seen under the current CP and use the findings to inform the redesign of its interventions"*.³⁰ The integrated nutrition and gender transformative programme is therefore a continuing effort for WFP to address nutrition issues identified by this evaluation and other studies.

4. Evaluation Approach

4.1. Scope

28. The scope of the evaluation is as follows:

- **Period:** This evaluation will cover 2.2 years (October 2019 to December 2021), covering the full period of the implementation of the programme.
- **Geographical:** All areas that have been targeted by the programme in Chemba district in Sofala province;
- **Activities:** All activities implemented during the period;
- **Target groups:** Pregnant Women, adolescent girls, children under 2 years old and women with obstetric fistula targeted by the programme and their communities;
- **Results to be assessed:** The evaluation will consider results along the results chain in order to explain the contribution of the programme of the three impact level indicators;

29. The scope of the evaluation does not include: not applicable

4.2. Evaluation Criteria and Questions

30. The evaluation will address the overarching question *"what is the contribution of the gender transformative and nutrition sensitive programme to improved nutritional diversity, reduction of stunting and empowerment women and girls?"* To answer this question, the evaluation will apply international evaluation criteria of Relevance, Effectiveness, Efficiency, Impact and Sustainability³¹. Table 1 shows the questions that will be answered for each evaluation criteria. Being a gender specific programme, Gender Equality and Women Empowerment will be mainstreamed throughout the criteria, as well as having gender-specific questions. This being a pilot, questions

²⁹ Muriel, et al (2015), "Mozambique, 200286 Country Programme: An Evaluation of WFP's Operation (2012-2015): Operation Evaluation", World Food Programme, Office of Evaluation, Rome -Italy

³⁰ Ibid, page xx

³¹ For more detail see: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> and <http://www.alnap.org/what-we-do/evaluation/eha>

around scalability will be answered. The sources quoted under section 3.1 shows that programmes to address malnutrition and gender issues in the context of Mozambique are relevant. However, the evaluation will be focused on relevance and assessing the effectiveness/efficiency, impact and sustainability/scalability.

Table 1 Evaluation Criteria and Evaluation Questions

Criteria	Evaluation Question
Effectiveness	1. To what extent has the programme implemented as planned the activities and outputs and outcomes achieved for pregnant women, children under the age of 2, adolescent girls and boys?
Efficiency	2. What was the timeliness and adequacy of project activity implementation
Impact [on nutrition, GEWE and other unintended] ³²	3. To what extent does a combination of gender- and Nutrition- sensitive assets, post-harvest and Social and behaviour change communication contribute to, or compromise, progress towards reduction of stunting for these groups and empowerment of women and girls? Under what conditions?
	4. How does the programme design features mediate or mitigate the impact of the integrated programme on gender equitable, and women and girls empowerment outcomes? 5. How does the timing, size and duration of the food/cash transfers affect women, men, adolescent girls and boys, and women and girls empowerment and other intended outcomes? 6. How does the type of assets built, restored or maintained affect women, men, adolescent girls and boys, and women and girls empowerment and other intended outcomes?
	7. Are there unintended impact (positive or negative) on targeted and non-targeted households and communities?
Sustainability [Scalability] ³³	8. Assuming the continuation of current conditions: <ul style="list-style-type: none"> • What is the scalability of the intervention for these groups (within the actual context?) • What is the replicability of the intervention for these groups (in other contexts?) 9. What are any barriers/opportunities to scalability/replicability for each of these groups? In relation with: <ul style="list-style-type: none"> • External (context-related) • Internal (intervention/implementing)

4.3. Methodological Approach | Sequential Mixed Methods

31. A **sequential mixed methods approach** is proposed for this evaluation as follows:

- Analysis of secondary data:** a quantitative analysis of key characteristics of the households in targeted and non-targeted areas is to be conducted during the preparation and inception of the evaluation. See Annex 7 for preliminary results of this analysis. This analysis will be used to determine the control administrative area to ensure that the characteristics are as close as possible to the targeted area.
- Quantitative:** in order to assess the contribution of the GTNS programme on outcomes of interest, a quasi-experimental design will be used, applying the **Propensity Score Matching (PSM)**³⁴ and the **Difference in Difference (DID)** statistical techniques. The evaluation team will assess the feasibility of the various applications of these techniques based on logic, theory, and

³² At inception, other specifics of impact questions based on SBCC activity, or the PHL effect with food diversity and conservation/preservation etc will be discussed as part of finalisation of the TOR

³³ The scalability dimension of the DAC evaluation criteria is part of a revised criteria. See details here https://ieg.worldbankgroup.org/sites/default/files/Data/DAC-Criteria/ConsultationReport_EvaluationCriteria.pdf

³⁴ Cleophas, T., & Zwinderman, A. (2012). *Propensity score matching*. In T. J. Cleophas & A. H. Zwinderman (Eds.), *Statistics applied to clinical studies* (pp. 329-336). Netherlands: Springer.

existing empirical evidence regarding the outcomes of interest. This design approach is motivated by the fact the project monitoring and evaluation plan already intended to collect data at baseline and end line with the view of evaluating the effect of the programme on the outcomes of interest. The project has **23 indicators (2 impact, 15 outcomes and 6 outputs)**. Annex 6 summarizes the proposed approach to collecting and analysing the data at baseline and end line for each indicator based on WFP corporate guidelines as well as other literature. During the inception phase, the team will transparently present a detailed approach on how this will be done for consideration. This will include a sampling strategy for primary data collection.

- c) **Qualitative:** In order to explain the quantitative findings, qualitative data will be collected and analysed using appropriate methods depending on the indicators for which results need to be explained. In order to allow this sequential approach, the quantitative data will be analysed first, and then appropriate focus and methods for analysing qualitative data determined.

32. Overall, the methodology and design of the evaluation is expected to:

- Ensure the evaluation analyses data and reports on all impact, outcome and output indicators, not only those for which there is a positive effect, and that the reporting is transparently and easily accessible to different types of audiences;
- Be ethically sound and conform to both WFP and UNEG ethical norms and standards (free of bias, impartial, do no harm), anticipating any ethical challenges that may arise and proposing appropriate measures to address them;
- Apply an Evaluation Matrix that sets the indicators and methods against the key evaluation questions, considering secondary data availability and any budget and timing constraints for collecting primary data; (building on the work done in Annex 6);
- Ensure that women, girls, men and boys from different stakeholders' groups participate and that their different voices are heard and used in the evaluation.

33. **Gender Considerations:** This is a gender specific programme and as such assessment of gender dimensions will be central to the evaluation. The methodology will be gender-sensitive, indicating what data collection methods are employed to seek information on GEWE issues and to ensure the inclusion of women, girls and marginalised groups (Women with obstetric fistulas, chronic hill patients). The methodology will ensure that data collected is disaggregated by sex and age and explanations provided where this is not possible. Triangulation of data will ensure that diverse perspectives and voices of women, women with obstetric fistulas, men, boys and girls are heard and considered when making conclusions and recommendations. The evaluation findings, conclusions and recommendations will reflect gender analysis, and the report will provide lessons/challenges/recommendations for enhancing conduct of gender-responsive evaluations in future. The evaluation team will document and report on any challenges of conducting a gender-responsive evaluation.

34. The following **potential** risks to the methodology have been identified and mitigation actions suggested:

Table 2 Risks to the Proposed Methodology and Suggested Mitigation Actions

Risk	Mitigation actions
Recently, Sofala province was hit by cyclone Idai, though Chemba was the least affected. Depending on the effect of this shock, it may have caused a structural break (i.e. an unexpected or sudden change in the way of life of communities) in this region. This could potentially lead to unreliability of results if observed improvements are merely a recovery or return to a pre-cyclone state and not from the project).	Assess the level of impact and disruption of Cyclone Idai in the communities of interest during baseline. This may be done by collecting the same data that was collected during previous assessments (and/or census) and comparing whether there are significant differences. Qualitative explanations will also be needed to make sense of the impact of the Cyclone.

<p>Diffusion of treatments: it occurs when a control group cannot be prevented from receiving the treatment in an experiment. This is particularly likely in quasi-experiments where the intervention is an information program such the SBCC component of the project.</p>	<p>The data collected should include assessment of whether this has occurred [specific questions to the control group households] and the magnitude of diffusion.</p>
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4.4. Data Availability, Indicators and Quality

35. This evaluation is being designed at the start of the programme, so all data for the evaluation will be primary data collected at baseline and end line. Monitoring processes will collect some of the data in 2020 which will be used during the final evaluation. The evaluation will have access to:

- Project Monitoring reports and associated data sets
- Annual country report (that reports on all indicators in the CSP)
- Other relevant reports include past evaluations and surveys

36. To ensure quality of data and information, the evaluation team will:

a. Primary data

- i. Potential limitations: not defined yet
- ii. Mitigations measures: Systematically check accuracy, consistency and validity of all primary data and information collected and transparently acknowledge any limitations/caveats in drawing conclusions using the data

b. Secondary data

- i. Potential limitations: Access, availability and reliability of secondary data as part of the inception phase and transparently acknowledge limitations/caveats regarding use of this data. This assessment will inform the design of the primary data collection.
- ii. Mitigations measures: Assess availability and reliability of secondary data as part of the inception phase and transparently acknowledge limitations/caveats regarding use of this data. This assessment will inform the design of the primary data collection.

4.5. Quality Assurance and Quality Assessment

37. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS 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.

38. DEQAS will be systematically applied to this evaluation. The WFP Mozambique Evaluation Manager, in close consultation with the evaluation committee and with the support of the regional evaluation officer, will be responsible for ensuring that the evaluation progresses as per the [DEQAS process guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

39. 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. Specifically:

- a. The evaluation team leader will ensure that the evaluation products (inception report, baseline report and evaluation report) follow the required standards and have responded to all the requirements before submitting the first drafts;
- b. The evaluation manager, with the support of the Regional evaluation officer will check each first draft against the quality check lists to ensure that it is complete and that it meets the quality requirements;

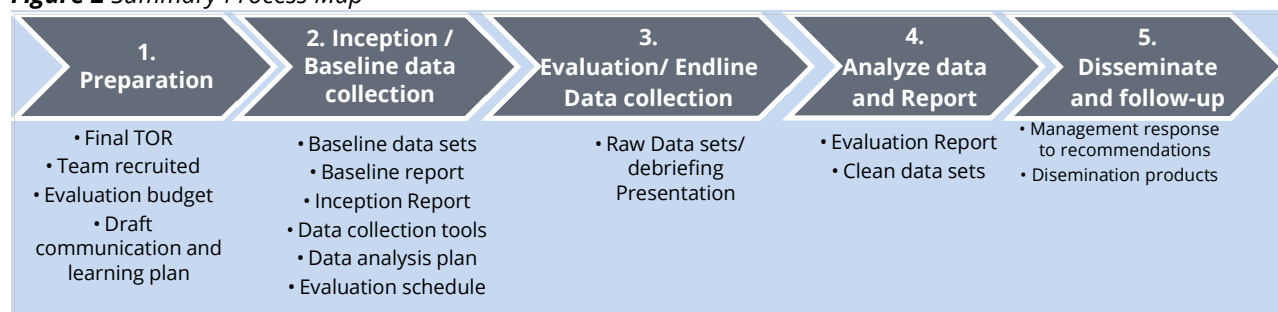
40. The quality assurance processes are developed in **Annex 9**

41. The following mechanisms for independence and impartiality will be employed: The evaluation will be managed by **Franck Gressard, M&E officer for nutrition unit**, supported by the Evaluation Committee that will be composed of key staff at the country office and the regional evaluation officer (refer to **Annex 3**). An Evaluation Reference Group composed of the members of the evaluation committee, key technical WFP CO and RB staff and external stakeholders will provide advisory and expert inputs (refer to **Annex 4**). Due to the importance of impartiality component, the reader will find references to it in sections 44, 60, 61, 69 and **Annex 8**.
42. 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

43. The evaluation will proceed through the following five phases. The deliverables for each phase are shown in figure 2 below:

Figure 2 Summary Process Map



44. **Preparation phase:** The Evaluation Manager, with support from the RB, will conduct background research and consultation to frame the evaluation; prepare the Terms of Reference, finalise provisions for impartiality and independence, ethical, quality assure, consult and finalise the Terms of reference, select the Evaluation Team and finalise the budget, prepare the document of library with all the materials that the team need to reference and develop a Communication and Learning Plan.

Deliverables: *Approved TOR, Team recruited, evaluation budget confirmed, draft communication plan [By EM]*

45. **Inception/Baseline data collection phase:** This phase aim to prepare the evaluation team by ensuring that the evaluators have a good grasp of the expectations for the evaluation and prepare a clear plan for conducting it. The inception phase will include orientation of the evaluation team, desk review and analysis of secondary data, initial interaction with the main stakeholders; deeper discussions on the methodological approach; collection of baseline data and design of the final evaluation.

Deliverable: *Inception Report, clean baseline data sets, baseline report and design of the final evaluation [By ET]*

46. **Evaluation/End line phase:** The evaluation team will review the inception report that will have been prepared at inception after the baseline survey has been conducted, revise it to reflect any changes in context, and collect end line data as per the design. The end line will follow the same approach as baseline to ensure comparability as discussed under section 4.3. A debriefing/presentation of preliminary findings will be done at the end of field work or soon after initial data analysis is completed.

Deliverable: *PowerPoint for exit Briefing/Presentation of Preliminary Findings, raw end line data sets [By ET]*

47. **Analysis and Reporting phase:** The evaluation team will clean and analyse the end line data, and draft the evaluation report. It will be submitted to the Evaluation Manager for quality assurance. Stakeholders will be invited to provide comments, which will be recorded in a matrix by the

evaluation manager and provided to the evaluation team for the report will be sent to the evaluation team for their considerations before the report is finalised.

Deliverables: Evaluation report and end line clean data sets [By ET]

48. **Dissemination and follow-up phase:** The final approved evaluation report will be published on the WFP public website and shared with relevant stakeholders. The CO management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions. Findings will be disseminated, and lessons will be incorporated into other relevant lessons learnt sharing systems and processes.

Deliverable: Management Responses, Published Evaluation report; other products as required [by CO management]

49. The full evaluation schedule is shown in Annex 2.

6. Organization of the Evaluation and Governance

6.1. Evaluation Conduct

50. The evaluation team will conduct the evaluation under the direction of the team leader and in close communication with the WFP evaluation manager, who will be supported by the evaluation committee. The team will be hired following appropriate WFP procedures.
51. The evaluation team members 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](#) which they must all sign before commencement of the evaluation.
52. The evaluation will be conducted according to the schedule in Annex 2, which will be confirmed during the inception phase.

6.2. Team composition and competencies

53. The evaluation team is expected to include a team leader, gender expert and 1 or 2 evaluators. It will combine national and international evaluators who have expertise in nutrition, gender and research. It will be gender-balanced and geographically and culturally diverse. It will have appropriate skills to assess gender dimensions of the programme as specified in the scope, approach and methodology sections of this TOR. At least one team member should have experience with WFP evaluations.
54. The team will be multi-disciplinary and include members who together have appropriate balance of expertise and practical knowledge in the following areas:
- **Research and Evaluation expertise** – proven practical expertise of designing and implementing rigorous evaluations, ideally in food and nutrition
 - **Statistics expertise:** proven experience in designing and conducting quantitative studies;
 - In-depth knowledge of nutrition programming, within the wider context of food security in low income country context;
 - **Gender expertise** and good knowledge of and experience in evaluating gender issues in nutrition and food security in a low-income country context
 - In-depth knowledge of and Familiarity with the Mozambique country context.
55. All team members should have strong analytical and communication skills. This evaluation will be conducted in Portuguese and English, and products will be in both Portuguese and English. Collectively, the team should therefore be comfortable in working in both languages.
56. The Team leader will have technical expertise in evaluation and demonstrated experience in leading and implementing similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent Portuguese and English writing and presentation skills.
57. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation missions and representing the evaluation team; iv) drafting and revising, as required, the inception report, baseline report, any

mid-line reports and the final evaluation reports. They are also responsible for the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

58. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.
59. Team members will: (i) contribute to the methodology in their area of expertise based on a document review; (ii) Analyse secondary data; (ii) collect primary (iii) participate in team meetings and meetings with stakeholders; iv) contribute to drafting and revision of evaluation products.

6.3. Evaluation Management and Governance

60. This is a decentralised evaluation, commissioned and managed by WFP Mozambique country office with support from the WFP Regional office in Johannesburg, and applying WFP evaluation management processes, systems and tools. To ensure independence and impartiality, the following mechanisms will be established and used:

- **Evaluation manager:**

who is not part of the day-to-day decision-making and implementation of the programme;

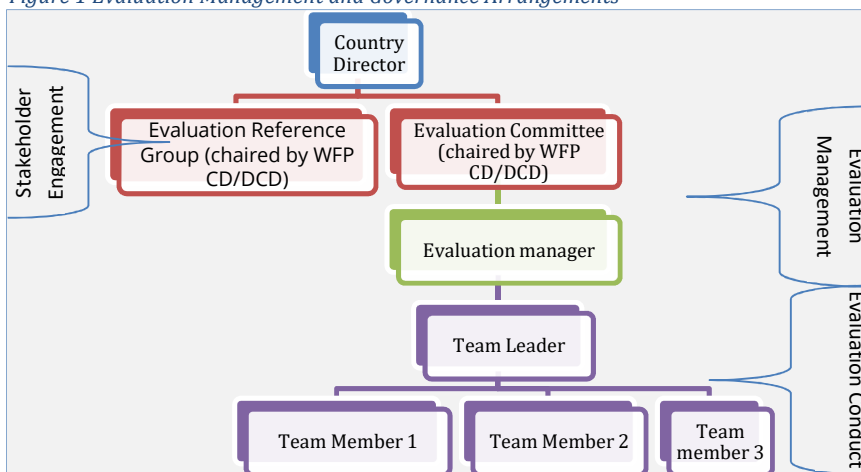
- **Evaluation committee:**

Which will support the evaluation manager in the day-to-day management of the evaluation process and will make key decisions (see Annex 3 for the purpose of the committee and the list of members);

- **Evaluation Reference group:** provide subject matter expertise in an advisory capacity (See Annex 4 for the purpose of the committee and the list of members).

61. The evaluation manager will work with the committee members to ensure that the appropriate safeguards for impartiality and independence are applied throughout the process. As a member of the evaluation committee, the WFP regional evaluation officer will provide additional support to the management process as required.

Figure 1 Evaluation Management and Governance Arrangements



6.4. Ethics including involvement of children

62. The methodological approach and design of the evaluation will be independent and impartial, conforming to WFP and [UNEG ethical standards and norms and guidelines](#). The evaluators undertaking the evaluation are responsible for ensuring ethics at all stages of the evaluation (planning, design, implementation, reporting and dissemination). This will include, but is not limited to, (1) ensuring informed consent; (2) protecting privacy, confidentiality and anonymity of participants; (3) Ensuring cultural sensitivity; (4) respecting the autonomy of participants (5) ensuring fair recruitment/representation of participants (including women and socially excluded groups); (6) ensuring that the evaluation do no harm to participants or their communities; (7) involving young children and/or vulnerable groups). On specific issues related to involvement of children (boys and girls), the evaluation will follow available guidelines such as those issued by the UN Children's Fund (UNICEF).³⁵

63. Specific safeguards must be put in place to protect the safety (both physical and psychological) of both respondents and those collecting the data. These should include:

- A plan in place to protect the rights of the respondent, including privacy and confidentiality

³⁵ https://www.unicef.org/csr/css/Children_s_Rights_in_Impact_Assessments_Web_161213.pdf

- The interviewer or data collector is trained in collecting sensitive information
 - The interviewer or data collector will sign of confidentiality clause prior data collection
 - Data collection tools are designed in a way that is culturally appropriate and does not create distress for respondents, e.g: field tools will be in local language(s)
 - Data collection visits are organized at the appropriate time and place to minimize risk to respondents and to create the least distraction
 - In case of interview, the individual should give his / her verbal informed consent
 - The interviewers or data collectors are well trained and informed to provide information on how individuals in situations of risk can seek support (i.e. awareness of referral systems as appropriate)
64. Evaluators are responsible for managing any potential risks to ethics and must put in place processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. WFP will confirm requirement for ethical approvals and reviews by relevant national review boards before contracting is concluded.
65. The inception report must include a section on how ethical issues will be addressed, and the evaluation report must have a section setting out clearly how ethical issues were actually managed, what safeguards have been put in place in practice and what lessons can be drawn for future evaluations.

6.5. Ownership of data

66. WFP owns the primary and secondary data and all products of this evaluation. The evaluation team or firm may not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced for the purposes of this evaluation without the express permission and acknowledgement of WFP. Use of any data collected for the purposes of the evaluation can be agreed on a case-by-case basis (e.g. preparing academic journal articles, conference papers/presentations etc). WFP would welcome such joint work on further dissemination of results as appropriate. This will be discussed during inception phase to inform finalisation of the communication and learning plan.

6.6. Security Considerations

67. **Security clearance** where required is to be obtained from WFP Mozambique. The security requirements and procedures will depend on the contracting option used. There are two options:
- Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system's Be Safe Security Course, print out their certificates and take them with them.³⁶
 - As an 'evaluation service provider to WFP Mozambique CO, 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.
68. However, **to avoid any security incidents**, the Evaluation Manager is requested to ensure that:
- 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.
 - Given the topics being discussed with vulnerable women, all interviews and data collection happens in a neutral location where possible.

³⁶ Field Courses: [Basic](#); [Advanced](#)

69. Beneficiaries interviews during a survey between the enumerator and the interviewee could be awkward due to gender differences or cultural habits. To reduce this risk, each interviewer team will have to be constituted by one male and one female.

7. Roles and Responsibilities of Stakeholders

70. The WFP Mozambique Country office:

- a- The **WFP Country Office Management (Director or Deputy Director)** will take responsibility to:
 - o Assign an Evaluation Manager for the evaluation [**Franck GRESSARD, M&E officer, Nutrition**]
 - o Approve the final TOR, inception report and final evaluation reports.
 - o Ensure independence and impartiality of the evaluation at all stages, including establishment of Evaluation Committee and Reference Group (see below and [Technical Note on Independence and Impartiality](#)).
 - o 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.
 - o Organise and participate in debriefings, internal and external stakeholders.
 - o Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations.
- b- The **Evaluation Manager**:
 - o Manage the evaluation process through all phases including drafting this TOR
 - o Ensures quality assurance mechanisms are operational
 - o Consolidate and shares comments on draft TOR, inception, baseline and evaluation reports with the evaluation team
 - o Ensure the evaluation makes use of quality assurance mechanisms (checklists, QS etc)
 - o Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required.
 - o Organise security briefings for the evaluation team and provides any materials as required
- c- An internal **Evaluation Committee** has been formed to support the management of the process and as part of ensuring the independence and impartiality of the evaluation. The committee will be responsible for making decisions and clearing evaluation products. The purpose and roles are outlined in Annex 3, to ensure that the CO receives sufficient support.

71. **An Evaluation Reference Group** will be established with representation from WFP Mozambique, Government Ministries, Partners, UN agencies, WFP RB (and HQ if appropriate). The ERG members will review and comment on the draft evaluation products and act as key informants. The ERG should include both subject matter expertise and technical evaluation expertise to ensure substantive inputs. The membership, purpose and roles are outlined in Annex 4.

72. **The Regional Bureau:** The RB will provide support at overall guidance and advisory level as well as technical design and analysis as follows:

- a- Regional Evaluation Officer [**Grace Igweta**] will take responsibility to:
 - o Advise the country office and provide support to the evaluation process as appropriate;
 - o Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as required;
 - o Provide comments on the draft TOR, Baseline, Inception and Evaluation reports;
 - o Support the Management Response to the evaluation and track the implementation of the recommendations;
- b- The regional evaluation Data Analyst [**Hegel Balayanga**] will support technical design of the evaluation including sampling, design of the data collection tools, training of research assistants/enumerators, preparation of data analysis planning and follow up to ensure that the plan is implemented.
- c- The RB Gender advisor [**Justine VANROOYEN**] and RB nutrition officer [**Rosalyn FORD**] will be members of the evaluation reference group and will systematically review and comment on

evaluation products as appropriate, as well as providing technical support as and when required.

73. **WFP Headquarters Nutrition and Gender divisions** will take responsibility to:
- Discuss WFP strategies, policies or systems in their area of responsibility and as relates to the Gender Transformative and Nutrition Sensitive Programme;
 - Comment on the evaluation TOR, inception and evaluation reports, as required.
74. **Government, NGOs and UN agencies** will, through membership in the evaluation reference group will systematically be involved in the evaluation process by reviewing and commenting on draft evaluation products and attending stakeholder meetings.
75. **The Office of Evaluation (OEV):** OEV, through the Regional Evaluation Officer, will advise the Country office 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. OEV impact evaluation specialist will be invited to join the evaluation reference group;
76. **Programme participants (women, girls, men and boys):** these will be responsible for providing their views and perspectives (through different means as shall be determined by the evaluation team during inception phase) regarding the implementation of the programme, and its role and contribution to addressing the issues related to their nutrition on one hand and empowerment of women on the other. A detailed communication plan will be developed during inception to determine how and when the findings, conclusions and recommendations of the evaluation will be communicated to them.

8. Communication and budget

8.1. Communication

77. The **Evaluation manager**, in consultation with the evaluation committee and support from the regional evaluation officer, will develop communication and learning plan that will outline processes and channels of communication and learning activities. The Communication and Learning Plan should include a GEWE responsive dissemination strategy, indicating how findings including GEWE will be disseminated and how stakeholders interested or affected by GEWE issues will be engaged. Responsibilities listed in Annex 10.
78. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team will emphasize transparent and open communication with all key stakeholders. Responsibilities listed in Annex 10.
79. As part of the international standards for evaluation, the UN requires that all evaluation reports are made publicly available; and the links circulated to key stakeholders as appropriate. The evaluation managers will be responsible for sharing the final report and the management response with their regional evaluation offices, who will ensure that they are uploaded to the appropriate systems (intranet and public websites).
80. To enhance the use of the evaluation findings, WFP Mozambique and its partners may hold dissemination and learning workshops targeting key stakeholders. The team leader may be called upon to co-facilitate the workshop. A detailed communication and learning plan will be elaborated during the inception phase.
81. 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 available in both English and Portuguese. Opportunities to publish some of the results in academic journals and/or prepare conference papers will be explored jointly with the evaluation team members, as appropriate.

8.2. Budget

82. The estimated budget, which is informed by the size and coverage of the project (1 district) is US\$ 150,000 for first round of data collection (inception and baseline) and a similar amount for

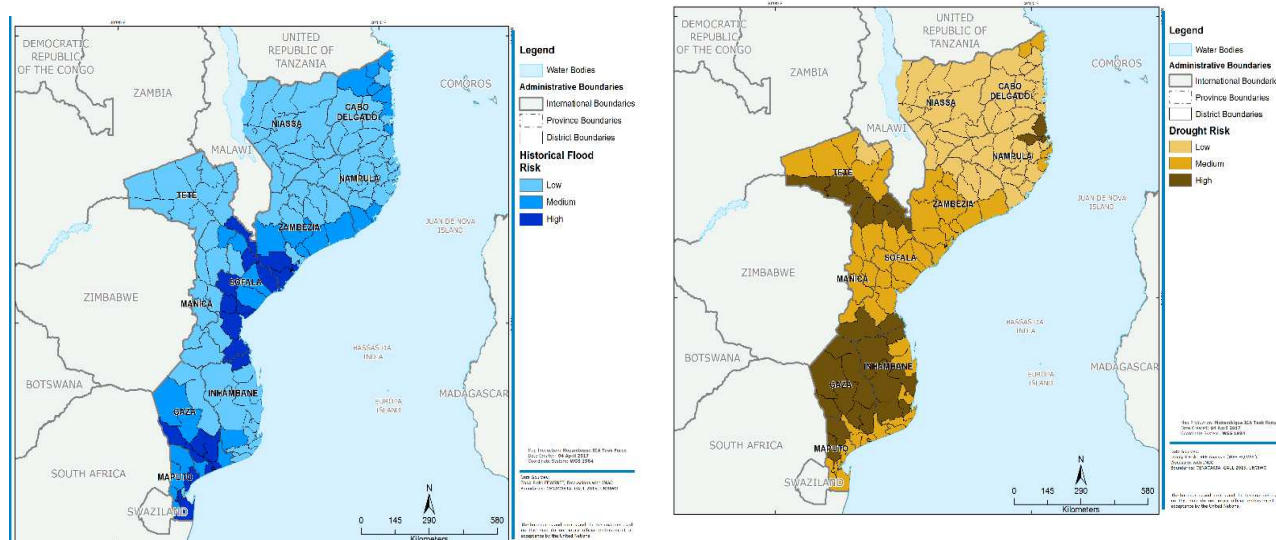
evaluation/end line in 2021. The final budget, however, will be determined by the option of contracting the evaluation team that will be eventually used and the rates that will apply at the time of contracting.

83. The firm that is chosen will have to budget for all costs associated with the conduct of the evaluation (hiring research assistants, local travel etc) except dissemination related activities such as learning workshops, which will be organised by WFP. The budget should also include costs for translation of evaluation products to/from Portuguese to English.

Please send any queries to:

- Lindsey WISE lindsey.wise@wfp.org
- Edna POSSOLO edna.possolo@wfp.org
- Julia VETTERSAND julia.vettersand@wfp.org
- Franck GRESSARD franck.gressard@wfp.org

Annex 1: Map: ICA Maps showing Chemba (recurrence of drought and flood incidence)



Annex 2 Evaluation Schedule [to be confirmed during inception phase]

Phases, Deliverables and Timeline		Key Dates	By Who
Phase 1 - Preparation			
1	Desk review, produce draft 1 of TOR and quality assurance (QA) using TOR Quality Check list, and consultations internally with stakeholders	July / August 2019	CO with RBJ support
2	Submit draft 1 TOR to quality support service (QS) for review and feedback	28th August	CO EM
3	Review draft 1 TOR against the DE QS quality matrix and provide recommendations	28 th –06 rd September	QS
4	Revise draft 1 TOR based on DEQS feedback to produce draft 2	06 th – 16 th September	EM/REO
5	Final Selection and recruitment of evaluation firm/team	04 th Oct – 29 th Nov	EM/EC
6	Circulate draft 2 TOR for review and comments to ERG members and other stakeholders	10 th October	EM/AC
7	Review draft 2 TOR and provide comments using the provided comments matrix	11 th - 24 th Oct	ERG
8	Revise draft 2 TOR based on comments received from stakeholders to produce final TOR	25 th Oct - 2 nd Nov	EM/REO
9	Submit the final TOR to the internal evaluation committee for approval	3 rd Dec	EM
10	Share final TOR with key stakeholders for information	6 th Dec	EM
Phase 2 - Inception / Baseline			
11	Baseline study design, including further review of existing data/analysis, development of the sampling approach and baseline data tools/study protocols	07 th to 29 th November	Evaluation team [ET]

12	Submit the baseline data collection tools for ethical clearance , ³⁷ and work on analysis plan and communication and learning plan; and finalise the baseline tools based on the feedback from the ethical body	29 th Nov – 25 th Dec	Team leader [TL]
13	Briefing Evaluation team	10 th Dec	CO
14	Conduct the baseline: hire research assistants, train them, digitise data collection tools, pre-test the tools; collect baseline data	6 th – 26 th Jan 2020	ET
15	Clean the baseline data	7 th – 30 th Jan	ET
16	Submit clean baseline data EM and Regional Evaluation officer	31 st Jan	TL
17	Analyse the baseline data and draft baseline report	27 th Jan- 13 th Feb	ET
18	Draft the inception report, including the methodology proposed for final evaluation and adjusted data collection tools based on the baseline draft report and experience	27 th – 13 th Feb ³⁸	ET
19	Submit draft 1 inception and baseline report (BR&IR) to EM and REO	14st Feb	TL
20	Review draft 1 inception if it is complete, submit to quality support, otherwise return to team leader with comments on what needs to be addressed	17 th - 20 th Feb	EM/REO
21	Review draft 1 baseline report (BR),	17 th – 21 st Feb	EM/ERG/REO
22	Share draft IR with DEQS for review and feedback	25th Feb – 3rd Mar	EM
23	Review draft 1 IR against the DEQS quality matrix and provide recommendations	4 th - 9 th Mar	QS
24	Revise draft 1 IR based on feedback received by DEQS and EM/REO additional comments	10 th – 20 th Mar	ET
25	Revise draft 1 BR based on feedback received by EM/REO/ERG additional comments	24 th Feb – 6 th Mar	ET
26	Submit revised Draft 2 IR based on DEQS and EM QA comments	23th Mar	TL
27	Submit revised Draft 2 BR based on EM/REO/ERG comments	9th Mar	TL
28	Review draft 2 IR against the QS recommendations to ensure that they have been addressed and for any recommendation that has not been addressed, a rationale has been provided	24 th – 30 th Mar	EM/REO
29	Review draft 2 BR against the EM/REO/ERG recommendations to ensure that they have been addressed and for any recommendation that has not been addressed, a rationale has been provided	10 th – 16 th Mar	EM
30	Circulate draft 2 IR for review and comments to ERG members and other stakeholders	2nd Apr	EM
31	Circulate draft 2 BR for review and comments to ERG members and other stakeholders	18th Mar	EM
32	Review draft 2 IR, and provide comments using the provided comments matrix	3 th - 16 th Apr	ERG
33	Review draft 2 BR, and provide comments using the provided comments matrix	19 th Mar-1 st Apr	ERG
34	Consolidate Stakeholder comments and submit IR to the team leader	17 th - 21 st Apr	EM
35	Consolidate Stakeholder comments and submit BR to the team leader	2 nd – 10 th Apr	EM
36	Revise draft 2 IR based on stakeholder comments received to produce final report	17 th -23 th Apr	ET
37	Revise draft 2 BR based on stakeholder comments received to produce final report	13 th - 17 th Apr	ET
38	Submit the final IR to the internal evaluation committee for approval	27th Apr	EM
39	Submit the final BR to the internal evaluation committee for approval	20th Apr	EM
40	Share of final inception report with key stakeholders for information.	29 th Apr	EM
41	Share of final baseline report with key stakeholders for information.	22 th Apr	EM
Phase 3 – Evaluation/End line³⁹			
42	Prepare for End line: Review and adjust, if appropriate, the inception report that was prepared during the inception/baseline phase in 2019; recruit research assistants, digitize data collection tools on tablets, finalize travel and accommodation arrangements and other logistics issues. ⁴⁰	1 st -30 th Sept 2021	EM/RB EA
43	Briefing with CO management	5th Oct 2021	CO/EM/AC
44	Training research assistants and testing data collection tools, adjustments if required	7 th - 9 th Oct	ET/EA
45	Conduct Fieldwork [quantitative data collection, interviews, FGDs etc]	10 th – 26 th Oct	ET
46	End of Fieldwork Debriefing [PowerPoint should be submitted the date before]	28th October	ET

³⁷ The ethical clearance body sits every last Monday of the month, so if we miss this it would have to wait until 25th November

³⁸ The baseline data should be informing the design of the evaluation, so the drafting of the inception report should be done concurrently to ensure consistency and that all data collected is factored in when designing the final evaluation

³⁹ Critical issue is to ensure that end line data is collected around the same time in 2021 as the baseline in 2020

⁴⁰ The assumption is that the study protocols approved by ethical board in 2019 will have covered the two rounds of data collection

Phase 4 - Data Analysis and Reporting			
47	Clean, analyse and triangulate data to produce draft 1 of the evaluation report (ER)	29 th Oct-16 th Nov	ET
48	Submit draft 1 of the evaluation report and all associated data sets	17th November	TL
49	Review draft 1 ER against the evaluation report quality checklist to ensure that it is complete	18 th November	EM/REO
50	Share draft 1 ER with outsourced quality support service (DE QS)	19th November	EM
51	Review draft 1 TOR against the DE QS quality matrix and provide recommendations	19 th -26 th Nov	QS
52	Revise the draft 1 ER against the QS comments to ensure that they have been addressed, and for those that have not been addressed rationale has been provided	27 th Nov-4 th Dec	EM/REO
53	Circulate draft 1 ER for review and comments to ERG, RB and other stakeholders	9th Dec	EM
54	Review draft 1 ER and provide comments using the provided comments matrix	9 th -16 th Dec	ERG
55	Consolidate comments and submit to team leader for review	17 th Dec	EM
56	Revise draft 1 ER based on stakeholder comments to produce draft 2	18 th - 31 st Dec	ET
57	Submit draft 2 ER to the EM	2nd Jan 2021	TL
58	Review draft 2 ER against stakeholder comments to ensure that they have all been addressed, and for those that have not been addressed a rationale has been provided	3 rd -6 th Jan	EM/REO
59	Submit the final ER to the internal evaluation committee for approval	7th January	EM
60	Sharing of final evaluation report with key stakeholders for information	10 th January	EM
Phase 5 - Dissemination and follow-up			
61	Prepare management response and submit to RB for review	15 th Jan-15 th Feb	CO
62	Review the MR and provide feedback on actions planned to respond to recommendations	16 st -23 rd Feb	RB
63	Finalize MR based on feedback from RB	24 th -28 th Feb	CO
64	Share final ER and MR with OEV for publication	1st March	RB
65	Document lessons from the management of this evaluation and share	2 nd -30 th March	CO/REO

AC : activity manager REO: regional evaluation office

Legend to the colour coding of Scheduled Items

Activity [27]	Quality Assurance steps [10]*	Milestone [20]
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*All quality assurance tasks are to be jointly done with the regional evaluation officer to ensure the quality of the products and processes

Annex 3: Purpose and Membership of the Evaluation Committee

The overall purpose of the evaluation committee is to ensure a credible, transparent, impartial and quality evaluation process in accordance with the norms, standards and guidelines outlined in these TOR. The committee will achieve this by supporting the evaluation manager through the process, reviewing evaluation deliverables, (TOR, Inception report, and evaluation report) and approving the final products. The EC has management and decision making responsibilities.

Membership of the Evaluation Committee⁴¹

Chair: James LATTIMER, Deputy Country Director; james.lattimer@wfp.org

Members

1. Franck GRESSARD, M&E officer Nutrition; franck.gressard@wfp.org
2. Lindsey WISE, Activity Manager, Nutrition; lindsey.wise@wfp.org
3. Edna POSSOLO, Programme Officer, Nutrition; edna.possolo@wfp.org
4. Julia VETTERSAND, Programme Policy Officer, Nutrition, julia.vettersand@wfp.org
5. Helga GUNNEL : Gender and Protection officer , helga.gunnell@wfp.org
6. Nilda LIMA: SBCC officer; nilda.lima@wfp.org
7. Jan VANDERVELDE, Programme Officer, M&E; jan.vandervelde@wfp.org
8. Amosse Ubisse, M&E focal point for Post harvest Loss programme, amosse.ubisse@wfp.org
9. Pedro Chilambe, M&E focal person for Food for Assets, pedro.chilambe@wfp.org

⁴¹ Due to the integrated nature of the programme, the committee includes higher number of members than the 4-7 as per guidelines

10. Grace IGWETA, Regional Evaluation Officer, Johannesburg; grace.igweta@wfp.org

Annex 4: Purpose and Membership of the Evaluation Reference Group

The overall purpose of the ERG is to support a credible, transparent, impartial and quality evaluation process in accordance with the Norms, standards and guidelines as outlined in these TOR. The ERG members act as experts in the advisory capacity, without management responsibility. They review and comment on Evaluation TOR, draft inception and evaluation report. They will attend stakeholder sessions and provide their perspectives on the design of the evaluation, preliminary findings including draft evaluation recommendations.

Membership of the ERG

Chair: James LATTIMER, Deputy Country Director; james.lattimer@wfp.org

Members

1. Franck GRESSARD, M&E officer, Nutrition; franck.gressard@wfp.org
2. Lindsey WISE, Activity Manager, Nutrition; lindsey.wise@wfp.org
3. Edna POSSOLO, Programme Officer, Nutrition; edna.possolo@wfp.org
4. Julia VETTERSAND, Programme Policy Officer, Nutrition ; julia.vettersand@wfp.org
5. Jan VANDERVELDE, Programme Officer, M&E ; jan.vandervelde@wfp.org
6. Helga GUNNEL : Gender and Protection officer , helga.gunnell@wfp.org
7. Nilda LIMA: SBCC officer; nilda.lima@wfp.org
8. Amosse Ubisse, M&E focal point for Post harvest Loss programme ; amosse.ubisse@wfp.org
9. Pedro Chilambe, M&E focal person for Food for Assets ; pedro.chilambe@wfp.org
10. Grace IGWETA, Regional Evaluation Officer, Johannesburg ; grace.igweta@wfp.org
11. Rosalyn FORD, Regional Nutrition Officer ; rosalyn.ford@wfp.org
12. Hegel BALAYANGA, Regional Evaluation Officer (Data Analysis) ; hegel.balayanga@wfp.org
13. Justine VANROOYEN, Regional Gender Officer ; justine.vanrooyen@wfp.org
14. Antonio Pacheco/Technical Director of FSN Information Services (from the original term in Portuguese – Serviços Distritais de Informação sobre SAN
15. José João Vilanculo, Statistician, SETSAN
16. Big Office, Nutritionist, SETSAN
17. Réka Maulide Cane, Nutrition focal point and researcher, National Institute of Health (INS),
18. Victor Sitao, Nutrition Officer, Ministry of Health, Department of Nutrition
19. Tony Mossio, technical focal point for the PAMRDC in SETSAN,
20. To Be Appointed, Provincial Directorate of Agriculture and Food Security Sofala
21. Bélio Castro Antônio, Nutrition provincial supervisor, Provincial Directorate of Health Sofala, Health / Nutrition Officer
22. Ivo Albano Avelino, Radiology Technician, Provincial Directorate of Health, Provincial Committee of Studies Sofala
23. Zalima Jovencio de Nascimento, Maternal and child health nurse, Administration of the Government of Chemba
24. Erasmo Saraiva, Programme Officer for Agriculture, Rural Development, Water & Sanitation, Austrian Development Agency ; erasmo.saraiva@ada.gv.at
25. Simon Makono, MEAL Manager ; simon_makono@wvi.org
26. Walter Chaquilla, to be confirm ; WChaquilla@pathfinder.org
27. Elena Colonna, Research and Message Manager ; ecolonna@pcimedia.org

Annex 5 Logical Framework

Intervention Logic	Indicators with target value for each indicator	Sources of Verification List the source of verification / information for each indicator	Risks & Assumptions
Impact 1: Women and adolescent girls' empowerment enables improved nutritional diversity and reduced stunting among girls and boys under the age of five in the context of a changing climate	<ol style="list-style-type: none"> 1. Prevalence of stunting among children under-five in targeted climate-shock affected areas, disaggregated by age and sex Target: 2 percentage point improvement over the baseline 2. Women's participation in household decision-making (access to healthcare, household purchases, visiting family members, and climate risk management) Target: 30 percentage point improvement over the baseline. <p>All target values to be validated based upon baseline</p>	<p>Data source: Baseline and End line survey</p> <p>Collection method: Survey</p> <p>Frequency: Two times over the course of project</p> <p>Responsibility: WFP</p>	<p>Assumption: A multi-sectoral and multi-stakeholder approach will result in stunting reduction in a three-year timespan even in the context of a changing climate.</p> <p>Risk: Stunting reduction takes place over multiple years. The survey results may not capture a reduction due to the timeframe of the project. Ideally, five years would allow for baseline, midline and end line to see changes over a longer duration of time.</p>
Outcome 1 : Improved availability, diversity, and consumption of nutritious food by women, adolescent girls, and children under-two through gender- and nutrition- sensitive household and community asset creation and post-harvest loss trainings in Chemba district that contribute to climate risk management	<ol style="list-style-type: none"> 1. Minimum Dietary Diversity Score – Women (MDD-W) Target: 10 percentage points improvement over the baseline 2. Minimum Acceptable Diet (MAD) – Children 6 – 23 months Target: 10 percentage points improvement over the baseline 3. Food Consumption Score-Nutrition Target: 5 percentage points improvement in acceptable food consumption over the baseline 4. Food Consumption Score Target: 5 percentage points improvement in acceptable food consumption over the baseline 5. Rate of post-harvest losses Target: 5 percentage points reduction under the baseline 6. Coping Strategies Index Score Target: 10 percentage points improvement over the baseline <p>All target value(s) to be validated based upon baseline</p>	<p>Data source: WFP assessment</p> <p>Collection method: Survey</p> <p>Frequency: Annually</p> <p>Responsibility: WFP with support of Cooperating Partner and local authorities</p>	<p>Assumptions:</p> <ul style="list-style-type: none"> - An increase in diversity and availability of nutritious foods will lead to increased consumption - Climate events and shocks will not increase in either frequency or duration - Farmers will find PHL technologies beneficial and adopt them <p>Risks:</p> <ul style="list-style-type: none"> -Despite the integrated programme activities dietary diversity may not increase among target groups -Climatic events and shocks may reduce the ability of communities to cope and negative strategies may be employed despite resilience building efforts -Post harvest loss technology may not be adopted and a reduction therefore not measured
Output 1.1. Gender and nutrition-sensitive assets established at community and household level to increase access to a diverse variety of foods, including	<ol style="list-style-type: none"> 1. # of gender and nutrition-sensitive assets built, restored, or maintained by targeted households and communities, by type and unit of measure Target: 4,500 HH assets and 150 community assets 	<p>Data source: WFP monitoring data</p> <p>Collection method: Questionnaire</p>	<p>Assumption: - Climate events and shocks will not increase in either frequency or duration⁴²</p> <p>Risk:</p>

⁴² This is informed by a climate profile for the district with considerations for historical climate and weather trends, as well as climate model projections.

animal-source proteins, and to contribute to climate risk management	<p>1. # of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned</p> <p>Target: at least 7,500 people</p> <p>All target values to be validated based upon baseline</p>	<p>Frequency: Annually, at the end of seasonal project</p> <p>Responsibility: WFP + Cooperating Partner</p>	<p>- There is a risk that climatic shocks will prohibit the production of nutritious assets and that disease will negatively impact nutritious assets.</p>
<p>Output 1.2</p> <p>Appropriate technologies adopted by smallholder women and men farmers to reduce post-harvest losses and increase food availability</p>	<p># of small holder farmers supported/trained on PHL, disaggregated by age and sex</p> <p>Target: at least 500 smallholder farmers</p> <p>All target values to be validated based upon baseline</p>	<p>Data source: WFP monitoring data</p> <p>Collection method: Attendance records</p> <p>Frequency: Monthly during training period</p> <p>Responsibility: WFP + Cooperating Partner</p>	<p>Assumption:</p> <p>Farmers will find PHL technologies beneficial and adopt them</p> <p>Risk:</p> <p>- Post-harvest loss technology may not be adopted and a reduction therefore not measured</p>
<p>Outcome 2</p> <p>Increased women's and adolescent girl's empowerment related to early marriage, sexual and reproductive health, and health seeking behaviours for basic childhood illnesses through intensive Social and Behaviour Change Communication targeted towards men, women, boys and girls</p>	<p>1. Attendance at 4+ antenatal care visits</p> <p>Target: 5 percentage points improvement over baseline</p> <p>2. Assisted delivery at a health facility</p> <p>Target: 5 percentage points improvement over baseline</p> <p>3. Prevalence and health seeking behavior for fever, diarrhoea, and acute respiratory infection</p> <p>Target: 3 percentage points improvement over baseline</p> <p>4. # of people able to recall three key messages about dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls</p> <p>Target: 5,000 people</p> <p>5. % of people that have a favourable attitude towards the recommended practices</p> <p>Target: 25 percentage point improvement over baseline</p> <p>6. # of people indicating a change of attitude due to awareness raising/information/advocacy against early marriage (SDG 5, target 5.3.1)</p> <p>Target: 25 percentage point improvement over baseline</p>	<p>Data source: Baseline and End line survey</p> <p>Collection method: Survey</p> <p>Frequency: Two times over the course of project</p> <p>Responsibility: WFP</p>	<p>Assumption:</p> <p>- Availability and knowledge of recommended SRH and childhood health services will result in an uptake of services</p> <p>Risk:</p> <p>- Knowledge not sufficiently built</p> <p>- Services not utilized</p> <p>- Services not available when population seeks to utilize them</p> <p>- Community leaders and HH heads do not support the services</p> <p>- Services not perceived as beneficial</p>

	<p>7. % of people who intend to adopt the recommended services Target: 15 percentage point improvement over baseline</p> <p>8. Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer Target: 10 percentage points over the baseline)</p> <p>9. Proportion of food assistance decision-making entities – committees, boards, teams, etc – members who are women Target: at least 50%</p> <p>All target value(s) to be validated based upon baseline</p>		
<p>Output 2.1.: Social and Behaviour Change Communication strategy implemented to increase and improve knowledge, attitudes, and practices related to early marriage, sexual and reproductive health, nutrition and care, and basic childhood illnesses</p>	<p>1. # of people exposed to nutrition messaging on dietary diversification, early marriage, and SRH and child health services, disaggregated by age, men, women, boys, and girls Target: at least 20,000 people</p> <p>2. # of household visits conducted by community health activists/agriculture extension agent Target: at least 1,500</p> <p>3. # of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex • Target: at least 3,000</p> <p>All target values to be validated based upon baseline</p>	<p>Data source: WFP monitoring</p> <p>Collection method: Questionnaire + Tally sheets</p> <p>Frequency: Monthly</p> <p>Responsibility: WFP + cooperating partners + community radio</p>	<p>Assumptions: -Exposure to messaging results in desired increase in knowledge on key topics - Gender dialogue club will be well received by community leaders and members -CHA and AEA will implement activities as planned</p> <p>Risks: -Exposure to messaging does not result in desired knowledge or behaviour change -Community leaders and members do not respond well to SBCC messages or that behaviours are not adopted as intended -CHA and AEA do not implement activities as planned</p>
Activities	Means	Costs	
<p>Output 1.1.1 -Beneficiary selection with communities and CP and registration in SCOPE -CBPP (asset selection -FFA HH asset implementation - FFA community asset implementation (based on CBPP) -Transfer of vouchers</p>	<p>WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged to support implementation activities. SCOPE biometric registration system will need to be established. The inputs to create selected assets will need to be procured.</p>		<p>- Retailers must provide the requisite quantity and quality of food basket items per agreement</p>
<p>Output 1.1.2 -Food processing training supported by WFP, CP, and SDAE</p>	<p>WFP will need to have the requisite staff available at Country Office, Sub-Office, and district level to coordinate and oversee operations. Cooperating Partners and local authorities, including volunteers, will need to be engaged</p>		<p>-Agro-dealers stock and supply hermetically sealed bags for purchase by communities</p>

<ul style="list-style-type: none"> - Conservation training and solar dryer construction supported by WFP, CP, and SDAE - Storage training and presentation on hermetic storage technology supported by WFP, CP, SDAE, and private sector - Demand generation of PHL technology via community radio and early adopters, supported by PCI Media - Engagement with agro-dealers to supply PHL technology 	<p>to support implementation activities. SCOPE biometric registration system will need to be established. The inputs to build solar dryers will need to be procured. Private sector will need to be engaged to supply PHL technology.</p>		
<p>Output 2.1.1</p> <ul style="list-style-type: none"> - Formative research for SBCC strategy and material development - Demand generation activities for dietary diversity, SRH services, and basic health services delivered by CHA and agriculture extension agents with support from SDSMAS, SDAE, and Pathfinder - Community mobilization via community radio with support from PCI Media and Pathfinder and engagement with local leaders for dietary diversity, SRH services, basic health services - Dialogue clubs for Gender Equality and Women's Empowerment facilitated by Pathfinder and local leaders 	<p>A SBCC specialist will conduct formative research to inform messaging and materials. FLA/LOU agreements will need to be made with partners to implement SBCC activities. Curriculum for dialogue clubs will need to be developed.</p>		<ul style="list-style-type: none"> -Health services that are included as part of SBCC are provided by health facilities -Community leaders buy-in to gender dialogue clubs
			<p>Pre-conditions</p> <p>What pre-conditions must be met before the intervention can start?</p> <ul style="list-style-type: none"> -Baseline evaluation conducted, CBPP conducted, beneficiary registration and SCOPE set-up, FLA/LOU signed with partners, SBCC research conducted and materials developed <p>What conditions outside the intervention's direct control have to be met for the implementation of the planned activities</p> <ul style="list-style-type: none"> - No shocks or major climatic changes occur

Annex 6 Draft summary of data Collection and Analysis Methods

The project has a total of 23 indicators (2 impact, 15 outcome and 6 output). The table below summarizes the proposed approach to collecting and analysing the data at baseline and end line. Most of the indicators have detailed guidelines in the WFP corporate Results framework, including how the data is collected, analysed, presented/visualised and interpreted. The page numbers in the CRF are provided for eases of reference.

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
1.1	Prevalence of stunting ⁴³ , disaggregated by age and sex (2 percentage point improvement over the baseline)	Baseline and End line	Local to District	Household survey to collect anthropometric measurements, guided by WHO standard approach to measuring stunting ⁴⁴ . Data needed are: Height / length, age and sex of children aged 0-4 years in all households surveyed.	Proportion/ percentage as follows: 100 * (0 –59 months stunted children / total 0 –59 months children surveyed) <i>Disaggregated by age 6 to 17, 18 to 29, 30 to 41, 42 to 53 and 54 to 59 months and sex</i>
1.2	Women's participation in household decision-making (access to healthcare, household purchases and visiting family members) Note: Key decisions will be determined as part of gender analysis and incorporated into the calculation of the indicator	Baseline and End line	household	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium ⁴⁵ WFP defines Women's empowerment as "the process through which women obtain and exercise agency in their own lives, with equal access alongside men to resources, opportunities and power. Women's empowerment involves awareness-raising, building self-confidence, expanding choices, increasing access to and control of resources and reforming institutions and structures so that they contribute to gender equality, rather than perpetuate discrimination and oppression". To this regard, the household decision-making measures one aspect of women's empowerment, which will further be further triangulated by relevant outcome indicators and through focus group discussions.	Proportion/percentage: the quantitative share of households (%) making decision on [name if DECISION] this programme more decisions will be included, and each analysed separately. calculation will be disaggregated by decisions made (a) by women , (b) men, (c) both men and women)
2.1	Food Consumption Score, disaggregated by age and sex Note: The household Food Consumption Score (FCS) is used as a proxy for household food	Baseline and End line ⁴⁶	Household	Household survey employing the standard food consumption data-collection module to collect this data as per CRF indicator compendium guidelines ⁴⁷ and the Consolidated Approach to reporting indicators of food security (CARI) ⁴⁸ . It is strongly recommended that data collection for follow-ups happens in the same period to the baseline. In addition, all follow-ups are to be	Percent/proportion of households in the three groups (poor FCS less than 21, borderline FCS between 21 and 35; or acceptable with FCS greater than 35). disaggregated by: - Sex of household head

⁴³ **Stunting:** having a height (or length)-for-age more than 2 SD below the median of the NCHS/WHO international reference. It's a well-established child health indicator for chronic malnutrition related to environmental and socio-economic circumstances.

⁴⁴ https://www.who.int/ceh/indicators/0_4stunting.pdf

⁴⁵ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 230

⁴⁶ Minimum is two rounds at baseline 2019 and end line 2021. There can be annual monitoring in 2020, the idea situation b-annually as indicated in the CRF. However for this to be useful for the evaluation the sampling and identification of interviewed communities and households should be able to be identified as being targeted by the programme

⁴⁷ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 8

⁴⁸ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf?_ga=2.179774628.1000112673.1502956528-567465363.1491311181

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	<i>security, to reflect quantity and quality of people's diets.</i>			conducted within the same period/number of days after food distributions. It uses a 7 days recall period. Data required: Frequency of consumption of 8 standard food groups and condiments over the 7 days recall period, collected as per the guidelines quoted above	- - Transfer modality (if applicable)
2.2	Food Consumption Score – Nutrition, disaggregated by age and sex. Note: <i>FCS-N is a measure of household's adequacy of key macro and micronutrients-rich food groups.</i>	Baseline and End line	Household	Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines ⁴⁹ and the Consolidated Approach to reporting indicators of food security (CARI) ⁵⁰ . [Same point regarding timing/follow ups as above]. Data required: frequencies of consumption of protein-rich, Hem Iron and Vitamin A-rich foods over the 7 days prior to the interview, collected as per the guidelines quoted above	Percent/proportion of households with poor, borderline and acceptable food consumption; disaggregated by: - Sex of household head - Transfer modality (if applicable)
2.2b	Food Expenditure Share [FES]	Baseline and End line	Household	Household survey employing the standard food consumption data-collection module as per CRF indicator compendium guidelines ⁵¹ Data required: Food basket value (30 days recall) Expenditure on non-food items (30 days recall for short-term expenditure such as rent, heating; and 6 months recall for longer-term expenditures such as education, health)	Measured as: • the average food expenditure share calculated through the median • Percentage of households spending more than 65% of their monthly budget on food. <i>Disaggregated by sex of head of household</i>
2.3	Minimum Dietary Diversity Score – Women (MDD-W), disaggregated by age Note: <i>Minimum diet diversity is defined as consumption of 5 or more food groups out of 10 in the last 24 hours.</i>	Baseline and End line	Household (Individual woman of reproductive age)	Household survey as per CRF indicator compendium guidelines ⁵² and the specific Minimum Diet Diversity for Women ⁵³ <i>Minimum diet diversity is a proxy indicator that measures diet diversity to predict the likelihood of micronutrient adequacy for groups of women of reproductive age. Additionally, it can be used to study intra-household allocation of resources to ensure household benefits are shared by all members.</i>	Percentage of women of reproductive age (15 – 49) who reached minimum diet diversity. 100*(# of women of reproductive age who reached minimum diet diversity divided by Total / # of women of reproductive age).

⁴⁹ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 12

⁵⁰ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf?_ga=2.179774628.1000112673.1502956528-567465363.1491311181

⁵¹ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 36

⁵² <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 58

⁵³ <https://newgo.wfp.org/documents/minimum-dietary-diversity-for-women-mdd-w-guidance-document>

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
				Data required: Whether or not women of ages 15 to 49 consumed food listed in the data collection module in the link above i.e. the answer to the question "Yesterday, during the day and night, inside the home and outside the home, did you eat or drink:"	
2.4	Minimum Acceptable Diet (MAD) – Children 6 – 23 months, disaggregated by age and sex. Note: A child is classified as consuming a Minimum Acceptable Diet if s/he meet both (1) the minimum diet diversity AND (2) the minimum meal frequency.	Baseline and End line	Household (Individual children)	Household survey as per CRF indicator compendium guidelines ⁵⁴ and the specific guidelines Minimum Acceptable Diet ⁵⁵ . Sampling requirements should strictly follow nutrition sampling guidelines in terms of sample size and methodologies. The sample must be powered to collect data on children, 6 – 23 months. Data required: Whether the child was (a) breastfed yesterday during the day or night? (b) How many times during the day or night did the child consume listed foods	Minimum Diet Diversity: Proportion of children 6-23 months of age who receive foods from 4 or more out of 7 food groups in the previous day. Minimum Meal Frequency: Proportion of breastfed and non-breastfed children 6-23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more based on the child's age. Minimum Diet Diversity + Minimum Meal Frequency = MAD⁵⁶
2.5	Rate of post-harvest losses, disaggregated by age and sex Note: reported as average Smallholder farmers post-harvest losses of target crops as a percentage of annual production	Baseline and End line	Household	Household survey as per CRF indicator compendium ⁵⁷ ; through Representative household surveys using empirical measurement techniques, complemented by face-to-face interviews. Baseline should be established during storage period for each farmer. The first sample should be taken from grains on the day of storage. Data required: At least 3 points of measurement per year: (1) at time of storage, (2) 60 days later, (3) 120 to 180 days later, depending on if there are one or two harvests per year.	Percentage reduction At end of project: Reduction of post-harvest losses by (#%) for participating farmers compared to control group farmers. Disaggregated by: - Type of participant / WFP activity - Gender of Farmer / household head
2.6a	Livelihood Coping Strategy Index (LCSI), disaggregated by age and sex. Note: The livelihoods-based coping strategy index is used to better	Baseline and End line	Household	Household survey as per CRF indicator compendium ⁵⁸ and CARI, using a 30 days recall period, with at least 10 strategies from the master list in CARI guideline (four stress strategies, three crisis strategies and three emergency strategies). Each strategy is associated with a level of severity (none, stress, crisis or emergency).	percent/proportion of households using a coping strategy; disaggregated by: - Sex of household head - Transfer modality (if applicable)

⁵⁴ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 52

⁵⁵ <https://newgo.wfp.org/documents/pdm-module-for-minimum-acceptable-diet>

⁵⁶ See how it is calculated here: <https://newgo.wfp.org/documents/minimum-acceptable-diet-calculator>

⁵⁷ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 126

⁵⁸ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 21

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	<i>understand longer-term coping capacity of households.</i>				
2.6b	Consumption-based Coping Strategy Index, reduced CSI (rCSI).	Baseline and End line	Household	Household survey as per CRF Indicator compendium ⁵⁹ and coping strategy guidelines ⁶⁰ Data needed on five consumption-based coping strategies Coping Strategies: Rely on less preferred and less expensive food; Borrow food or rely on relatives and friends Limit portion size at meals Restrict consumption for adults for children to eat Reduce number of meals	- For each coping strategy, the frequency score (0 to 7) is multiplied by the universal severity weight (see table below); The weighted frequency scores are summed up to calculate the rCSI. The minimum possible rCSI value is 0, while the maximum is 56. Then the average (mean) is computed (all households should be considered, also those who are not applying any strategies). Disaggregated by: -Sex of head of household; -Rural/Urban (if applicable) -Admin and livelihood zone -Presence of disabled/chronically ill/unaccompanied minors members within household
2.7	Proportion of HH in targeted areas reporting benefits from an enhanced livelihood asset base (<i>including enhanced practices</i>) <i>disaggregated by sex of household head</i>	Baseline and End line	Household	Household survey are used to collect this data As per CRF indicator compendium ⁶¹ (based on the list of asset base) Data required: community consultation is held as part of the baseline phase to identify which specific 'benefits' the FFA programme is expected to yield for the community. The baseline value should be set at zero at the beginning of the FFA programme. The follow up data should be collected around the same time and ask the households have benefited from the assets. The information that is quantitative should be complemented with qualitative information through observation.	Percent/proportion of the population (%) in the targeted communities where FFA is implemented which is reporting benefits from an improved livelihood asset base; Disaggregated by: -FFA participants and non-participants. -Female-headed households and other households.
2.7b	Proportion of the population (%) in targeted communities	Baseline and End line	Household	Household survey are used to collect this data As per CRF indicator compendium ⁶² (based on the list of asset base); Data required:	-Proportion of population (%) with improved agricultural potential due to greater water availability and/or soil fertility;

⁵⁹ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 15

⁶⁰ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

⁶¹ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 155

⁶² <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 169

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	reporting environmental benefits from assets created Note: This is referred to as Environmental Benefit Indicator (EBI)			Households reporting 'Benefits' along the three dimensions of benefits that assets creation can bring about on natural and physical capitals ;	-Proportion of population (%) with an improved natural environment due to land stabilization and restoration; -Proportion of population (%) with improved environmental surroundings due to enhanced water and sanitation measures
2.8	Attendance at 4+ antenatal care visits, disaggregated by age	Baseline and End line	Woman ⁶³	The data is collected from the individual woman, either through a household survey OR Alternatively, estimate the number of pregnant women within the community through the household's survey and then access clinic data on the number of women with 4+ antenatal care visits to get the proportion (to be discussed subject to feasibility). Data needed: Number of pregnant women with 4+ antenatal care visits and total Number of pregnant women.	Proportion/ percentage of women with 4+ antenatal care visits; disaggregated by age of the woman
2.9	Assisted delivery at a health facility, disaggregated by age	Baseline and End line	Woman	The data is collected from the individual (woman) either through Household surveys OR alternatively, estimate the number of pregnant women within the community through the household's survey and then access clinic data on the number of women with assisted delivery at health facility (to be discussed subject to feasibility). Data needed: Number of pregnant women that had assisted delivery at a health facility and total Number of pregnant women.	Proportion/ percentage of women that had assisted delivery at a health facility; disaggregated by age of the woman
2.10	Prevalence and health seeking behavior for fever, diarrhea, and acute respiratory infection, disaggregated by age and sex	Baseline and End line	Household	The data is collected at the household level through household surveys. Data needed: number of households seeking medical attention and total number of households.	Proportion / percentage of households that seek medical attention for fever diarrhea and acute respiratory infection.
2.11	Percent of people able to recall three key messages about dietary diversification, early marriage, early pregnancy, and SRH and child health services, disaggregated by age and sex;	Baseline and End line	Household [to confirm] ⁶⁴	Household survey Data required: Whether interviewed people recall each of the specific messages	Calculated knowledge indexes. which takes values between say 0 and 5 for example. Where 0 = unable to recall any key message and 5 = recalled 5 key messages. So, 3 = recalled 3 key messages about dietary diversification

⁶³ The sampling approach will have to ensure that the sample includes sufficient number of women. Same applies to 2.9

⁶⁴ If different household members will be interviewed, then unit is people

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
2.12	% of people that have a favourable attitude towards the recommended practices	Baseline and End line	Household [to confirm] ⁶⁵	Household survey will used to collect this data.	Attitude measurement using Likert scale with a neutral midpoint. As an e.g. Strongly agree, Agree, Neutral, Disagree, Strongly disagree.
2.13	% of people who intend to adopt the recommended services ⁶⁶	Baseline and End line	Household [to confirm] ⁶⁷	Household survey will used to collect this data.	Calculated practice indexes.
2.14	Proportion of households where women, men, or both women and men, make decisions on the use of food / cash / vouchers, disaggregated by type of transfer. Note: <i>This indicator is intended to measure equality in decision-making and control over cash, vouchers or food between women and men, at the household level;</i>	Baseline and End line	Household	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium ⁶⁸ Data needed: In each household interviewed, who makes decisions on the choices made as to how a household will utilise the received food, cash and/or voucher(s); how the cash will be used, what will be redeemed with the vouchers and whether food will be consumed, sold or exchanged (and by who) No pre-assistance baseline data is required. First follow-up data collected after the first transfer is considered the baseline. Once a baseline is established at first follow-up, monitoring should be undertaken in accordance with the CSP monitoring strategy.	Proportion/percentage: the quantitative share of households (%) where women, men, or both women and men make decisions on the use of food / cash / vouchers; Disaggregated by: <ul style="list-style-type: none"> - decision-maker: i) woman; ii) man; iii) joint decision making (by woman and man) - modality (food, cash, voucher)
2.15	Proportion of food assistance decision-making entities – committees, boards, teams, etc.– members who are women. <i>Note: The purpose of this indicator is to measure gender parity in all WFP food assistance decision-making entities established for the implementation of the programme</i>	Baseline and End line	Community level [distribution point, asset site etc]	Household survey as per WFP Corporate Results Framework (CRF) indicator compendium ⁶⁹ Data Needed: Member lists of all WFP food assistance-related decision-making entities, indicating among other gender (woman / man) of each member Record Baseline at establishment of food assistance-related decision-making entities, the gender (women / men) of all members should recorded.	Proportion/percentage of food assistance decision-making entity – committees, boards, teams, etc. – members who are women.

⁶⁵ If different household members will be interviewed, then unit is people

⁶⁶ At end line it would be more useful to assess those **who actually adopt**, the services in question can be included in the question. Otherwise adopt does not measure practice a since 2.11 measures knowledge and 2.12 measures attitude

⁶⁷ If different household members will be interviewed, then unit is people

⁶⁸ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 230

⁶⁹ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 236

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
2.16	<p>Women's Empowerment in Agriculture, Index (version pro-WEAI)⁷⁰</p> <p>Pro-WEAI use the Three Domains of Empowerment score (3DE) calculated from 12 binary indicators each of which are equally weight under three dimensions (agency) : i. intrinsic agency (power within), ii. instrumental agency (power to), and iii. collective agency (power with).</p>	Baseline and End line	Woman	<p>Household survey will be used to collect this data.</p> <p>Individual-level data collected, interviewing primary women decision -maker sampled from the households separately and in private.</p>	<p>The indicator is presented as:</p> <ol style="list-style-type: none"> % of women who are empowered. % of domains in which those women who are not yet empowered already have adequate achievements <p>Pro-WEAI index ranges from 0 to 1, with 0 meaning that they did not surpass the binary threshold for any of the 12 indicators and 1 for surpassing the thresholds for all 12 indicators.</p> <p>A woman can be considered 'empowered' if she scores positively in at least 75% (9 out of the 12) indicators.</p>
2.17	<p>Wasting</p> <p>Percent of wasted (moderate and severe) children aged 0–59 months (moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median; severe = weight-for-height below -3 standard deviations of the WHO Child Growth Standards median)⁷¹</p>	Baseline and end line	Individual new born children	<p>Children's weight and height measured using standard equipment and methods (e.g. children under 24 months are measured lying down, while standing height is measured in children aged 24 months and older</p> <p>Weight for height</p>	<p>Numerator: Number of children aged 0–59 months who are wasted.</p> <p>Denominator: Total number of children aged 0–59 months.</p> <p>Number of children aged 0–59 months whose z-score falls below -2 standard deviations from the median weight-for-height of the WHO Child Growth Standards DIVIDE BY total number of children aged 0–59 months who were measured) MULTIPLY BY 100</p> <p>Disaggregated by age 6 to 17, 18 to 29, 30 to 41, 42 to 53 and 54 to 59 months and sex</p>
2.18	<p>Low birth weight</p> <p>Percent of live births that weigh less than 2500 g out of the total of live births during the same period⁷²</p> <p>Note: <i>proportion of infants with a low birth weight is an indicator of</i></p>	Baseline and end line	Individual births	<p>Data Requirement(s)</p> <p>Number of new borns with a birth weight less than 2,500g in a defined time period (e.g., 12 months); number of live births in the same time period; parity of the mother</p> <p>Sources:</p> <p>Delivery registers (hospital management and information systems – HMIS). This method provides data on the incidence of</p>	<p>Numerator: Number of live-born neonates with weight less than 2500 g at birth.</p> <p>Denominator: Number of live births.</p> <p>Disaggregation: Place of residence, preterm status, socioeconomic status.</p>

⁷⁰ <http://a4nh.cgiar.org/2018/04/27/introducing-pro-weai-a-tool-for-measuring-womens-empowerment-in-agricultural-development-projects/>

⁷¹ <https://www.measureevaluation.org/rbf/indicator-collections/health-outcome-impact-indicators/children-under-5-years-who-are-wasted>

⁷² <https://www.measureevaluation.org/rbf/indicator-collections/health-outcome-impact-indicators/incidence-of-low-birth-weight-among-newborns>

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	<i>a multifaceted public health problem that includes long-term maternal malnutrition, ill health, hard work and poor health care in pregnancy</i>			low birth weight among new borns delivered in health institutions. Household surveys which collect data on birth weight (recalled by mother) and relative size of the new born at birth allow for an adjusted value even where many infants are not weighed at birth.	
3.1	# of nutrition-sensitive and gender transformative assets built, restored, or maintained by targeted households and communities, by type and unit of measure (4,500 HH assets and 150 community assets)	Monitoring and reporting; confirmation at end line	Community	Project site records as per WFP Corporate Results Framework (CRF) indicator compendium⁷³ Data needed: Assets built, restored or maintained: The type and number of physical resources built, restored or maintained for households and communities to sustain their livelihoods. This includes new assets built or existing assets restored or maintained to working condition. Source: WFP's cooperating partners implementation reports; No Baseline data needed. Data should be collected according to the established reporting schedules. This information will be used by the evaluation to assess the effectiveness of the programme in terms of achieving the intended outputs	The indicator is presented as an aggregate of all the Number of assets; comparing target at baseline vs achievement at end line. Disaggregated by: -specific types of assets; -assets built, restored and maintained
3.2	# of smallholder farmers supported/trained on PHL, disaggregated by men, women, boys, and girls (at least 500)	Monitoring and reporting; confirmed at end line	farmers' organizations	Project implementation reports per WFP Corporate Results Framework (CRF) indicator compendium ⁷⁴ Data needed: a unique identity number allocated to each farmers' organization member. Basic information recorded about each member including member number, gender, date joined the farmers' organization (if applicable), date left the farmers' organization. Data should be collected according to the established reporting schedule.	The indicator is presented as an aggregate of Number of smallholder farmers supported/ trained, and compared with target at end line to assess the effectiveness of the programme; Disaggregated by men and women;
3.3	# of people exposed to nutrition messaging on dietary diversification, early marriage, early pregnancy, and SRH and child health services,	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of people exposed to nutrition messaging; comparing target at baseline vs achievement at end line.

⁷³ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 297

⁷⁴ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 308

#	Indicator name and definition	When	Unit of Analysis	Collection Method (Summary)	Analysis Method and presentation (Summary)
	disaggregated by age, men, women, boys, and girls (at least 20,000)				
3.4	# of household visits conducted by community health activists/agriculture extension agent (at least 1,500)	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of HH visits conducted by community health; comparing target at baseline and achievement at end line;
3.5	# of participants at gender dialogue clubs and # of sessions conducted by topic and disaggregated by sex (at least 3,000)	Monitoring and reporting; confirmed at end line		Data source: Partners' report	Present indicator as an aggregate: Number of participants at gender dialogue... comparing target at baseline vs achievement at end line
3.6	# of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned (at least 7,500)	Monitoring and reporting; confirmed at end line		<p>Project implementation reports per WFP Corporate Results Framework (CRF) indicator compendium⁷⁵</p> <p>Data required: Targeted persons that were provided with assistance, including direct recipients of assistance and their households;</p> <p>Data source: Partner's report Data should be gathered on at least a monthly basis.</p>	<p>Present indicator as an aggregate number of women, men, boys and girls receiving transfer... and compare target at baseline vs achievement at end line; Disaggregated by:</p> <ul style="list-style-type: none"> - Gender and Age - Beneficiary category - Transfer modality - Activity

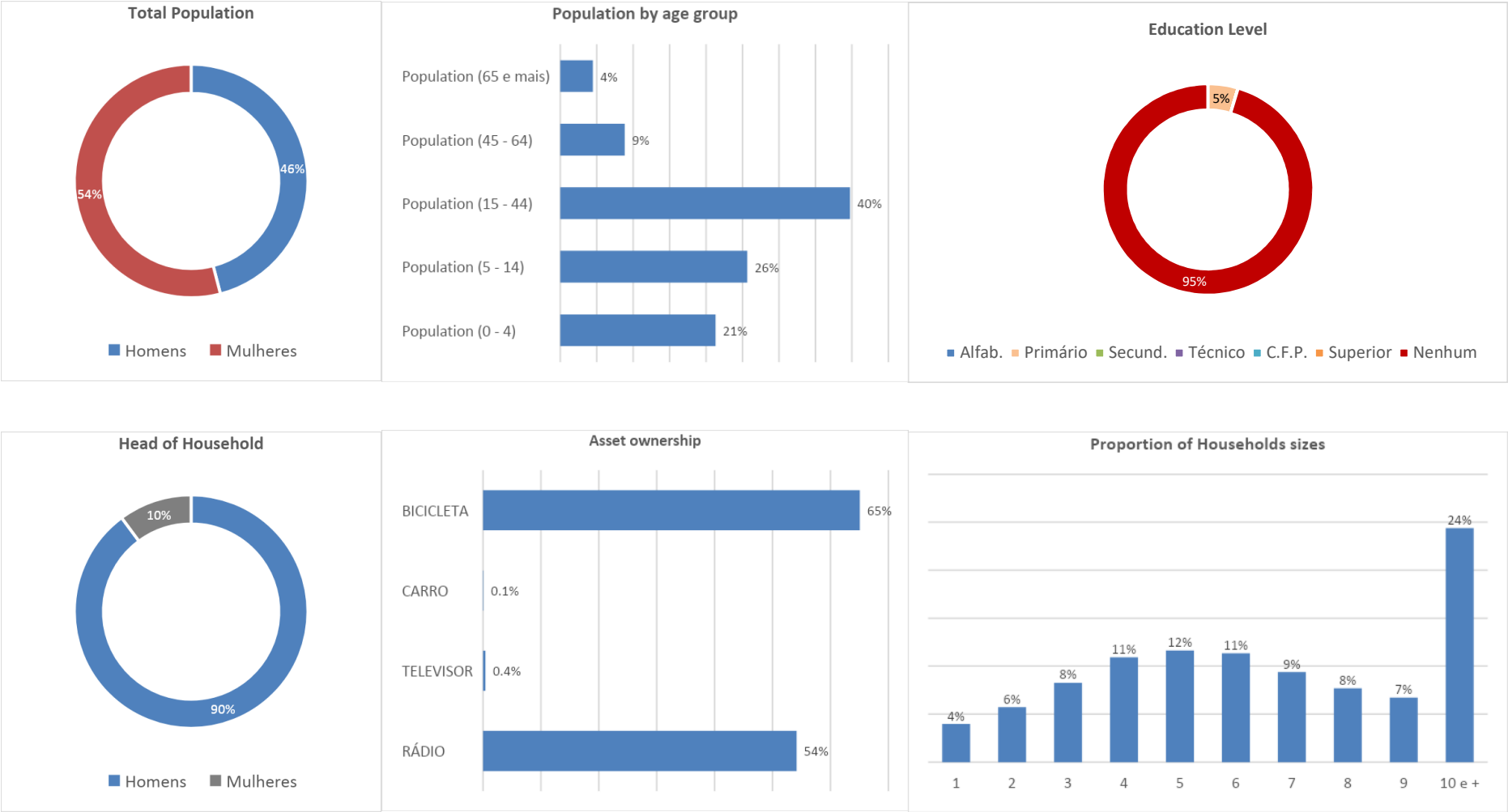
⁷⁵ <https://newgo.wfp.org/documents/crf-outcome-and-output-indicator-compendium>, page 308

Annex 7 Characteristics of targeted and non-targeted areas of Chemba District

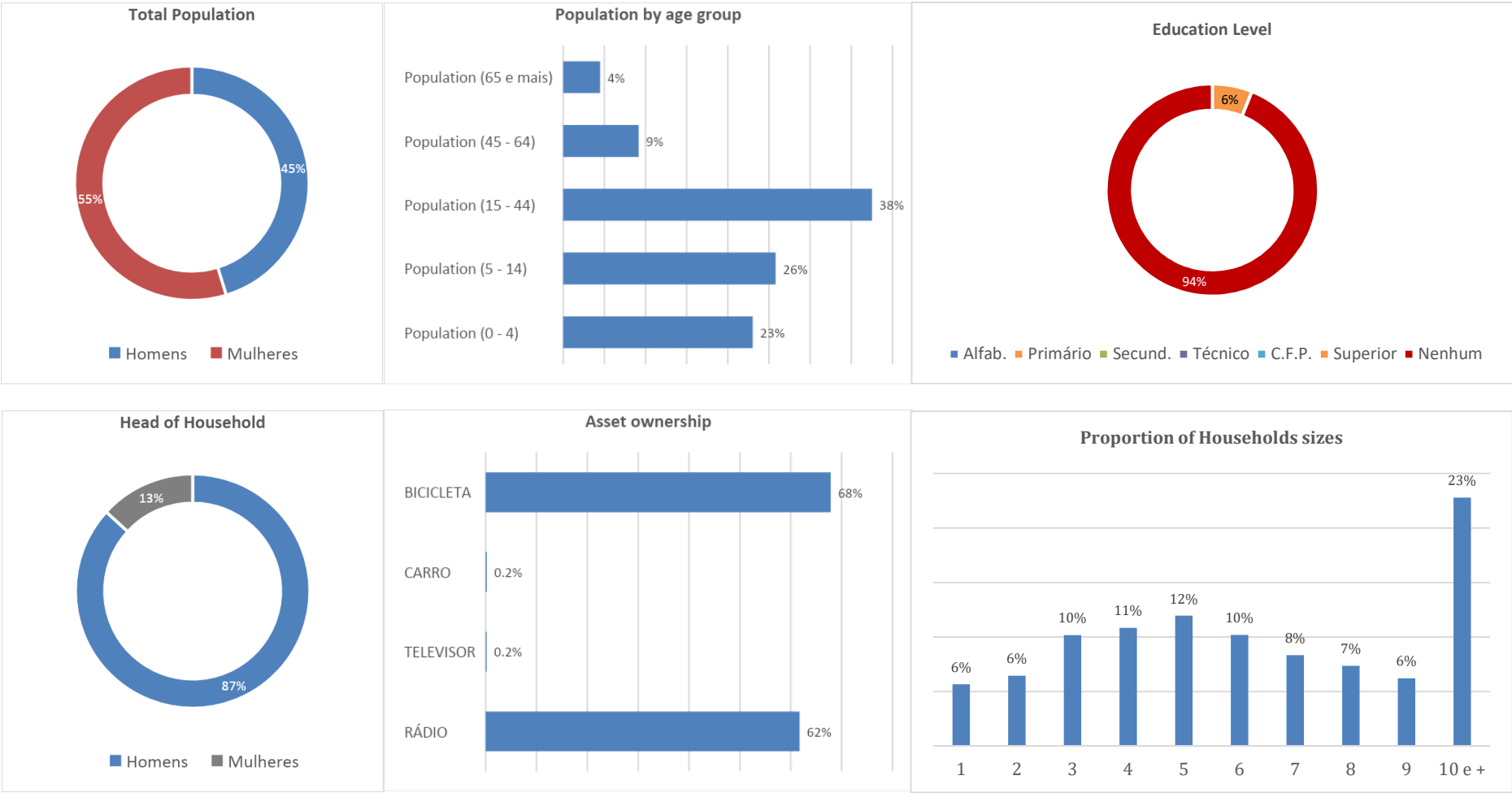
Administrative post of Chemba



Administrative post of Chiramba



Administrative post of Mulima



Annex 8: List of Stakeholders

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder	How they will be engaged
INTERNAL STAKEHOLDERS		
Country Office (CO) Mozambique	The CO is responsible for the design and implementation of the programme; 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 externally to the beneficiaries, the donor and partners for performance and results of this programme	Key WFP Mozambique staff are members of the evaluation committee and will therefore be involved in making sessions in relation to the evaluation process. Others will be interviewed during data collection
Regional Bureau (RB) Johannesburg	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. Given the aspiration of WFP Southern Africa region to enhance integrated programming for better results, this Mozambique programme offers opportunity for learning across the region.	The Regional Evaluation Officer will support CO/RB management to ensure quality, credible and useful decentralized evaluations. Other key staff from the RB are members of the evaluation reference group and will be systematically consulted to review and comment on draft products starting with these TOR.
WFP HQ Nutrition and gender divisions;	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 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. Specifically, the nutrition and gender divisions have an interest in the implementation of results of gender transformative and nutrition sensitive programmes; to inform organisational learning and development of future policies and guidelines;	The two divisions, as appropriate, will be provided an opportunity to review and comment on draft reports;
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. OEV may, as appropriate, use the results of this evaluation in synthesis of evidence as well as in reporting evaluation coverage in the annual evaluation report.	Draft inception and evaluation reports will be submitted to the OEV-managed quality support service
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes, as well as reporting on evaluation coverage as per the corporate evaluation policy	
EXTERNAL STAKEHOLDERS		
Beneficiaries (women, girls, boys and men)	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. In this case, the women, men, boys and girls targeted by the various activities of the programme;	They will be consulted through interviews, key informant interviews and focus group discussions, to be detailed in the inception report.
Government Ministries	The Government has a direct interest in knowing whether the programme is aligned with its priorities, harmonised with the action of other partners and meeting the expected results. The Ministries of agriculture and health, as well as other key Government institutions (See section 3.2 on key actors) are interested in the results of the programme as well as the findings of the evaluation.	These will be members of the evaluation reference group and will be systematically requested to attend ERG meetings, review and provide feedback on draft reports.

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder	How they will be engaged
UN agencies	The UN System's harmonized action should contribute to the realisation of the government's developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Those agencies involved in the food and nutrition security and Women empowerment including FAO, UNICEF, WHO are interested to learn what impact this integrated programme has on reducing malnutrition and empowering women;	These agencies will be members of the evaluation reference group and will systematically be requested to review and comment on evaluation drafts.
Non-Governmental Organisations	As noted in section 3.2, NGOs such as WVI, Pathfinder and PCI Media will play a key role in the implementation of the programme. As such, they are interested in the establishment of a baseline to understanding the state of key indicators prior to start of the programme activities, and to understand, through the final evaluation the extent to which the programme has achieved the results;	These NGOs will be members of the evaluation reference group; and additional staff will be interviewed during the final evaluation as key informants
Donors	The programme is funded by the Austria Development Agency, who are interested in knowing whether the programme is implemented as planned and the extent to which it has achieved the planned results	During the final evaluation, representatives of ADA will be consulted as key informants

ANNEX 9 - Quality assurance processes, in section 4.5 Quality assurance and Quality Assessment

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 review of the draft inception and final evaluation reports (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, baseline and evaluation report;
- b. Recommendations on how to improve the quality of the final inception/ evaluation report.

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 UNEG norms and standards⁷⁶[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report. Upon submission of revised draft, the evaluation manager with the support of the regional evaluation officer will:

- a. Check the draft against the QS feedback and recommendations to ensure that they have been addressed;
- b. Discuss any recommendations that have not been addressed with the team leader to ensure that either they are addressed OR adequate rationale is provided;

This quality assurance process outlined above does not interfere with the independence of the evaluation team, but ensures the report provides the necessary evidence in a clear, transparent and convincing way and draws its conclusions on that basis. There must be a clear line of sight between the findings, conclusions and recommendations made.

The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the data collection, analysis and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the WFP directive on disclosure of information.

ANNEX 10 – Responsibilities of Evaluation Manager and Evaluation Team Leader in 8.1. Communication

The **evaluation manager** will be responsible for:

- Sharing all draft products including TOR, inception report and evaluation report with internal and external stakeholders to solicit their feedback; This communication will specify the date by when feedback is expected and highlight next steps;
- Documenting systematically how stakeholder feedback has been used in finalised the product, ensuring that where feedback has not been used a rationale is provided;
- Informing stakeholders (through the ERG) of planned meetings at least one week before and where appropriate sharing the agenda for such meetings;
- Informing the team leader in advance the people who have been invited for meetings that the team leader is expected to participate and sharing the agenda in advance;
- Sharing final evaluation products (TOR, inception and Evaluation report) with all internal and external stakeholders for their information and action as appropriate;

The **evaluation team leader** will be responsible for:

- Communicating the rationale for the evaluation design decisions (sampling, methodology, tools) in the inception report and through discussions;
- Working with the evaluation managers to ensure a detailed evaluation schedule is communicated to stakeholders before field work starts (annexed to the inception report);

⁷⁶UNEG Norm #7 states "that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability"

- Sharing a brief PowerPoint presentation before the internal and external debriefings to enable stakeholders joining the briefings remotely to follow the discussions;
- Included in the final report the list of people interviewed, as appropriate (bearing in mind confidentiality and protection issues)⁷⁷;
- Systematically considering all stakeholder feedback when finalising the evaluation report, and transparently provide rationale for feedback that was not used;

Annex 11 Format of the baseline report

Tables of Contents

Acknowledgements

Executive Summary

4-5 pages showing the key findings and recommendations, without the details

1-Introduction

Brief introduction to the baseline and its purpose as well as the methodology used

2-Context

Brief discussion of the context within which the programme is implemented, and the baseline was conducted, focusing on Chemba district rather than Mozambique as a country in general.

3-Subject

Brief description of the programme

4-Findings and Conclusions

Key findings showing baseline values for each of the 25 indicators, and a brief conclusion on any issues related to the measurement of the indicators;

5-Recommendations

Recommendations on (a) targets already set and whether they are realistic (too low or too high); (b) setting targets for any indicators for which targets are not yet set; (c) focus on monitoring and reporting to ensure a credible impact evaluation in 2021

Annexes

Acronyms

ACR	Annual Country Report
ADA	Austria Development Agency
CHA	Community Health Activists
CO	Country office
CP	Country Programme
CSP	Country Strategic Plan
DEQAS	Decentralized Evaluation Quality Assurance System
ICA	Integrated Context Analysis
EC	Evaluation Committee
EM	Evaluation Manager
ER	Evaluation Report
ERG	Evaluation Reference Group
ET	Evaluation Team
FFA	Food Assistance for Assets
GDP	Gross Domestic Products
GEWE	Gender Equality and Women's Empowerment
GNR	Global Nutrition Report
GTNS	Gender Transformative and Nutrition Sensitive
HDI	Human Development Index
IE	Impact Evaluation
IR	Inception Report
PHL	Post-Harvest Loss
OEV	Office of Evaluation

⁷⁷ For example, omitting names of people where appropriate, and instead stating the name of the organisation; not including names of beneficiaries but instead stating the groups or villages as appropriate;

QS	Quality Support
RB	Regional Bureau
SRH	Sexual and Reproductive Health
SBBC	Social Behavior Change Communication
SDAE	District Services for Economic Activity
SDSMA	
S	District Services for Health, Women, and Social Action
TEA	Agriculture Extension Technicians
TL	Team Leader
TOC	Theory of Change
TOR	Terms of Reference
UNDSS	United Nations Department of Safety and Security
UNEG	United Nations Evaluation Group
VAM	Vulnerability Assessment and Mapping
WHO	World Health Organization